RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS DJIBOUTI UNDERFUNDED EMERGENCY ROUND I 2014

RESIDENT/HUMANITARIAN COORDINATOR	**Ms. Valerie Cliff**

REPORTING PROCESS AND CONSULTATION SUMMARY

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

The AAR took place on 22 February 2015. Designated focal points for each CERF-funded project participated in the meeting. The following was discussed: Key results, lessons learnt,addedvalue of the CERF allocation, challenges, and next steps of the reporting process. Participants were reminded on key points in the guidelines for the preparation of the report.

b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES ☒NO ☐

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

YES ☒ NO ☐

The advance draft report was shared for review by CERF recipient agencies and cluster/sector coordinators and members. Its content was discussed with the implementing partners and counterparts.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response:74,085,087		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	3,997,510
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (*if applicable*)	NA[1]
	OTHER (bilateral/multilateral)	16,566,219
	TOTAL	**20,963,729**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 1-Mar-14			
Agency	**Project code**	**Cluster/Sector**	**Amount**
IOM	14-UFE-IOM-016	Multi-sector	300,000
UNHCR	14-UFE-HCR-014	Multi-sector	400,229
FAO	14-UFE-FAO-011	Food Security	449,995
WFP	14-UFE-WFP-021	Food Security	200,806
UNAID	14-UFE-AID-001	Health	96,100
UNFPA	14-UFE-FPA-014	Health	100,001
WHO	14-UFE-WHO-019	Health	500,225
WFP	14-UFE-WFP-020	Nutrition	500,154
UNICEF	14-UFE-CEF-039	Nutrition	500,000
UNDP	14-UFE-UDP-003	Water, Sanitation and Hygiene	199,999
FAO	14-UFE-FAO-010	Water, Sanitation and Hygiene	250,000
UNICEF	14-UFE-CEF-038	Water, Sanitation and Hygiene	500,001
TOTAL			**3,997,510**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	3,749,030
Funds forwarded to NGOs for implementation	146,735
Funds forwarded to government partners	101,745
TOTAL	**3,997,510**

[1]In Djibouti, there is no country-based humanitarian pooled funding (CBPF) mechanism, such as a Common Humanitarian Fund (CHF) or an Emergency Response Fund (ERF)

HUMANITARIAN NEEDS

Humanitarian contextand cause of the crisis: A decade of recurrent severe droughts has led to the extreme erosion of the overall resilience capacity of the most vulnerable people in Djibouti. In rural areas, access to quality basic social services and economic employment opportunities is lacking. Current national protection mechanisms being insufficient, inadequate or inexistent, the resilience capacity of those people decreased to the bare minimum to survive. Moreover, the overall national capacity for prevention, response and recovery is weak and only a few national and international non-governmental organizations with relatively good response capacity are present in the country. Despite intense resource mobilization efforts, previous humanitarian appeals for Djiboutiwere continuously underfunded. That situation prevented the mobilization of much needed critical funding level in order to re-build the resilience capacity of the most vulnerable people. These combined elements are the cause of the recurrent humanitarian crisis in Djibouti.

*Affected population:*Djiboutians living below the poverty line, refugees (mainly from Somalia) and migrants (mainly from Ethiopia).The crisis affects vulnerable persons mainly poor people, children under 5, girls and boys, women (especially women in reproductive age, breastfeeding, pregnant and lactating women), elderly people, refugees (especially women), people living with HIV/AIDS, and irregular migrants (especially unaccompanied minors, victims of trafficking or abuse, single mothers with children, and migrant victims of accidents or dehydration). These groups face similar life-threatening situations that require urgent life-saving assistance because of the extreme climatic and environmental conditions due to recurrent severe droughts. A third of the population of the country (300,000 persons) is affected by the humanitarian crisis. Half of the total numbers of affected persons are women and 15 per cent are children under five. Of the 300,000 affected people, 24,500 are refugees, 100,000 aremigrants for 100,000, and 175,500 are Djiboutians. Five regions of the country are affected by the crisis: Ali-Sabieh, Obock, Dikhil, Arta, and Tadjourah. The affected population is mainly situated in the rural areas of those regions and in peri-urban areas of the capital, Djibouti City (mainly in Balbala and Boulaos). The region of Ali-Sabieh hosts the two refugee camps of Ali Addeh and HollHoll. The regions of Dikhil andTadjourahare situated on the main migration route to Obock town, the main point of departure of migrants on their way to Yemen.

Main humanitarian consequences: The recurrence and the persistence of the drought generate a drastic lowering of the flow rates of boreholes and wells, and the deterioration of water quality due to increased salinity. The population suffers from acute diarrhoea and acute respiratory infections, and is highly exposed to Malaria epidemics. Drought and water scarcity result in the loss of livestock that is the main productive source of nomads living in rural areas. Those elements increase competition for access to scarce natural resources notably between local populations and the communities of refugees (Ali Addeh and HollHoll refugee camps situated in Ali Sabieh) and the communities of migrants, along the migration corridor in Dikhil and Tadjourah and also in Obock town. Lack of economic opportunities and unemployment (the latter affects half of the working age population) exacerbates food insecurity. Vulnerable rural people who left their villages due to the persistent drought are now settling in precarious conditions in the peri-urban areas of the capital city, adding pressure to already overstretched public services such as water distribution. Those who stayed in their villages and counted on the international community and on the financial support from their family members in town are now even more prone to hazards. Rising food prices, aggravated food insecurity, limited access to preventive and curative health services and lack of knowledge of good dietary practices cause a high prevalence rate of global acute malnutrition, severe acute malnutrition and chronic malnutrition. Unemployment, migration and food insecurity are pushing vulnerable people to adopt risky behaviour that increases notably the exposition to HIV. Indeed, some people living with HIV/AIDS may engage in risky behaviors to pay for their ARV treatment, with a risk of further HIV transmission. Food insecurity and lack of proper nutrition support during treatment prevent successful antiretroviral therapy as well as TB treatment and exacerbate side effects of ARVs. Furthermore, vulnerable HIV-positive mothers use a mix of breast milk and solid food, increasing the risk of HIV transmission if not treated.

Priority humanitarian needs: (1) Ensuring immediate access to potable water and sanitation; (2) Preventing death of acutely malnourished children and vulnerable populations; (3) Providing emergency health services and outbreak response; (4) Providing food security assets assistance to vulnerable groups; (5) Ensuring immediate protection of refugees and migrants victims of GBV and abuses.

Need for CERF funding: Considering the above-mentioned humanitarian context, its dire consequences and taking into account the large funding gap, the 2014 CERF allocation was most needed to save lives of drought-affected communities to leverage the mobilization of the international community towards implementing humanitarian crisis exit strategies and resilience efforts as part of the Strategic Response Plan for 2014-2015. Therefore, CERF funding was required in order to ensure a fast delivery of assistance to the targeted individuals before other funds were available and to respond to time-critical needs in all concerned sectors of intervention.

II. FOCUS AREAS AND PRIORITIZATION

Relevantneeds assessment findings and key humanitarian data that prompted the development of the Strategic Response Plan for 2014-2015 and the submissionto the CERF underfunded emergency window in 2014 are presented here below per concerned cluster/sector:

WASH[2]: More than 60 per cent of rural households did not have access to an improved water source. Similarly, only 16.4 per cent of rural households had access to improved sanitation facilities. 66 per cent of these households practiced defecation in the open air. It caused increased bacteriological pollution and the occurrence of water-borne diseases. Malaria, diarrhea and acute respiratory infections had a high rate of prevalence among drought-affected populations including people living with HIV/AIDS. Migrant and refugee communities were adding pressure on the few water points that were still functional. Women and girls hadtowalk long distances to fetch water, sometimes up to 5 hours per day carrying heavy containers inhibiting women and girls' participation in other activities such as educational, income generating, cultural and political activities. In the peri-urban area of Djibouti City, a third of the population was using recycled barrels for water storage. Those barrels contained kerosene, diesel, oil or other chemicals and their use incurred important health risks.

Nutrition[3]: The SMART survey released in December 2013 showed a national global acute malnutrition rate (wasting) of 18 per cent, above the emergency threshold (15 per cent), with a rate of almost 26 per cent in the region of Obock, 16 per cent in Ali Sabieh, 15 per cent in Arta and Dikhil, 16 per cent in Tadjourah and 18 per cent in Djibouti City. It also showed a national chronic malnutrition rate (stunting) above 30 per cent, with rate of 46 per cent in Obock, 44 per cent in Dikhil, and 40 per cent in Tadjourah, 28 per cent in Ali Sabieh, 29 per cent in Arta and 22 per cent in Djibouti capital city.

Health[4]: Health facilities were overwhelmed by the needs and suffered from their lack of human resources to meet them including those of the migrants. Many women (breastfeeding and pregnant women in particular) suffered from anemia and malnutrition and gave birth to low-weight children. In addition, they faced difficulties in accessing emergency obstetric care. 2013 was marked by an upsurge of malaria cases with a total of 1,674 reported cases. Djibouti had not known such an epidemic since early 2000. The first cases were reported in a rural area of the region of Dikhil close to the Ethiopian border in January 2013. 100 per cent of cases diagnosed were due to the Plasmodium Falciparum, the most deadly form of malaria. The population lost its immunity to this parasite and the outbreak returned fiercely at the end of 2013. 66 per cent of the population living in rural areas remained heavily affected by diarrhea, with difficult access to health facilities.Migrantswere weakened and sickened by the harsh travel conditions and complicated cases werereferred to hospitals. In 2013, 1,000 migrants were referred by the Migration Response Centre (MRC - Obock) to the Obock Regional Hospital for extreme emergency cases. Local health authorities and the Government requested support to cover the additional needs of medical supplies created by migrants on the health facilities along the migration route.

Food Security[5]: Ali Sabieh, Dikhil and Obock are the regions with the highest proportion of households living in conditions of severe and moderate food insecurity, with respectively 84.9 per cent, 70.1 per cent and 66.7 per cent of the households surveyed during EFSA 2013. Rural communities have resorted to negative coping strategies that often jeopardized their livelihood in the short, medium and long run (e.g. nomads adopting a sedentary lifestyle). The problem of food insecurity is also present in urban areas. The Integrated Food Security Classification (IPC) Urban and evaluation of food security in Balbalaand Boulaos (WFP - 2013) in 2013 showed that 18 per cent of households in the communes of Balbala and Boulaos are food insecure and are likely to suffer from a chronic lack of access to food. Balbala neighbourhood, home to 25 per cent of the population of Djibouti, is in crisis phase (IPC Phase 3). After losing their main source of income due to recurrent drought, some rural areas households choose to migrate to peri-urban areas in search of work opportunities relying mainly on the daily unskilled labour opportunities and donations in food and non-food items.

Refugees[6]**:** Beside the general problem of food insecurity in the refugee camps and beside the difficulty to provide sufficient energy for cooking to the refugee populations, the 2013 protection monitoring revealed that women and girls are victims of gender-based violence as they are fetching water and firewood outside the camp. In addition, a UNHCR evaluation that integrated age, gender and diversity criteria (AGDM 2013) conducted in urban areas of Djibouti indicated that a good number of refugee women and girls were begging and were very vulnerable to resort to risky behaviors to meet their basic needs, primarily the need for food. According to the results of the nutrition survey in refugee camps in November 2013 by the UNHCR, the average prevalence of general acute malnutrition (GAM) in the two camps was 12.25 per cent. The same survey showed a total rate of anemia among non-pregnant women of 26.25 per cent on average in both camps. Respiratory infections represent 44.5 per cent of all consultations and 45 per cent of the overall admissions.

[2] Reference needs assessment for WASH: EFSA 2013, EDAM 2012 (results released early 2014), 2012 CAP survey conducted by the NGO Action Contre la Faim (ACF) in the peri-urban area of Djibouti (Balbala).
[3] Reference needs assessments for Nutrition: November/December 2013 SMART Survey.
[4] Refernece needs assessments for Health: Ministry of Health, Monitoring of Epidemics, Data on immunization coverage.
[5] Reference needsassessments for Food Security : EFSA rural 2013, Bulletin FSMS 2013, Perspective de la sécurité alimentaire 2013, Profil de la pauvreté en République de Djibouti, FEWSNET Price Bulletin 2014, IPC Urban 2013, 2013 Global Hunger Index, SSSA September & October 2013.
[6] Reference needs assessments for Refugees and Migrants: JAM 2013 & 2013, SMART Survey, 2013 Global Assessment of Protection December, Migration Database, MRC reports

Access to water is a major challenge. A joint assessment mission (JAM)inNovember 2013 showed that a large proportion of refugees, mainly women and girls using untreated water.

Migrants: More and more people from the Horn of Africa, mainly from Ethiopia and Somalia, cross Djiboutian borders irregularly, most often lured by the promise of a better life in the Arabian Peninsula. In 2012, 107,532 migrants crossed the Gulf of Aden toward the Yemeni coast. This was more than double of the number of migrants who crossed the gulf in 2010 (53,382 people). 10 per cent of the registered migrants so far are minors. Migrant women represent approximately 20 per cent. The number of women on the road of migration is increasing. The number of migrants who arrived on the Yemeni coast is only a portion of those who enter Djibouti in a given year. Considering the above, IOM estimates that 100,000 migrants cross Djibouti per year. Around 80 per cent of migrants arrived and registered in Yemen made the trip through Djibouti. Ethiopians account for 85 per cent of those, while Somalis represent 15 per cent. (Reference: 2013: End of Year regional mixed migration trend summary & analysis; Regional Mixed-Migration Secretariat RMMS; December 2013).

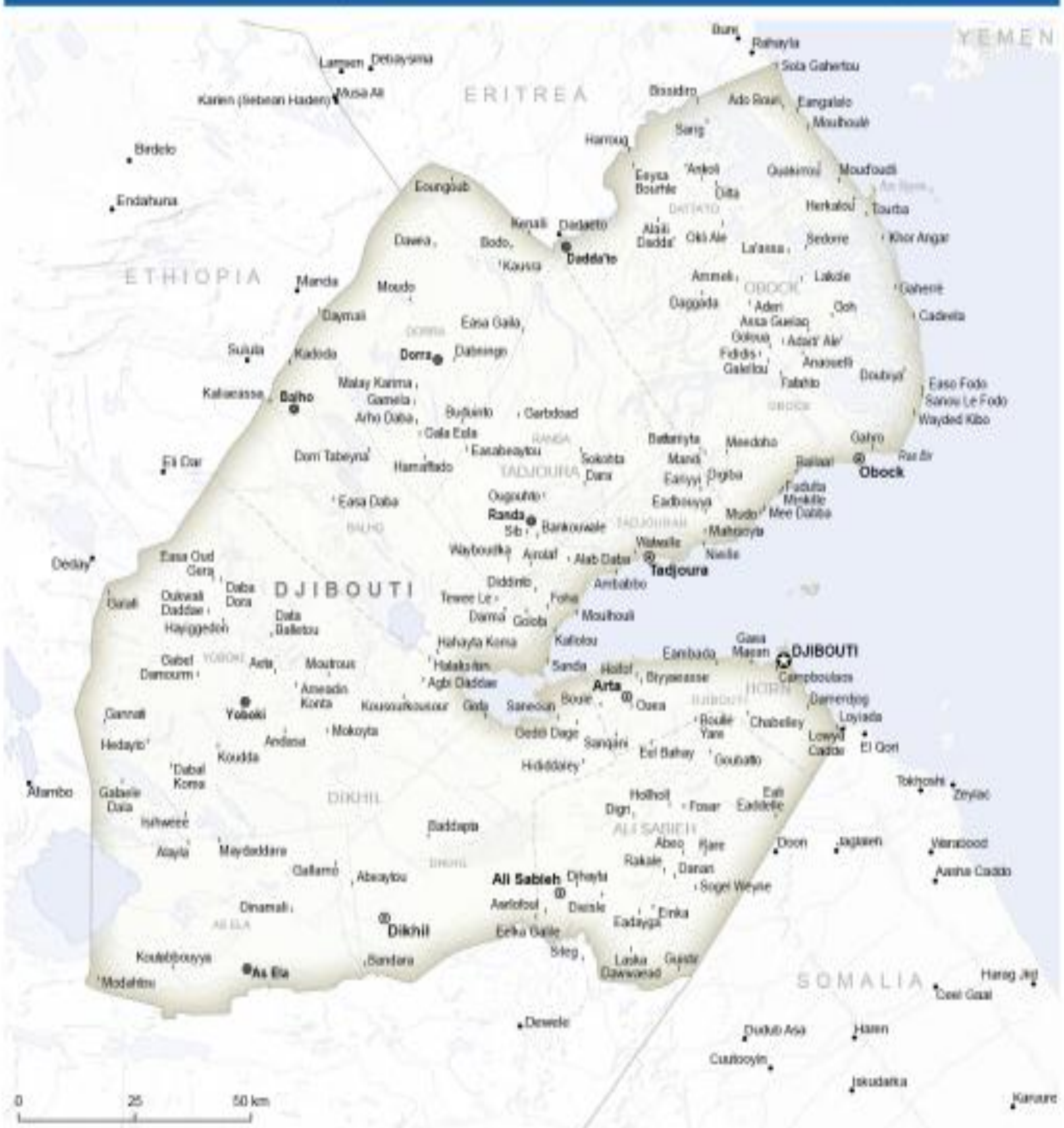
All clusters undertook aprioritization of their interventions and selected their projects according to the most recent data available and the life-threatening situations faced by the most drought-affected populations. They also took into account other on-going and/or planned national and international measures in a way to ensure complementarity and the coordination of humanitarian efforts. The emergency life-saving activities that were identified are those of high and immediate impact for the most affected and vulnerable populations. WASH Cluster prioritized the targeted communities based on the outcomes of the Integrated Food Security Phase Classification (IPC) Analysis 2013 and the 2013 Emergency and Food Security Assessment (EFSA), according to their levels of water access (walking distance to water source), vulnerability, and levels of food insecurity.The Nutrition Cluster prioritized the targeted communities based on the findings of the 2013 National Nutritional Survey conducted using a SMART methodology, the 2013 EFSA and Health data. It also prioritized based on the current coverage of the Community-based Management of Acute Malnutrition (CMAM) of the National Nutrition Programme of the Ministry of Health. Health Cluster prioritized according to the utmost recent data on Malaria and Dengue outbreaks and taken into consideration the constrained national emergency response capacities. Findings of 2013 EFSA, 2013 Nutritional Surveys, Health monitoring reports and data on HIV/AIDS were considered as well as the fact that complications related to pregnancy and delivery are the first cause of death and disability for the women aged 15-49.The Food Security cluster prioritized its actions based on the 2013 EFSA findings that stressed that the North and the South rural areas as being key food and nutrition insecure areas that need emergency assistance. Those findings were confirmed during IPC 2013 and by the projections of FEWSNET.Concerning refugees; the findings of the above-mentioned studies that apply to the refugees as well were considered but complemented by the AGDM (Age Gender and Diversity Mainstreaming) study, the outcomes of the 2013 JAM (Joint Assessment Mission) and the monitoring data on cases of gender-based violence. Similarly, for the Migrants, most of the information contained in the studies mentioned above applied but to those were added the monitoring data of the Migrants Response Centre based in Obock. Were also considered the findings of the 2013 joint water assessment that indicated that there is a persistent shortage of water for local and migrant populations as water needs of migrants are not included in the established national water needs.

Life-saving activities were implemented in the most affected regions of the country both in rural and peri-urban areas according to thespecific needs of those and to the value of key humanitarian indicators.

	Peri-Urban Area of Djibouti capital city	Ali-Sabieh	Arta	Dikhil	Obock	Tadjourah
Health	X	X		X	X	
Nutrition	X	X	X	X	X	X
Food Security		X	X	X	X	X
WASH	X	X	X	X	X	X
Multisector		X		X	X	X

DJIBOUTI - Reference Map

OCHA



- National capital
- Regional capital
- District capital
- Populated place
- International boundary
- Regional boundary
- District boundary

Disclaimer: The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Map data sources: CGIAR, United Nations Cartographic Section, UNDP, Europa Technologies, FAO.

III. CERF PROCESS

The CERF grant request was harmonized with the needs and priorities identified in the Strategic Response Plan (SRP) 2014-2015 that was being developed at the same time. From December 2013 to January 2014, the clusters/sectors prepared a Humanitarian Needs Overview (HNO) as part of the development of the SRP for 2014-2015. It allowed them to have an up-to-date common understanding of the current humanitarian situation in the country that took into account all data and findings of the most recent surveys on the humanitarian situation. Consistency of the figures was assured through intra- and inter-clusters discussions. In parallel, the prioritized beneficiaries and the emergency life-saving interventions were determined by clusters/sectors (21 January 2014) after a thorough analysis at cluster level of the most acute emergency needs of the different segments of the populations living in the most drought-affected regions and facing life-threatening situations. Implementing partners were involved and consulted in all intra-cluster meetings.

The specific situation related to Food Security and its underfunded status in Djibouti was raised to the attention of the clusters/sectors members. During the fourth quarter of 2013, due to lack of funding,[7] WFP was forced to reduce by half the rations for distribution to those severely affected by food insecurity in rural drought affected areas and peri-urban areas. cluster/sector leads and co-leads acknowledged that if the situation had to continue, they will not be in a position to save lives through food rations and small scale garden development and that it will result in further negative consequences on the affected population, who will face more widespread under-nutrition and food insecurity. Therefore, a dose of extremely needed allocation for Food Security for the affected population was part of the CERF prioritization strategy in order to avoid a food security crisis in 2014.

Furthermore, specific attention was devoted in applying the gender marker in order to indicate gender disaggregated data and to ensure that gender will be mainstreamed in all the interventions realized under this CERF funding. Gender was taken into account when designing and implementing the activities under the CERF allocation. Concerns and experiences of women, girls, boys and men were an integral dimension of the core elements of the 2014 CERF-funded projects which had gender-responsive activities.

IV. CERF RESULTS AND ADDED VALUE

Of the total number of people affected by the crisis (300,000), 188,022 individuals were directly supported by this CERF allocation. This includes 53 per cent of women and under-5 children represent 20 per cent of the individuals reached. As presented in the report, there is an important difference between planned beneficiaries and reached beneficiaries of this CERF allocation. It is due to two main reasons: (1) the reached beneficiaries were carefully discussed among cluster/sectors in order to avoid double-counting of the same beneficiaries; (2) the planned beneficiaries of the WHO projects in their project submission corresponded to the overall number of beneficiaries of their related SRP project and not of the CERF funded component itself.

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR

Total number of individuals affected by the crisis:300,000

	Cluster/Sector	Female	Male	Total
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Multi-sector	13,836	25,012	38,848
	Food Security	5,283	4,463	9,746
	Nutrition	28,988	7,632	36,620
	Water, Sanitation and Hygiene	28,594	33,567	62,161
	Health	22,664	17,903	40,647

[7]The current funding situation reflected in FTS for example for the WFP, more explicitly the "carry-over", does not match with the reality of contributions received. The issue was brought up to WFP HQ. The size of the food assistance program in Djibouti (based on systematic and regular assessments – rural Emergency Food Security Analysis EFSAs, urban EFSAs, JAMs, and SMART surveys) is of approximately $20 million per year for 140,000 food insecure individuals.

BENEFICIARY ESTIMATION

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	**Estimated Reached**
Female	186,986	99,365
Male	167,033	88,577
Total individuals (Female and male)	354,019	188,022
Of total, children underage 5	57,430	37,264

CERF RESULTS

Below some of the key results achieved through the implementation of the CERF-funded projects are listed by cluster/sector. Section VI presents in details all the results achieved.

HEALTH

- 100 per cent of expected cases (7,500 cases) of malaria in 2014 (including pregnant and children) were diagnosed and treated.
- More than 6,000 children with acute diarrhoea in the communities most at risk were treated in 2014.
- 100 per cent of emergency medicines, reagents, rapid tests and supplies stocks for treatement of 7,500 cases and 6,000 cases respectively for malaria and diarrhoea outbreaks response were available in health facilities and, all cases of outbreaks (02 for malaria, 01 for dengue and 01 for acute diarrhoea)were detected and investigated within 72 hours in the five regions by the National Institute of Public Health and the health regions managers.
- 9,396 women and children received antenatal care, postnatal care, tetanus vaccine, management of complications, or integrated management of childhood illnesses.
- 23,810 of refugees and 2500 host communities have access to a minimum package of HIV and AIDS services according the ASC guidelines
- 4 physicians, 4 community workers and 30 nursesin the refugee's camps and Ali Sabiehregion were trained on WHO new guideline on ARV treatment and can provide HIV services, especially, CDV, PMTCT and ARV treatment..
- 3 health facilities with the Primary Health Care (Ali Addeh refugeescamp health center, HollHoll refugees camp health center and Ali Sabieh hospital) in Ali Sabieh region including refugee camps have integrated PMTCT in a minimum package of services;
- 110 community leaders male and female and 50 religious leaders(25 males 25 females) were sensitized on Mother to Child Transmission and are involved in the mobilization for PMTCT promotion, gender based violence, stigma and discrimination reduction. We noted an increase of the number of HIV test acceptance from 573 n 2013 to 2322 tests in 2014.

WASH

- 12,440 people have improved access to water for agro-pastoral activities through the rehabilitation and protection of 15 water points
- More than 40,000 people have an increased access to improved water through the rehabilitation of 24 pumping stations and 7 shallow wells
- 1,200 people from vulnerable households located in the rural reagions regions were provided with barrels and jerrycans for safe water storage
- 2,511 people from households with children suffering from acute malnutrition benefited from hygiene promotion activities
- 5,300 people from Ali-Addeh refugee camp and surrounding community have increased access to safe water through the extension of the water supply network that covers three sectors of the refugee camp
- 14 Water Management Committees have now reinforced technical capacitiesfor operating and managing water points

Nutrition

- Severely malnourished people, including under-5 children and pregnant and lactating women benefited from the distribution of 400 MT of fortified food, complementary food and special nutritional products
- 4,700 under-5 children affected by SAM were treated with Plumpy'Nut
- 95 per cent children under-5 at high risk of malnutrition were provided with Plumpy'Doz
- The fatality rate of severe acute malnutrition remained below 5 per cent and reached 0.9 per cent as compared to a case fatality rate of 1.06 per cent the previous year
- Out of the 5,801 children admitted for treatment, 4,930 of them recovered (85 per cent);
- 85 per cent of children aged from 6 to 23 months including refugees received multiple micronutrients (sprinkles) for 60 days.CERF funding benefited to 1000 children aged 6 to 23 months through the provision of multiple micronutrients.

Food Security

- In rural areas, 398 kg of assorted vegetable seeds and 300 agricultural tool kits were distributed to 853 agro-pastoral households (5118 beneficiaries)
- 1,800 refugees benefited from 300 family micro-gardening units that included seeds and tools, gravity drip irrigation system and technical training
- 2,400 heads of goats have been distributed to 240 households (1,440 people) as well as veterinary products and livestock food supply (50 NMT)

Multisector

Migrants

- 606 vulnerable migrants directly provided with emergency evacuation assistance to their country of origin
- Essential drugs and medical supplies were distributed to health authorities
- 15,038 individuals were reached for health awarenessand hygiene, in which 2,363 migrants in need of health support were treated and 524 others referred
- Those were also sensitized on the existence of potential abuses, smuggling and trafficking in human beings
- Five water points are rehabilitated along the migratory corridor in collaboration with FAO

Refugees

- 9,570 patients benefited from the restocking of the refugee camps health centres with essential drugs and medical supplies
- 511 patients were transferred to the referral hospital in Djibouti City for secondary health care and costs related to their transportation, medicines, hospitalization, investigations and food were supported
- 4 malnutrition screening campaigns were completed in the camps, reaching 2,364 persons
- 570 children were enrolled in the Supplementary Feeding Program (SFP) and 238 in the Out-Patient Therapeutic feeding Program (OTP)
- 293 severe malnutrition cases including 55 severe malnourished under 5 children with medical complications were admitted for treatment in the nutrition stabilization centres
- The distance to water points was reduced: according to the KAP survey conducted by CARE in December, 51 per cent of people are living at a maximum distance of 500 metres from a water point while before the project some refugees were at 700 to 1,000 metres.
- In Ali Addeh, a new water supply system was constructed to provide safe water to more than 8,900 refugees living in Ali Addeh The electrical systems in both camps were improved

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?
YES ☒ PARTIALLY ☐ NO ☐

UNDP CERF-funded activity excepted,[8] CERF funds led to a fast delivery of assistance to the targeted people of all other projects. It allowed the provision of assistance to beneficiaries before other funds were available. Some examples: IOM-led project allowed the provision of immediate assistance to migrants with life-threatening injuries. The fast delivery of assistance in Food Security from FAO and WFP slowed down the pace of rural exodus and provided an opportunity to avoid the adoption of life-endangering coping mechanisms and to re-build livelihoods.

b) Did CERF funds help respond to time critical needs[9]?
YES ☒ PARTIALLY ☐ NO ☐

CERF funds helped to respond to time-critical needs. Some examples: WHO-led project allowed the provision of malaria treatments right before the seasonal outbreak. Through the WFP-led activities, CERF funds allowed the immediate resumption of the distribution of full food rations to those severely affected by food insecurity in rural drought affected areas and in the peri-urban areas. UNICEF-led activities in WASH and Nutrition allowed securing the provision of essential inputs and material to respond to high-priority time critical needs and national partners could focus on the implementation of second high-priority complementing activities in those sectors.

c) Did CERF funds help improve resource mobilization from other sources?
YES ☒ PARTIALLY ☐ NO ☐

CERF funds helped to improve resource mobilization from other sources. Some examples: The implementation of UNICEF-led activities in Nutrition and WASH was showcased to partners and donors. Their results were notably appreciated by the Japanese Government which funded their upgrade and expansion. FAO-led activities and approach of urgent livelihood and food security restoration through rapid family vegetable production units were also presented to partners and donors. Additional funding was mobilized from the Swiss Agency for Development and Cooperation (SDC).

d) Did CERF improve coordination amongst the humanitarian community?
YES ☒ PARTIALLY ☐ NO ☐

CERF-funded projects improved the coordination amongst the humanitarian community in several ways: (1) Through the design and implementation of the CERF Joint Programmes in Health, WASH, Nutrition and Food Security; (2) Through the implementation of the partnership agreements (MoUs) between UNHCR and other UN Agencies such as FAO, UNICEF and WFP; (3) Through specific agreements signed with NGOs (e.g. partnership between UNHCR, WFP and CARE Canada); (4) Through specific project implementation arrangements (e.g. between UNHCR and UNAIDS) and; (5) Through project implementation modalities discussed and agreed with local committees (e.g. Local Water Management Committees).

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

Within the overall humanitarian assistance provided in Djibouti, CERF-funded projects allowed to discuss plans to improve data collection, data management and utilisation. For instance, in June 2014, WFP and UNICEF conducted a Comprehensive Food Security and Vulnerability Assessment in rural and urban areas, coupled with a nutritional causal analysis for Obock. Since then, Food Security information is collected through the Food Security and Outcome Monitoring mechanism.

CERF-funded projects stressed the increasing need to create an enabling policy framework and to foster the national ownership of programmes. It led to the development in the fourth quarter of 2014 of a Joint UNICEF/WFP/FAO/UNHCR Action Plan to Address Food and Nutrition Insecurity with adoption expected in 2015. Furthermore, a donor round table was held in November 2014, during which the UN Resident Coordinator, WFP, FAO, UNICEF and UNHCR met with USAID, AFD, Japan Cooperation Embassy, Russian Embassy,

[8] The approved funding of the UNDP led project was planned to be used for the construction of two water boreholes and the provision of water pumping systems in the villages of Faradil and Godawo in Ali-Sabieh region in the southern part of the country. Technical problems related to the procurement of qualified service providers prevented the implementation of the project. The plan of UNDP was to contract local companies for the construction of the two water boreholes. Unfortunately the local contractors were not able to provide the required services in time because of the non-availability of the required amounts of drilling rigs.

[9] Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

German Embassy, EU Embassy and French Embassy to present an overview of the Food Security and Nutrition situation, including current interventions and future plans.

The implementation of CERF-funded projects allowed the strengthening of the capacities of national partners in specific fields such as in procurement, stock management, supervision, malnutrition cases management. It also reinforced the capacities of religious leaders in raising awareness on specific issues (e.g. HIV transmission).

In addition, CERF added value to the overall humanitarian response in supporting inter-agency efforts to develop a common strategy of socio-economic integration of refugees in local communities coupled with the implementation of a Self-Reliance Strategy. CERF promoted Rome-based agencies programming on resilience-building in rural areas and the UNICEF/WFP programming on curative nutrition through therapeutic and supplementary feeding. CERF contributed to the implementation of the IGAD-IOM Strategy for a better management of migration related issues in the Horn of Africa and the activities of the Regional Mixed-Migration Committee based in Nairobi.

V. LESSONS LEARNED

TABLE 6:OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Faster assistance could be delivered if funds would be more rapidly available. Procurement processes are sometimes halted during the period following the confirmation of funds and the actual reception of funds	The funds validity date could be advanced for the funds to be engaged prior being received	CERF Secretariat

TABLE 7:OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
The analysis of funding trends for the humanitarian response shows that SRP/Consolidate Appeal Process (CAP) funding levels decreased since 2012.	Continue resources mobilization and advocacy efforts	UNCT
The sub-grants budgeted in the project proposals are not always transferred to the implementing partner(s) as planned.	The reprogramming/fund redeployment request procedure to be followed in the future.	UNCT

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNAIDS WHO UNFPA	5. CERF grant period:	UNAIDS 09.05.14 – 31.12.14 WHO 15.04.14 – 31.12.14 UNFPA 17.04.14 – 31.12.14
2. CERF project code:	14-UFE-AID-001 14-UFE-WHO-019 14-UFE-FPA-014	6. Status of CERF grant:	☐Ongoing ☒Concluded
3. Cluster/Sector:	Health		
4. Project title:	Health response to outbreaks and malnutrition for the most vulnerable		

7.Funding				
	a. Total project budget: (WHO: $3,332,060; UNFPA: $350,000; UNAIDS: $ 200,000)	US$ 3,882,060	d. CERF funds forwarded to implementing partners[10]:	
	b. Total funding received for the project: (WHO: $1,100,225; UNFPA: $100,001; UNAIDS: $96,100)	US$ 1,296,326	▪ *NGO partners and Red Cross/Crescent:*	US$ 40,831 (UNAIDS)[11]
	c. Amount received from CERF: (WHO: $500,225; UNFPA: $100,001; UNAIDS: $96,100)	US$ 696,326	▪ *Government Partners:*	US$ 16,031 (UNAIDS)

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	99,661, changed to 24,000	22,664	The number of planned beneficiaries indicated in the CERF project submission was those concerned by the whole SRP project instead of those specifically supported by this specific CERF project.
b. Male	89,963, changed to 18,000	17,903	
c. Total individuals (female + male):	189,624, changed to 42,000	40,647	
d. Of total, children under age 5	18,071, changed to 10,080	9,707	

[10] Kindly note that WHO and UNFPA executed the project under the DEX modality to speed up its implemention in the case of WHO and because UNFPA Djibouti does not transfer anymore funds to partners. Therefore, WHO did not transfer US$ 50,000 to UNFD, nor US$ 30,000 to INSPD. Similarly, the amount of US$ 18,850 was not transferred by UNFPA to the MoH as per planned. The reprogramming/fund redeployment request procedure will be followed in the future would a similar situation arise.

[11] Given the fact that CARE Canada was about to close its office in Djibouti and that UNFD was overtreschted with other projects, UNAIDS opted for transferring funds to other partners: ACCF, APEF and RNDP +.

9. Original project objectivefrom approved CERF proposal

1- Respond to the current malaria and dengue outbreaks and ensure diagnostic, treatment and control measures are implemented:
   a. Support and ensure that health workers and doctors implement properly the case management of malaria and diarrhea patients
   b. Link alerts to diarrhea cases with contaminated water management and with drinking water quality monitoring
2- Increase access to emergency obstetric care especially for vulnerable women in rural areas and refugee camps (UNFPA)
   a. Integrate in prenatal consultations management of malnourished and anemic women
3- Integrate in vaccination activities counseling and monitoring of weight, height and nutrition care for infants
4- Increase access to HIV treatment especially for pregnant women and children, with a focus on refugees and youth

10. Original expected outcomesfrom approved CERF proposal

1- Treatment , diagnostic tests for 7500 cases of malaria in 2014 (including pregnant and children)
2- Treatment for most affected communities at risk of acute diarrhea cases (5000 moderate cases and 1000 severe cases of AWD and intestinal parasites for children the period of June-October 2014
3- Malaria , dengue and acute diarrhea outbreaks detected and investigated within 72 hours
4- Emergency Medicines, reagents , rapid tests and supplies stocks available in centers for outbreaks of malaria and diarrhea response
5- Monitoring of pregnancy and delivery risk complications as well as proper , timely identification and management for 6500 women and their newborns from target population
6- Weekly bulletin on the monitoring of diseases of outbreak potential and monthly for MISP related interventions
7- 100 per cent of refugee's and host communities have a minimum package of HIV and AIDS services according the IASC guidelines;
8- 70 per cent of physicians and nurses in the refugee's camps and Ali Sabieh region can implement PMTCT and give medical care of people living with HIV ;
9- 3 structures with the Primary Health Care in Ali Sabieh region including refugee's camps integrated PMTCT in a minimum package of activities;
10- 70 per cent of religious, political and community leaders involved in the mobilization for PMTCT, reducing violence against women, stigma and discrimination;
11- 5,000 refugee's and host community have access to HIV test;
12- HIV and AIDS are integrated in all interventions and programs in favour of refugee's and host communities
13- 70 per cent of young people are know about means of HIV prevention and have access to condoms

11. Actual outcomes achieved with CERF funds

1. 100 per cent of expected cases (7,500 cases) of malaria in 2014 (including pregnant and children) were diagnosed and treated
2. More than 6,000 children with acute diarrhoea in the most-at-risk communities were treated in 2014. All cases of outbreaks (2 for malaria, 1 for dengue and 1 for acute diarrhoea) were detected and investigated within 72 hours in the five regions by the National Institute of Public Health and the health regions managers.
3. 100 per cent of emergency medicines, reagents, rapid tests and supplies stocks for treatment of 7,500 cases and 6,000 cases respectively for malaria and diarrhoea outbreaks response were available in health facilities 9,396 women and children received antenatal care, postnatal care, tetanus vaccine, management of complications, integrated management of childhood illnesses.
4. The National Institute of Public Health (INSPD) has monitored the potential outbreak diseases permanently and prepared the reports for suspected and confirmed cases.
5. 23,810 of refugees and 2500 host communities have a minimum package of HIV and AIDS services according the ASC guidelines;
6. 4 of physicians, 4 community workers and 30 nurses in the refugee's camps and Ali Sabieh region can implement PMTCT and give medical care to people living with HIV ;
7. 3 health facilities with the Primary Health Care in Ali Sabieh region including refugee's camps have integrated PMTCT in a minimum package of activities;
8. 160 religious, political and community leaders are involved in the mobilization for PMTCT, violence against women, stigma and discrimination reduction;.
9. 20,164 refugees' and host community have access to HIV tests.
10. 2322HIVtests weremadeagainst522testsin 2013 given an increase of344 per cent.
11. HIV and AIDS are integrated in all interventions and programs in favour of refugee and host communities: including HIV testing, prevention mother to child HIV transmission, and referral system for ART treatment.

12. 15 000 young people including the host population were sensitized on HIV prevention and know about means of HIV prevention and have access to condoms. In addition 44,246condoms were distributed in 2014against17,345condoms in 2013 given an increase155 per cent.	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
NA	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☒ NO ☐
If 'YES', what is the code (0, 1, 2a or 2b):2a **If 'NO' (or if GM score is 1 or 0):**NA	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
Project evaluation to be undertaken in June 2015	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF UNDP FAO	5. CERF grant period:	UNICEF 11.04.14 – 31.12.14 UNDP 15.05.14 – 31.12.14 FAO 14.04.14 – 31.12.14
2. CERF project code:	14-UFE-CEF-038 14-UFE-UDP-003 14-UFE-FAO-010	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	WASH		☒Concluded
4. Project title:	Integrated response to the drought crisis: ensure the provision and access to potable water of rural population and safeguard livelihood assets		

7.Funding

a. Total project budget:
US$ 8,371,480

UNICEF	US$ 2,700,000
FAO	US $ 2,500,000
UNDP	US $ 3,171,480

b. Total funding received for the project:
US$ 950,000

UNICEF	US$ 500,001[12]
FAO	US $ 250,000
UNDP	US $ 199,999

c. Amount received from CERF:
US$ 950,000

UNICEF	US$ 500,001
FAO	US $ 250,000
UNDP	US $ 199,999

d. CERF funds forwarded to implementing partners:

- *NGO partners and Red Cross/Crescent:* US$ 81,208
  (UNICEF: US$ 65,208; FAO: US$ 16,000)
- *Government Partners:* US$ 75,613
  (UNICEF: US$ 60,071; FAO: 15,542 US$)

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	26,664	28,594	Despite the fact that UNDP-led part of the project could not be implemented, the number of reached beneficiaries surpassed the planned. This was due to: - The cost of equipment purchased by UNICEF was 31
b. Male	25,926	33,567	
c. Total individuals (female + male):	52,590	62,161	

[12]US$ 500,001 is the amount indicated in OCHA FTS reports for 2014. UNICEF figures differ from the FTS report and note that the correct amount is US$ 833,055 that includes US$ 157,694 carried-over funds received by UNICEF from UNOCA and Thematic. It includes US$ 675,361 mobilized in 2014 from Japan and UNOCHA.

d. Of total, children <u>under</u> age 5	6,836	8,329	per cent lower than estimated after conclusion of the bidding process. The balance was used to fund additional interventions in line with project objectives resulting in an increased number of beneficiaries. - The total number of beneficiaries from the rehabilitation of water points conducted by FAO doubled in number going from 6,390 to 12,440 people. The main reason for this increase is that UNHCR commended to conduct the rehabilitation of wells only in Ali Addeh refugee camp, which is characterized by a very difficult water supply situation and a population about five times bigger than HollHoll refugee camp. These decisions had an impact on the actual number of beneficiaries which increased from 6,390 to 12,440 people. In addition, once the bidding process had been finalized for the rehabilitation of the traditional wells in the regions of Djibouti, the balance resulting from the planned estimates and the actual cost, permitted to FAO to rehabilitate one additional well in the region of Arta which also had an impact on the number of beneficiaries.

9. Original project objectivefrom approved CERF proposal

The overall goal of the project is to meet the urgent water needs of the targeted rural populations in the five regions of the country who otherwise will not have sufficient water during the dry season, thus prevent the situation from worsening.
The specific objective of this project include:

1. Increase the access to safe drinking water of 52,590 people through the construction of new boreholes; the rehabilitation and protection of water points; the repair of dysfunctional pumps and generators; and rehabilitation of shallow wells in rural areas supporting pastoral communities;
2. Reinforcement of water management committees to ensure a good use of the safe drinking water points and shallow wells in pastoral areas

10. Original expected outcomesfrom approved CERF proposal

This project is expected to lead to the following outcomes:

(i) 4,200 people in the localities of Faradil, and God Dacawo (Ali-Sabieh) with improved access to safe drinking water through the construction of 2 new deep boreholes;
(ii) 6,390 people with improved access to water for agro-pastoral activities through the rehabilitation and protection of 17 water points (11 in rural areas and 6 in the refugee camps of Ali Addeh and HollHoll);
(iii) 39,000 people in the five regions of the country with increased access to water through 19 rehabilitated pumping stations;
(iv) 2,808people in the five regions of the country with increased access to water through 6 rehabilitated shallow wells;
(v) 17 Water Management Committees with reinforced capacities.
(vi) 2 additional Water Management Committees established and capacitated;

The indicators include:

(i) Number of people with access to safe drinking water
(ii) Number of boreholes created
(iii) Number of pumping stations rehabilitated
(iv) Number of water shallow wells rehabilitated
(v) Number of Water Management Committees established
(vi) Number of Water Management Committees strengthened

11. Actual outcomes achieved with CERF funds

Expected outcomes	Achievements with CERF Funds
(i) 4,200 people in the localities of Faradil, and God Dacawo (Ali-Sabieh)	The activity could not be conducted and therefore the outcome was not achieved. The approved funding of the UNDP led project was planned to be used for the

with improved access to safe drinking water through the construction of 2 new deep boreholes;	construction of two water boreholes and the provision of water pumping systems in the villages of Faradil and Godawo in Ali-Sabieh region in the southern part of the country. Technical problems related to the procurement of qualified service providers prevented the implementation of the project. The plan of UNDP was to contract local companies for the construction of the two water boreholes. Unfortunately the local contractors were not able to provide the required services on-time because of the non-availability of the required amounts of drilling rigs[13].
(ii) 6,390 people with improved access to water for agro-pastoral activities through the rehabilitation and protection of 17 water points (11 in rural areas and 6 in the refugee camps of Ali Addeh and Holl Holl);	12,440 people have improved access to water for agro-pastoral activities through the rehabilitation and protection of 15 water points. Out of these: a) 12 wells are located in rural areas: 3 in Tadjourah region (communities of DorraProximite 1, DorraProximite 2 and Kalaf); 3 in Dikhil region (communities of Daymoreha, Araalou and Grand Araalou); 3 in Obock region (communities of Askomaytou, BoytaAlWadi and Sabouratyou); and 3 in Arta (Bouleh, Dabameire and Dudumaa); b) 3 wells are located in Ali Addeh refugee camp, in the region of Ali Sabieh. The beneficiaries from these water points do not have other means of accessing water especially during the dry season. The decision to rehabilitate 3 water points of double size instead of 6 of standard size in the refugee camp was done according to UNHCR recommendations. UNHCR also recommended conducting the rehabilitation of wells only in Ali Addeh refugee camp, which is reported to have a much more difficult water supply situation and a population about five times bigger than HollHoll refugee camp. This decision had an impact on the actual number of beneficiaries which increased from 6,390 to 12,440 people. The technical supervision of the rehabilitation works was ensured by the cooperation with the Direction of Rural Hydraulics of the Ministry of Agriculture, through a Letter of Agreement (LoA).
(iii) 39,000 people in the five regions of the country with increased access to water through 19 rehabilitated pumping stations;	At least 38,910 people in Ali-Sabieh, Obock, Tadjourah and Dikhil regions have an increased access to improved water through the rehabilitation of 24 pumping stations. The outcome was achieved. UNICEF provided the Direction of Rural Hydraulics with 11 immersed electric pumps, 7 submersible solar pumps, 6 surface pumps and 6 generators. These materials and equipment were used to rehabilitate 24 existing pumping stations which were damaged due to intensive use and high pressure during the dry season.
(iv) 2,808 people in the five regions of the country with increased access to water through 6 rehabilitated shallow wells	The outcome was achieved. 3,000 people in Ali Sabbieh, Dikhil and Tadjourah regions have increased access to water through the rehabilitation of 7 shallow wells. UNICEF worked with the Direction of Rural Hydraulics to identify local contractors to conduct this activity.
(v) 17 Water Management Committees with reinforced capacities.	A total of 14 Water Management Committees have now reinforced technical capacities for operating and managing and use of water points thanks to CERF funds. These water management committees were established in accordance to the rehabilitated water points conducted by FAO. Out of these, 12 are established in the regions of Tadjourah, Dikhil and Obock. This activity was done in the framework of a Letter of Agreement (LoA) between FAO and the Direction of Rural Hydraulics which supported the restructuration of the committees and training of all members. The remaining 2 are established in the 2 refugee camps hosted in the region of Ali Sabieh. FAO in partnership with 2 INGOs (LWF and DRC) run the training of committee members on improving the efficiency of water use for activities in competition with domestic use such as small kitchen gardening, and provided didactical material.

[13]UNDP contacted the CERF Secretariat to proceed with the refund

(vi) 2 additional Water Management Committees established and capacitated;	This outcome was not achieved. As explained above (outcome i), UNDP could not construct the two boreholes, reason why the 2 additional water management committees were not established.

Further to this, CERF funds allowed to achieve the following **unexpected outcomes**:

(vii) Out of those with improved access to water thanks to rehabilitated water facilities, 1,200 people from vulnerable households located in the remotest areas of Ali Sabbieh, Dikhil and Tadjourah regions were provided with barrels and jerrycans for safe water storage. UNICEF purchased the materials and delivered them to the Direction of Hydraulic Resources. This material was directly distributed by Government and UNICEF hand-in-hand to the population along with the promotion of basic hygiene activities such as hand washing with soap.

(viii) 2,511 people from households with children suffering from acute malnutrition benefited from hygiene promotion activities. The activity was done in Balbala, a suburban area of Djibouti-city that presents the highest rates of global acute malnutrition in-country. The education of mothers and caregivers on good hygiene practices was conducted in paralel with children's malnutrition treatment. UNICEF worked with ACF for the implementation of this activity. ACF is also UNICEF's implementing partner in the malnutrition response.

(ix) 5,300 people from Ali-Addeh refugee camp and surrounding community now have an increased access to safe water through the extension of the water supply network that covers three sectors of the refugee camp. This was done through the rehabilitation and equipment of a traditional well and a water tank, including the installation of supplementary pipes and public taps. UNICEF worked with CARE international for the implementation of this activity. CARE is UNHCR's implementing partner within the refugee camps for the WASH sector.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

Once the bidding process was conducted and finalised by UNICEF, the total cost of water supply equipments turned out to be 31 per cent lower than the planned cost estimates. The balance was used to implement additional interventions in line with the objectives of the proposal submitted, increasing the number of beneficiaries and expanding the impact of CERF funds. These interventions are as follows:

a. Rehabilitation of 1 additional shallow well in the most drought-affected areas.
b. Reinforcement and extension of the water distribution network within the Ali-Addeh refugee camp (Ali-Sabieh region). This allowed to address the issue related to insufficient access to safe water among refugees and to increase the average quantity of water available per refugee per day closer to the UNHCR standard of 20 litres; this was conducted in the framework of a letter of understanding signed between UNHCR and UNICEF.
c. Promotion of good hygiene practices among beneficiaries of rehabilitated WASH facilities in Ali Sabbieh, Dikhil and Tadjourah regions; and among families with children affected by malnutrition in Balbala. This intervention was co-funded by CERF and other donors, and allowed to optimize the impact of the access to safe water in terms of reducing the incidence of diarrhoeal diseases among children thus contributing to decreasing malnutrition risk factors.

Also the total number of beneficiaries from the rehabilitation of water points conducted by FAO doubled in number going from 6,390 to 12,440 people. The main reason for this increase is that UNHCR commended to conduct the rehabilitation of wells only in Ali Addeh refugee camp, which is characterized by a very difficult water supply situation and a population about five times bigger than HollHoll refugee camp. These decisions had an impact on the actual number of beneficiaries which increased from 6,390 to 12,440 people. In addition, once the bidding process has been finalized for the rehabilitation of the wells, the balance resulting from the planned estimates and the actual cost, permitted us to rehabilitate one more well in the region of Arta which also had a minor increase in the number of beneficiaries.

However, outcomes (i) and (vi) were not achieved. As explained above, the approved funding of the UNDP led project was planned to be used for the construction of two water boreholes and the provision of water pumping systems in the villages of Faradil and Godawo in Ali-Sabieh region in the southern part of the country. Technical problems related to the procurement of qualified service providers prevented the implementation of the project. The plan of UNDP was to contract local companies for the construction of

the two water boreholes. Unfortunately the local contractors were not able to provide the required services on-time because of the non-availability of the required amounts of drilling rigs.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☒ NO☐
If 'YES', what is the code (0, 1, 2a or 2b): 2a **If 'NO' (or if GM score is 1 or 0):**	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
FAO has a centralized and standard evaluation system. CERF funded projects are all included and subject of evaluation of aforementioned global system. FAO Djibouti will undertake an internal final review of their interventions on at the end of April 2015 and these review's reports will be shared accordingly.	EVALUATION PENDING ☐
No evaluation is planned for the UNICEF's project component. However, and although no full-fledged external project evaluation has been undertaken, monitoring and supervision activities have been conducted by UNICEF and the respective teams of the Department of Rural Hydraulic Resources on a quarterly basis, in order to ensure the good implementation of the operations.	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF WFP	5. CERF grant period:	UNICEF 02.04.14 – 31.12.14 WFP 14.04.14 – 31.12.14
2. CERF project code:	14-UFE-CEF-039 14-UFE-WFP-020	6. Status of CERF grant:	☐Ongoing ☒Concluded
3. Cluster/Sector:	Nutrition		
4. Project title:	Support the nutritional status of the mothers (PLW) and the malnourished children under five among the vulnerable/drought affected population and the refugees		

7.Funding

a. Total project budget:
US$ 3,780,846

UNICEF: US$ 2,000,000
WFP: US$ 1,780,846

b. Total funding received for the project:
US$ 2,284,843

WFP US$902,243
UNICEF US$1,382,600[14]

c. Amount received from CERF:
US$ 1,000,154
UNICEF: US$ 500,000
WFP: US$ 500,154

d. CERF funds forwarded to implementing partners:

- *NGO partners and Red Cross/Crescent:* US$ 10,046

  UNICEF US$ 10,046
  WFP US$ 0

- *Government Partners:* US$ 10,101

  UNICEF US$ 10,101
  WFP US$ 0

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	29,404	28,988	NA
b. Male	12,096	7,632	

[14]US$ 1,350,676 is the amount indicated in OCHA FTS reports. Kindly note that the correct amount is US$ 1,382,600 that includes US$ 712,190 carried-over funds received by UNICEF from the French Committee, Japan and UNOCHA. It includes US$ 670,409 mobilized in 2014 from DFID, Japan and UNOCHA.

c. Total individuals (female + male):	41,500	36,620
d. Of total, children <u>under</u> age 5	23,500	20,785

9. Original project objectivefrom approved CERF proposal

The overall objective of the project is to mitigate the effects of the drought resulting in increased food insecurity and deterioration of the nutritional status of boys and girls under 5 years of age, and pregnant and lactating women, in Djibouti while building government and community capacity for disaster preparedness. The specific objectives are:

(i) Improve the health condition of at least 3,000 severely malnourished children in the most affected areas (Obock, sub-urban areas of Djibouti city and Tadjourah) by expanding the CBMAM programme to 10 new community sites;

(ii) Enhance the micronutrient status of at least 18,000 children under 5, and support UNHCR to implement similar interventions in the two refugees camps; this will be done through the administration of nutritional supplies in the framework of CBMAM interventions in Djibouti City and the regions of Ali sabieh (including the two camps), Arta, Dikhil, Obock, Tadjourah;

(iii) Improve the nutritional status of 5,500 moderately malnourished children under five in the regions of Ali sabieh, Arta, Dikhil, Obock, Tadjourah;

(iv) Improve the management of acute malnutrition cases in the localities of Obock and the sub-urban areas of Djibouti City implemented by well trained and qualified health and community workers benefiting of adequate supervision;

(v) Support the nutritional status of 4,200 moderately malnourished pregnant and lactating women and encourage pre and post natal consultations through provision of nutritional food products in the health centres in Djibouti City;

(vi) Enhance the knowledge of 18,000 mothers on nutrition best practices, with a particular focus on infant and young child feeding practices, through life-saving social mobilization and communication interventions in Djibouti City, and the regions of Ali sabieh, Arta, Dikhil, Obock, Tadjourah;

(vii) Strengthen the collaboration between the MoH/NNP and the Community Health Associations to ensure that the management of acute malnutrition cases is conducted in a proper manner, data are regularly collected and analysed, and supplies are properly stored in Djibouti City and the regions of Ali sabieh, Arta, Dikhil, Obock, Tadjourah.

10. Original expected outcomesfrom approved CERF proposal

Objective 1: Save lives and protect livelihoods in emergencies **Goals** 1. To save lives in emergencies and reduce acute malnutrition caused by shocks to below emergency levels	**Impact: Contribution to MDGs 1,3 and 4**

Outcome 1.1: Stabilized or reduced under nutrition among children aged 6-59 months and pregnant and lactating women through distribution of nutritional products.

Output	Indicator
Output 2.1 Distribution of food items in sufficient quantity and quality to targeted women, men, girls and boys.	➢ Number of people receiving food assistance by activity and as per cent of planned beneficiaries. ➢ Tonnage of food distributed, by type, as per cent of planned distribution. ➢ Quantity of fortified foods, complementary foods and special nutritional products distributed, by type, as per cent of planned distribution. .

Output 2.2 Distribution of adequate food in sufficient quantities and qualities to target moderate malnourished children (under five) and pregnant/lactating women in rural and urban area	➢ Quantity of fortified foods, complementary foods distributed, as per cent of actual distribution ➢ Quantity of fortified foods complementary food distributed, as per cent of planned distribution ➢ Number of beneficiaries (by gender /age groupe and type) receiving food assistance as per cent of planned beneficiaries ➢ Number of health centres/post assisted
Output 2.3 Keep the coverage of malnutrition case management above 80 per cent;	➢ Coverage rate of malnutrition case management;
Output 2.4 Keep the case fatality rate of severe acute malnutrition below 5 per cent;	➢ Case fatality rate of malnourished children treated for severe acute malnutrition;
Output 2.5 Keep the recovery rate of malnourished children over 75 per cent;	➢ Recovery rate of malnourished children treated for severe acute malnutrition;
Output 2.6 Reduce the default rate under 10 per cent;	➢ Default rate of malnourished children treated for severe acute malnutrition;
Output 2.7 Provide at least 80 per cent of under five children and mothers with micronutrient supplements;	➢ Proportion of children under five years and pregnant women provided with micronutrient supplements;
Output 2.8 All mothers and other caregivers using the nutrition services have access to adequate information on young children's feeding practices;	➢ Proportion of mothers and other caregivers reached for the improvement of their young child feeding and nutrition practices;
Output 2.9 150 health professionals and CHWs with enhanced knowledge on case management of acute malnutrition.	➢ Number and proportion of health professionals and CHWs benefiting of training activities in the areas specified above.

11. Actual outcomes achieved with CERF funds

Output 2.1

Distribution of food items in sufficient quantity and quality to targeted women, men, girls and boys.

➢ 1. Number of people receiving food assistance by activity and as per cent of planned beneficiaries

Number of beneficiaries	**Activity**	**As per planned per cent**
4,200 Pregnant & Lactating women	Nutrition, MCH	14.28 per cent
18,000 Mothers Enhanced in Infant	Nutrition, MCH	61.22 per cent

Feeding		
Enhanced 18,000 Children Under 5 years	Nutrition ,Refugees	76.59 per cent
5,500 Malnourished Children Under 5 years	Nutrition	23.4 per cent
3,000 Children severely malnourished	Nutrition	5.6 per cent (5.6 per cent is the prevalence rate of severe acute malnutrition representing approximately 5,500 children which is the yearly expected case load of SAM cases to be treated.)

- 2. Tonnage of food distributed, by type, as per cent of planned distribution.

Distribution Tonnage	**Commodity**	**Percentage**
25.2	Vegetable Oil	100 per cent
157.5	Wheat Soya Blend +	100 per cent
165	Wheat Soya Blend ++	100 per cent
12.6	Sugar	100 per cent

3. Quantity of fortified foods, complementary foods and special nutritional products distributed, by type, as per cent of planned distribution

Quantity of Fortified Food Distributed in NMT	Quantity of Complementary Food in NMT	Special Nutritional Products Distributed and types	As per Planned per cent
157.5	25.5--Veg.Oil 100 per cent Distributed	Wheat Soya Blend +	100 per cent
165	12.6—Sugar 100 per cent Distributed	Wheat Soya Blend ++	100 per cent

Output 2.2

Distribution of adequate food in sufficient quantities and qualities to target moderate malnourished children (under five) and pregnant/lactating women in rural and urban area

[WFP]
4.5.6. Quantity of fortified foods, complementary foods distributed, as per cent of actual distribution
Quantity of fortified foods complementary food distributed, as per cent of planned distribution
Number of beneficiaries (by gender /age groupe and type) receiving food assistance as per cent of planned beneficiaries
Number of health centres/post assisted

Number of beneficiaries	**Quantity of Fortified Food Distributed**	**Quantity of Complementary Food**	**per cent as planned**
5,500 Moderately Malnourished Children under 5	132 NMT WSB+ & WSB++	26.4 NMT of V.Oil 16.5 NMT Sugar	40.93 per cent of Fortified 100 per cent +of Veg Oil 100 per cent planned + 30.95 per cent
4,200 Pregnant & Lactating Women	96.75 NMT		30 per cent
3,000 Severely Malnourished Children	93.75 NMT		29.07 per cent

Output 2.3

Keep the coverage of

[UNICEF] The National Nutrition Programme report shows that out of 5,903 children under-5 suffering from SAM, a total of 5,801 (including 3,045 girls) were admitted for treatment (98.3 per cent). CERF funds were used to cover the nutritional treatment of 4,700 under-5 children affected

malnutrition case management above 80 per cent;	by SAM (81 per cent of the total number of children treated) with Plumpy'Nut. It is important to note that the number of SAM cases in 2014 (5,903) largely overpassed those expected by the project. For this reason there was a need to adjust the response and increase the purchase of Plumpy'Nut with CERF funds from 3,000 to 4,700 cartons. Thanks to this decision, the project managed to reach a coverage of malnutrition case management of 5,903 children under-5 suffering from SAM, a total of 5,801 (including 3,045 girls) were admitted for treatment (98.3 per cent).
Output 2.4 Keep the case fatality rate of severe acute malnutrition below 5 per cent;	[UNICEF] The target was met. Out of 5,801 children admitted for treatment, 57 of them died; and therefore the case fatality rate was 0.9 per cent. 30 out of them were girls.
Output 2.5 Keep the recovery rate of malnourished children over 75 per cent;	[UNICEF] The target was met. Out of the 5,801 children admitted for treatment, 4,930 recovered from their condition. This represents a recovery rate of 85 per cent, above the 75 per cent target.
Output 2.6 Reduce the default rate under 10 per cent;	[UNICEF] Unfortunately the default rate remained at 14 per cent. According to the information provided by National Nutrition Programme staff, defaulters were in the majority of the cases children coming from nomadic families. The nomadic population constitutes 20 per cent of the overall country population; and 60 per cent of those living in rural areas (Census 2009). Due to their itinerant way of living they often become unreachable by health services and even mobile health teams, and the completion if their treatment becomes a challenge.
Output 2.7 Provide at least 80 per cent of under five children and mothers with micronutrient supplements;	[UNICEF] The National Nutrition Programme report shows that 85 per cent of children aged from 6 to 23 months including refugees received multiple micronutrients (sprinkles) for 60 days. CERF funds were used to buy 20,000 cartons of sprinkles covering the needs of 1,000 children (including 480 girls) out of the 5,801 having benefited of the whole project (17.23 per cent). The quantity of sprinkles purchased with these funds was inferior to the 60,000 planned, because CERF funds were reallocated to address the urgent need in ready-to-use therapeutic foods.
Output 2.8 All mothers and other caregivers using the nutrition services have access to adequate information on young children's feeding practices;	[UNICEF] Given the need to ensure that all children suffering from severe acute malnutrition were treated, funding from this activity was allocated to purchase nutritional supplies (Plumpy'Nut and Plumpy'Doz) and the target of 18,000 could not be met. The activity was still implemented, but given the limited funds, the project prioritised a geographical area of intervention: Balbala (PK12), the area where MAM rates are the highest in-country. A total of 115 women including mothers, grandmothers and other influential women were trained.
Output 2.9 150 health professionals and CHWs with enhanced knowledge on case management of acute malnutrition.	[UNICEF] The update of the national protocol on acute malnutrition case management is still ongoing, reason why this activity was not fully implemented and the target of 150 trained health professionals was not met. Still, CERF funds were used to train 20 health workers (16 men and 4 women) from Obock, the region where SAM rates are the highest in-country. The results from the evaluation of the training show that health workers have improved their knowledge on SAM cases management. The remaining funds were used to purchase nutritional supplies for children at high risk of acute malnutrition (Plumpy'Doz), as explained below.

[UNICEF] In addition to the planned outputs, the project also contributed to assist the high number of children at risk of severe acute malnutrition. Thanks to CERF funds, **95 per cent children under-5 at high risk of malnutrition were provided with Plumpy'Doz** (9,585 out of 10,090). CERF funds were used to purchase 2,130 cartons of Plumpy'Doz which were distributed to 9,585 under-5 children

(including 4,814 girls). Each of them received 8 pot of Plumpy'Doz.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

As explained above, the high incidence of SAM cases required an urgent response to ensure the continuous availability of ready-to-use therapeutic food throughout 2014 and the first quarter of 2015, as the only way to save children's lives. Indeed, the number of SAM cases in 2014 (5,903) largely surpassed those initially planned (3,000) and therefore there was a need to increase the quantity of nutritional supplies purchased. There was also a need to purchase fortified spread in order to avoid the continuous deterioration of the nutritional status of under-5 children at high risk of acute malnutrition.

The immediate availability of CERF funds was critical as it allowed to respond to these urgent needs. In one of its meetings, the Nutrition Cluster proposed to:

(i) purchase 4,700 cartons of Plumpy'Nut instead of the planned 3,000 in order to guarantee the continuous availability of products needed for treatment of severe acute malnutrition;

(ii) purchase 2,130 boxes of Plumpy'Doz in order to fill the existing gap in terms of prevention of acute malnutrition among children aged 6 to 36 months (non-planned activity);

The decision was then taken to re-orient the CERF budget lines initially allocated to training of health workers, awareness-raising of mothers and caregivers, formative supervision and purchase of micronutrient cartons in order to cover activities (i) and (ii). This decision was taken while ensuring that training and awareness-raising activities were still conducted in the most affected areas; and that funding from other sources could be allocated to purchase the needed micronutrient cartons and ensure regular formative supervisions.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☒ NO ☐

If 'YES', what is the code (0, 1, 2a or 2b): 2a
If 'NO' (or if GM score is 1 or 0):

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
Although no full-fledged external project evaluation has been undertaken, monitoring and supervision activities have been conducted by UNICEF and the respective teams of the National Nutrition Programme on a quarterly basis, in order to ensure the good implementation of the operations. The outcome indicators are compared to WHO reference indicators.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	FAO WFP	5. CERF grant period:	FAO 11.04.14 – 31.12.14 WFP 15.04.14 – 31.12.14
2. CERF project code:	14-UFE-FAO-011 14-UFE-WFP-021	6. Status of CERF grant:	☐Ongoing ☒Concluded
3. Cluster/Sector:	Food Security		
4. Project title:	Food security assistance to vulnerable groups including refugees		

7.Funding	a. Total project budget: US$ 20,149,976 US$ 1,200,000 (FAO) US$ 18,949,976 (WFP)	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project: US$ 9,931,185 US$ 449,995 (FAO) US$ 9,481,190 (WFP)	▪ *NGO partners and Red Cross/Crescent:* 0 US$
	c. Amount received from CERF: US$ 650,801 US$ 449,995 (FAO) US$ 200,806 (WFP)	▪ *Government Partners:* 0 US$

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	3, 849, revised to 5,000	5,283	The original planned figures were 3,849 female, 3,071 male, 6,920 total, including 2,132 children under 5. Since these figures erroneously did not include beneficiaries of WFP activities, they have been corrected here.
b. Male	3, 071, revised to 5,000	4,463	
c. Total individuals (female + male):	6, 920, revised to 10,000	9,746	
d. Of total, children under age 5	2, 132, revised to 4,000	3,644	

9. Original project objectivefrom approved CERF proposal

The overall objective of the project is to support the rural pastoralists communities and urban poor, affected by recurrent droughts and increasing food prices, including refugee

Specifics objectives

- Increase short term high vitamin food vegetable availability
- Rebuild livestock assets of drought affected communities
- Provide assistance to Save lives and protect livelihoods in crisis situation through general food distribution

10. Original expected outcomesfrom approved CERF proposal

Expected outcomes are:

- Beneficiaries have sufficient access to high protein & vitamin food vegetable production system
- Improved livestock production and productivity
- Enhanced knowledge in Food security and better prepare to respond to food insecurity
- Improved food consumption over assistance period for target households
- Food distributed in sufficient quantity to target groups of women, men, girls and boys under secure conditions.

Indicators include:

- 100 per cent of beneficiaries are trained in home gardening
- 100 per cent beneficiaries are equipped with seeds & tools Kits to produce fresh vegetables
- Rapidly enhanced availability and access to goat milk especially during lean times
- Activities on Food security in Djibouti are better coordinated and tailored to the needs of each region (number of trained executives of the Government)
- Total of food transferred to beneficiaries, as per cent of planned
- Food consumption score of households receiving GFD
- Number of women, men, girls and boys receiving Nutrition food by category and as per cent of planned.

11. Actual outcomes achieved with CERF funds

- Beneficiaries have sufficient access to high protein & vitamin food vegetable production system
  - Provision of vegetable seeds and agricultural tool kits: FAO Djibouti assisted food and nutrition insecure rural households as well as refugees through the support to gardening activities in order to increase diet diversity and vitamins intake, as well as to improve income generation. In rural areas, 398 kg of assorted vegetable seeds and 300 agricultural tool kits were distributed to 853 agro-pastoral households (5118 beneficiaries). The distribution was conducted by the Ministry of Agriculture, generally through the existing associations and cooperatives. In the two refugees camps, FAO Djibouti supported the creation of 300 family micro-gardening units (1,800 beneficiaries) through the distribution of seeds and tools, including gravity drip irrigation system, combined with the provision of five technical trainings directly provided by FAO agents through a training of the trainers approach..
    - 100 per cent of targeted beneficiaries (1,055 households) received training in vegetable gardening combined with the provision seeds & tools Kits to produce fresh vegetables, including the distribution of vegetable seeds, agricultural tool kits and kitchen garden gravity drip irrigation, 100 per cent of beneficiaries.
  -
- Improved livestock production and productivity
  - Livestock restocking: This activity focused on the emergency situation in which several pastoralists communities have been affected by the loss of their livestock. Through this project FAO rebuilt the livestock assets of drought affected communities. Thus, 2,400 heads of goats have been distributed to 240 households (1,440 people) in the regions of Obock (locality of Allaili Dada) ,Tadjourah (locality of Andaba) Dikhil (locality of Cheikeyti), Ali Sabieh (locality of Assomo) and Arta (locality of Karta).Each regionreceived 480goatswhich have then been distributedto 48households. This restocking was accompanied by the distribution of veterinary products as well as livestock food supply (50 tonnes of hay, 20kg per household). The identification of the most vulnerable and needed households was conducted in partnership with the Directorate of Livestock and Veterinary Services and the local and regional authorities.
    - Rapidly enhanced availability and access to goat milk especially during lean times: Through the distribution of dairy goats accompanied of livestock food supply and veterinary products, the

availability and access to goat milk were enhanced.

- Enhanced knowledge in Food security and better prepare to respond to food insecurity
  - The government partners through regional authorities (Prefect and county authorities) and development partners have been trained on the concept of Food Security and how to conduct a food security assessment and response planning. In parallel to this training, the Rural IPC analysis was updated in May 2014. A Food Security and Outcome Monitoring assessment was also conducted in September 2014. The two reports were published and shared with relevant stakeholders and platforms.
    - Activities on Food security in Djibouti are better coordinated and tailored to the needs of each region (number of trained executives of the Government): Through the training on the concept of Food Security and carrying out of food security assessment (resulting in production of IPC reports), the government and development partners were better coordinated in the elaboration and implementation of activities tailored to each region.
- Improved food consumption over assistance period for target households
  - General food distribution has partially improved the food consumption of target households unfortunately the period targeted and the resources given was not enough.
- Food distributed in sufficient quantity to target groups of women, men, girls and boys under secure conditions.
  The distributed food was sufficient to meet the needs of half of the targeted groups.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

- This increase is due to the fact that the beneficiaries of WFP activities were not added in the initial project.
- WFP provided General Food Distribution to the drought affected population in rural areas of the most affected communities in Djibouti during the tough months and climate of the local summer temperature which varies between 30-40 "C. this activity was closely coordinated with the Ministry of Interior and the food aid and the food aid committees present in each region. Due to lack of resources, WFP has reduced the general food ration by 50 per cent. However USAID replenished slightly the pipeline

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☒ NO ☐

If 'YES', what is the code (0, 1, 2a or 2b): 2a
If 'NO' (or if GM score is 1 or 0):

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
FAO: FAO has a centralized and standard system of evaluation. CERF funded projects are all included and subject of evaluation of aforementioned global system. FAO Djibouti will undertake an internal Final Review of the project's activities around end of April 2015. This report will be shared with OCHA accordingly.	EVALUATION PENDING ☐
WFP: Although no full-fledged external project evaluation has been undertaken, monitoring and evaluation activities have been conducted by WFP and the team of the National Nutrition Programme on a quarterly basis, in order to collect statistics from community sites (internal evaluation).	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	IOM	5. CERF grant period:	15.04.14 – 31.12.14
2. CERF project code:	14-UFE-IOM-016	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Multi-sector		☒Concluded
4. Project title:	Improving lifesaving capacities, health care access and protection of vulnerable migrants and surrounding host communities in Djibouti		

7.Funding			
	a. Total project budget:	US$ 5,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US$ 1,281,194	▪ *NGO partners and Red Cross/Crescent:* US$ 0
	c. Amount received from CERF:	US$ 300,000	▪ *Government Partners:* US$ 0

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	4,702	2,637	NA
b. Male	10,973	12,401	
c. Total individuals (female + male):	15,675	15,038	
d. Of total, children under age 5	1,567	1,500	

9. Original project objective from approved CERF proposal

Urgently provide lifesaving humanitarian assistance to migrants and host populations in Djibouti through emergency evacuation, health, WASH, and protection-related assistance to meet their basic needs, with particular consideration for vulnerable individuals, namely women, children, elderly, and people with health concerns.

10. Original expected outcomes from approved CERF proposal

a. Operational relief to the current strain on functional primary health care facilities through distribution of essential drugs and medical supplies including rapid malaria test kits for timely medical case management, and prophylaxis for close contacts provided to health authorities;

b. Up to 100,000 chlorine tablets and up to 5,000 migrants reached for improved health awareness, hygiene, treatment of cases for diseases inclusive of diarrheal illness, in case of outbreak. All migrants among the 5,000 in need of health support will be referred to health centers.

c. Up to 50 Health care service providers have knowledge, skills, and resources to provide appropriate, culture and gender sensitive and migrant friendly services and up to 13 community leaders sensitized on migrants assistance, migration health, and malaria and HIV infection prevention

d. Facilitated health referral services provided to vulnerable population, including women heads of households, lactating mothers and women with children under 5 as well as elderly and those with special needs;

e. Increased awareness on communicable diseases including malaria prevention and hygiene of various health partners and communities achieved, and coordination within this multi-sectorial response to disease outbreak is improved.

f. 5,000 migrants aware about the risks of irregular migration and sensitized on the existence of potential abuses, smuggling and trafficking in human beings as well as on the referral system in place in the country. In collaboration with community leaders, local authorities and migrant communities, provide health education to communities for fostering improved hygiene and treatment seeking changes in behavior of men, women, boys and girls, and older people within migrant and host communities, paying attention to the special needs of each group. 10,675 host community members and at least 5,000 migrants receive the sensitization messages.

g. Up to five (5) water points rehabilitated and/or established along the migratory corridor in collaboration with partners

h. Up to 70 vulnerable migrants directly provided with emergency evacuation assistance to their country of origin

11. Actual outcomes achieved with CERF funds

1. Primary health care facilities in Obock, Tadjourah, Dikhil, and Arhiba got relief through distribution of essential drugs and medical supplies including rapid malaria test kits.
2. 100,000 chlorine tablets were distributed and 15,038 individuals were reached for health awareness, hygiene, and treatment of cases for diseases. 2,363 migrants in need of health support were treated and 524 others referred.
3. 50 Health care service providers have knowledge, skills, and resources to provide appropriate, culture and gender sensitive and migrant friendly services and to 13 community leaders are sensitized on migrants assistance, migration health, and malaria and HIV infection prevention
4. Facilitated health referral services are provided to vulnerable population with a total of 416 males and 108 females
5. Awareness on communicable diseases including malaria prevention and hygiene of various health partners and communities is achieved, and coordination within this multi-sectorial response to disease outbreak is improved
6. 15,038 individuals are aware about the risks of irregular migration and sensitized on the existence of potential abuses, smuggling and trafficking in human beings as well as on the referral system in place in the country. In collaboration with community leaders, local authorities and migrant communities
7. Five water points are rehabilitated along the migratory corridor in collaboration with FAO[15]
8. 606 vulnerable migrants directly provided with emergency evacuation assistance to their country of origin

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

NA

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☒ NO ☐

If 'YES', what is the code (0, 1, 2a or 2b): 1
If 'NO' (or if GM score is 1 or 0): This project has improved the health standards by ensuring increased water accessibility and health assistance to vulnerable migrants and host community members. All activities carried out have especially considered the vulnerability of female, elderly and children migrants who face higher protection needs and health risks

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
Evaluation report planned to be available during the second quarter of 2015	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

[15] Out of the 17 water points rehabilitated by FAO, five of them were rehabilitated with IOM support. Those are the ones along the migration corridor.

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNHCR	5. CERF grant period:	14.04.14 – 31.12.14
2. CERF project code:	14-UFE-HCR-014	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Multi-sector		☒Concluded
4. Project title:	Protection and multi-sectoral assistance for refugees, asylum seekers and mixed migrants in Djibouti		

7.Funding				
	a. Total project budget:	US$ 26,956,902	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 3,235,719	▪ *NGO partners and Red Cross/Crescent:*	US$ 14,650
	c. Amount received from CERF:	US$ 400,229	▪ *Government Partners:*	US$ 0

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	11,199	11,199	NA
b. Male	12,611	12,611	
c. Total individuals (female + male):	23,810	23,810	
d. Of total, children under age 5	3,006	3,006	

9. Original project objectivefrom approved CERF proposal

The overall objective of the project is to provide Protection and multi-sectoral assistance to the refugees and asylum seekers in Djibouti. Specifically this current proposal will:

- Screen children under 5 for moderate and severe acute malnutrition in the health facilities in both camps.
- Conduct refresh training for health and community workers on screening and management of malnutrition and nutrition products store management with special consideration for identification of severe malnutrition case;
- Improve equal access to safe and appropriate water for women, girls, boys and men and preserve health by making at least minimum quantities of clean water available for drinking and household use for 19,232 drought-affected people;
- Improve quality and quantity of potable drinking water for refugees based in camps.
- Provide energy for food cooking (kerosene) to refugees living in Ali-Addeh and Holl-Holl Camps

10. Original expected outcomesfrom approved CERF proposal

The project is expected to improve life-saving response to 19,232 refugees in Heath, Nutrition, Wash and Food-security sectors provided by UNHCR and its partners in Ali-Addeh and Holl-Holl camps.

The current project is expected to:

- Provide essential drugs for health centres of Holl-Holl and Ali Addeh camps
- Enhance the capacity of the Holl-Holl and Ali Addeh health facilities through adequate staffing, provision of laboratory services, and medical equipment and supplies
- Improve the coverage rate of malnutrition case management;
- Treat case fatality rate of malnourished children for severe acute malnutrition
- Provide capacity building to community health workers (CHW) to address malnutrition cases in the camps

- Provide energy for food cooking (Kerosene) to camp based refugees.
- Provide through water in poorest areas, including water trucking at the Health Centre.
- Contribute to improve access to potable water to 19,232 refugees living in Ali-Addeh and Holl-Holl camp.

Performance Indicators include:
- Quantity of essentials Drugs procured and distributed
- Number of supported patients
- Number of exposed persons to malnutrition screened and taken in charge
- Number of Nutrition stabilization centers equipped/ rehabilitated and operational
- Number of CHW health staff trained
- Number of litre of kerosene provided per person
- # of litre of potable drinking water provided per day per persons;
- # of water materials purchased and used.
- Water at health centre and primary school provided and the system functioning.

11. Actual outcomes achieved with CERF funds

- *Quantity of essentials drugs procured and distributed*

The procurement for international essential drugs and medical supplies for a total of 155,000 USD was submitted in January 2014. The medicines were received in July 2014 and used in the Ali Addeh and the HollHoll refugee camps health facilities, with which 9,570 patients were supported.

- *Number of supported patients*

There is a functional health centre in each camp (HollHoll and Ali Addeh) providing free primary health care services to all persons of concern. At camps level, and in urban area, 9,570 patientsout of 23,810were supported including consultations and medicines. In addition, 511 patients whose condition was considered serious were transferred to the referral hospital in Djibouti city for secondary health care. For all referral cases, transportation, medicines, hospitalization, investigations and food cost are fully supported by UNHCR through the implementing partner.

- *Number of exposed persons to malnutrition screened and taken in charge*

4 malnutrition screening campaigns were completed in the camps, reaching 2,364 persons. 570 children were enrolled in the Supplementary Feeding Program (SFP) and 238 in the Out Therapeutic feeding Program (OTP).

- *Number of Nutrition stabilization centers equipped/ rehabilitated and operational*

Two nutrition stabilization centres (one in HollHoll and one in Ali Addeh) are equipped and operational. 293 severe malnutrition cases including 55 severe malnourished under five year children with medical complications were admitted for treatment.

- *Number of CHW health staff trained*

A total of 42 persons (15 nutrition promoters, 17 community health workers and 10 volunteer women) from the camps health facilities were trained on the management of malnourished children in collaboration with the national nutrition program team.

- *# of litre of potable drinking water provided per day per persons;*

In Ali Addeh, UNHCR ensured 11 litres per person per day in 2014, while this was 27 litres in HollHoll. The distance to water points was reduced: according to the KAP survey conducted by CARE in December, 51 per cent of people are living at a maximum distance of 500 metres from a water point. while before the project some were at 700 to 1,000 metres..

- *# of water materials purchased and used.*

Through the implementing partner CARE, UNHCR has implemented many projects in both camps to improve the access to safe water to refugees. In Ali Addeh a new water supply system was constructed to provide safe water to sections 1 up to 4. out of 8 For this project 725m of water pipeline was laid out to connect the 100m3 water tank to one of the big diameter protected wells equipped with a submersible solar pump with solar panel, which is used to pump water 8 to 10 hours per day. This system provides an additional amount of 40m3 of safe water per day in the camp. Still in Ali Addeh CARE has laid out 345m of water pipes to extend the water pipeline in sections 6 and 7 with 3 additional tap stands (each tap stand has 6 taps). In section 7 in particular the extension work has enabled to accommodate more than 246 Eritrean asylum seekers, who were released from Nagad prison in Djibouti and transferred to Ali Addeh by the Government. In HollHoll one borehole was equipped with a submersible pump and 350 m of GI pipe were replaced to reinforce the provision of potable water in the camp.

To avoid shortage of water equipment's in our store, 8 pumps (submersible and booster) were purchased through international

procurement as those articles are not available in the local market.

Two boreholes in Ali Addeh and one in HollHoll were regularly maintained and repaired following many dysfunctions of the system (submersibles pumps; electric cable and control boxes were all replaced). 12 hand pumps were also maintained and repaired in both camps. In addition a private company named TAMOUL was hired for technical support to regularly repair and maintain three generators (two in Ali Addeh and one in HollHoll) at the pumping station.

- *Water at health centre and primary school provided and the system functioning.*

To avoid having to use water trucking in the Ali Addeh health centre during breakdowns of the main water supply network, a small water supply system was constructed using one of the protected big diameters well-constructed in 2012. A small-sized submersible pump was installed (to replace the hand pump) and water is pumping from the well to the primary school via the health centre water tanks through 560 m of PVC pipeline (63mm diameter) laid. The system which is using a 10.5KVA generator has a capacity of 40-50m3 per day. With this system the health centre and the primary school were provided with safe water and more than 2,000 school children and 100 per cent of patients who visited the Health Centre were deserve.

- *Number of litre of kerosene provided per person*

UNHCR has only distributed kerosene for three months, at a rate of 1 litre per person per month, taking the number of litres of kerosene provided per person in 2014 to three. Due to financial constraints, the high cost of kerosene and based on information provided by the Government, UNHCR and its partners have looked for an alternative solution, leading to the development and implementation of a pilot project of firewood provision. The project was implemented by the Ministry of Environment in both camps where 60 kg of firewood were provided per family per month, regardless of family size, which equals to the total quantity of 1,500 tons considered an average of 5,000 families who received the firewood during the implementation period in the camps. Distribution of energy saving stove (low energy consumption) was also distributed to refugees as part of the project.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

Nutrition: The nutrition survey conducted in December 2014 noted an increasing of the GAM rate from 12.6 per cent in 2013 to 17.7 per cent in Ali Addeh in 2014. UNHCR observed these causal factors:

- The survey was completed during the general refugee verification exercise in the camp. Therefore, many families who are not residing in the camp returned to the camp for this activity. Some children surveyed were new arrivals and were recently enrolled in the nutrition program.

- In 2014 due to budget constraints, we were not able to implement the supplementary blanket feeding program targeting the children aged 6 to 24 months which is a most vulnerable group. In addition, in July 2014, the nutrition team staff was reduced: the position of nutritionist was cancelled in the partner's budget and the number of nutrition promoters was reduced from 15 to 9.

Energy: Due to the high cost of kerosene, UNHCR looked for an alternative solution. In collaboration with its partner, the Ministry of Environment, UNHCR piloted a one-year project of firewood provision, although it was only able to provide four and five months in Ali and HollHoll respectively, where 60 kg of firewood were provided per family per month, regardless of family size.Many factors have impacted on the success of the project: transportation of the firewood from the Northern part of the country to the camps; competition to access the firewood with other actors (charcoal makers); and the bad condition of the road. Distribution of an improved stove (low energy consumption) was also part of the project.

Water: Although at HollHoll the situation is very satisfactory, the water provision in Ali Addeh remains insufficient, because of repeated breakdowns of submersible pumps at the boreholes; lack of water equipment (submersible pumps, hand pumps and booster pumps) in the local market and the dysfunction of the generator at the water station.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☒ NO ☐

If 'YES', what is the code (0, 1, 2a or 2b): 2a
If 'NO' (or if GM score is 1 or 0):

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
Evaluation planned in April 2015	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner*	"Comments/Remarks
14-UFE-CEF-038	Water, Sanitation and Hygiene	UNICEF	Direction de l'Hydraulique Rurale - Ministry of Agriculture	Yes	GOV	$60,071	17-Jun-14	11-Jun-14	No funding was planned to be transferred to partner. However, as the cost of the equipment purchased was lower than expected, balances of US$60, 071 were transferred to the Department of Rural Hydraulic Resources to rehabilitate and additional shallow well and conduct hygiene promotion activities.
14-UFE-CEF-038	Water, Sanitation and Hygiene	UNICEF	CARE International	No	INGO	$23,392	8-Dec-14	4-Nov-14	No funding was planned to be transferred to partner. However, as the cost of the equipment purchased was lower than expected, a balance of US$23,392 was transferred to CARE International to rehabilitate drinking water facilities in Ali-Addeh refugee camp and conduct hygiene promotion activities.
14-UFE-CEF-038	Water, Sanitation and Hygiene	UNICEF	Action Contre la Faim (ACF)	No	INGO	$41,816	1-Oct-14	27-May-14	No funding was planned to be transferred to partner. However, as the cost of the equipment purchased was lower than expected, a balance of US$41,816 was transferred to ACF to conduct hygiene promotion activities in Balbala.

14-UFE-FAO-010	Water, Sanitation and Hygiene	FAO	LWF	No	INGO	$10,000	17-Dec-14	10-Dec-14	Total funding approved under the Agreement between FAO and LWF is USD 10 000. However, final budget utilized by LFW is still to be reported by LFW and it may differ from the initially approved USD 10 000.
14-UFE-FAO-010	Water, Sanitation and Hygiene	FAO	DRC	No	INGO	$6,000	17-Dec-14	9-Dec-14	Total funding approved under the Agreement between FAO and DRC is USD 6 000. However, final budget utilized is still to be reported by DRC and it may differ from the initially approved USD 6 000.
14-UFE-FAO-010	Water, Sanitation and Hygiene	FAO	DHR (Direction de l'Hydraulique et des Ressources Naturelles)	No	GOV	$15,542	23-Sep-14	16-Sep-14	Total funding approved under the contract between FAO and DRC is USD 15 542. However, final payment is still to be done by FAO and it may differ from the initially approved USD 15 542.
14-UFE-CEF-039	Nutrition	UNICEF	National Nutrition Programme	Yes	GOV	$10,101	1-Apr-14	1-Apr-14	The amount transferred to the partner (US$10,101) is inferior to planned (US$60,450). The discrepancy is explained by the reallocation of funds from other budget lines to the purchase of ready-to-use therapeutic food. This purchase was done by UNICEF itself and therefore there was no need to transfer the funds.
14-UFE-CEF-039	Nutrition	UNICEF	Action Contre la Faim	Yes	INGO	$10,046	1-Apr-14	1-Apr-14	The amount transferred to the partner (US$10,046) is inferior to planned (US$50,000). The discrepancy is explained by the reallocation of funds from other budget lines to the purchase of ready-to-use therapeutic food. This purchase was done by UNICEF itself and therefore there was no need to transfer

									the funds.
14-UFE-HCR-014	Multi-sector refugee assistance	UNHCR	CARE	Yes	INGO	$14,650	1-May-14	1-May-14	-
14-UFE-AID-001	Health	UNAIDS	PNLS	No	GOV	$16,031	25-Oct-14	25-Oct-14	The amount was transferred to the PLS as originally planned in the project
14-UFE-AID-001	Health	UNAIDS	CCAF	No	NNGO	$9,621	15-Oct-14	15-Oct-14	The amount was transferred to the CCAF to implement the project intitled "Projet PTPE Renforcement des capacité des leaders religieux"
14-UFE-AID-001	Health	UNAIDS	RNDP +	No	NNGO	$12,210	10-Oct-14	10-Oct-14	The amount was transferred to the RNDP+ to implement the project intitled "Renforcementde capacité des leaders communautaires pour plaidoyer en faveur de la réduction de la stigmatisation des PWIH et l'élimination de la transmission parent enfant du VIH/PTPE".
14-UFE-AID-001	Health	UNAIDS	APEF	No	NNGO	$19,000	15-Oct-14	15-Oct-14	The amount was transferred to the APEF to implement the project intitled " Rendre accès à 100% des réfugiés vivant dans les camps aux services de Conseil dépistage du VIH".

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ACF	Action Contre la Faim
AFD	AgenceFrançaise de Développment
APEF	Association pour la Protection et l'Épanouissement de la Famille
ART	Antiretroviral Treatment
ARV	Antiretroviral
ASC	Aids Service Centre
CAP	Consolidated Appeal Process
CHW	Community Health Worker(s)
CMAM	Community Management of Acute Malnutrition
CSB	Corn-Soya Blend
DHR	Direction HydrauliqueRurale
DRC	Danish Refugee Council
EFSA	Emergency Food Security Assessment
FAO	Food and Agricultural Organization
FEWSNET	Famine Early Warning Systems Network
FTS	Financial Tracking System
FTS	Financial Tracking System
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
GFD	General Food Distribution
HCT	Humanitarian Country Team
HIV/AIDS	Human immunodeficiency virus infection and acquired immune deficiency syndrome
HNO	Humanitarian Needs Overview
IGAD	Intergovernmental Authority on Development
INSPD	Institut National de Santé Publique de Djibouti
IOM	International Organization for Migration
IPC	Integrated Phase Classification
JAM	Joint Assessment Mission
KVA	Kilovolt-amps
LoA	Letter of Agreement
LWF	Lutheran World Federation
MCH	Mother and child heath
MDR-TB	Multi-Drug-Resistant Tuberculosis
MISP	Minimum Initial Service Package
MoA	Ministry of Agriculture
MoH	Ministry of Health
MRC	Migration Response Centre
MT	Megaton
NMT	Net Metric Tons
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
ORS	Oral Rehydrating Solutions
OTP	Out Therapeutic feeding Program
PEP	Post-exposure prophylaxis

PMTCT	Prevention of Mother-To-Child Transmission
PoC	Population of Concern
RMMS	Regional Mixed-Migration Secretariat
RUTF	Ready-To-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SFP	Supplementary Feeding Program
SGBV	Sexual and Gender Based Violence
SMART	Specific, Measurable, Achievable, Realistic and Time-bound
SRP	Strategic Response Plan
STI	Sexually Transmitted Infections
TB	Tubercle Bacillus (Tuberculosis)
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFD	Union Nationale des Femmes Djiboutiennes
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization