

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

Country	Djibouti
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Reporting Period	January – December 2008

I. Executive Summary

The Republic of Djibouti is a small, disaster-prone, least developed, low-income and food-deficit country with a population of some 720,000¹. The economy is mainly service-based because of its port. Agriculture accounts for only 3 percent of the Gross Domestic Product (GDP); it is estimated that 80 to 90 percent of all food products are imported. It has an arid climate characterized by low annual average rainfall of 200 mm, and its terrain is generally barren and rocky. As such, the land is unsuited to crop production and agricultural activities are restricted to goat and camel-raising.

In 2008, Djibouti was faced with drought, which has become frequent over the past years (50 percent below normal rainfall patterns in 2005, 2006 and 2008), soaring food prices, and continuing regional instability, including the looming threat of a conflict at the border of Djibouti and Eritrea. The consequences for Djiboutians, particularly the poorest and most vulnerable groups, were catastrophic, especially in terms of malnutrition, reduced access to potable water, deteriorating health, livestock mortality and the corresponding drop in milk production, the continued influx of refugees, and eroding household purchasing power. As such, 130,000 people (approximately one-fifth of the total population) were estimated to be in a situation of high or extreme food insecurity, including at least 25,000 children suffering from acute malnutrition, as well as 36,000 peri-urban inhabitants (mostly former semi-nomads), plus 8,756 refugees.

Funding from the United Nations Central Emergency Response Fund (CERF)'s rapid response window was allocated on two occasions in 2008: in February and September 2008. With the help of CERF funding, a wide range of activities were undertaken: food aid was distributed to food insecure households; malnourished children, pregnant and lactating women were treated; water was made available to drought afflicted communities in a manner that promoted sanitation and hygiene; diseases and deteriorating health caused by food and water scarcity were treated and checked; livestock health and milk production was improved; and the growing number of refugees were provided with basic necessities, particularly water and shelter.

These actions, undertaken in concert with national authorities, targeted the basic needs of the vulnerable population, whose living conditions had passed from already severe poverty to a famine-like situation as a result of the confluence of factors as described above. Beneficiaries included children, pregnant and lactating women, the elderly, refugees, rural dwellers, and, increasingly, inhabitants of peri-urban areas. Food, water and health assistance were extended

¹ 2008 estimate by the Ministry of Interior. The last national census dates back to 1984.

to the most vulnerable households, allowing them to weather the multiple crises affecting Djibouti and to come out intact.

The lessons drawn by the UN Country Team (UNCT) from the 2008 rounds of Rapid Response funding generally involve the importance of the participation of beneficiaries in project design, implementation and monitoring, the necessity of close collaboration with national partners while taking into account their limited means and capacities, the need to execute emergency relief operations quickly, including the disbursement of funds from CERF, and the need for partners and donors to recognize the chronic and recurrent nature of drought in Djibouti, and thus to integrate long-term development oriented operations into emergency relief efforts, so as to reduce Djibouti's vulnerability to climactic conditions that are not likely to change soon.

Summary of the CERF money requested and received status

Total amount of humanitarian funding required and received during the reporting year	REQUIRED: RECEIVED:	\$ 30,486,643 \$ 10,900,000		
Total amount requested from CERF	FUNDS (IN TOTAL REQUESTED):	\$		
Total amount of CERF funding received by funding window	RAPID RESPONSE: UNDERFUNDED: GRAND TOTAL:	\$ 5,580,667 \$ 0 \$ 5,580,667		
Total amount of CERF funding for direct UN agency / IOM implementation and total amount forwarded to implementing partners	UN AGENCIES/IOM: NGOS: GOVERNMENT: OTHER: TOTAL (Must equal the total CERF funding allocated):	\$ 0 \$ 0 \$ 0 \$ 0 \$ 5,580,667		
Approximate total number of beneficiaries reached with CERF funding	TOTAL	under 5 years of age	Female (If available)	Male (If available)
	HCR 8,924 UNICEF - Nutrition 50,000 - Water 15,000 UNDP 3,000 WFP 80,000 WHO 155,000 FAO 70,000	1,102 16,000 15,000	4,570 1,500 40,800 35,000	4,354 1,500 39,200 35,000
Geographic areas of implementation targeted with CERF funding	North-western Djibouti, including Tadjourah and rural areas Djibouti City (Balbala and Boulaos quarters) Arta, Ali Sabieh, Dikhil, and Obock regions Ali Addeh Camp in the district of Ali-Sabieh			

II. Background

A nutritional survey in Djibouti in October/November 2007 showed an alarming level of malnutrition. The global acute malnutrition rate (GAM)² for children under five registered at 16.8 percent, and the severe acute malnutrition rate (SAM) at 2.4 percent. In the northwest region, the GAM rate was higher than the national average, reaching 25 percent. In addition, reduced access to potable water placed rural communities in a critical state, and facilitated the spread of diseases.

As in past emergencies, an alarming mix of co-morbidities on the ground was reported. These included malnutrition of course, but also communicable diseases (measles, acute diarrhoea,

² GAM is a measure of the weight to height ratio.

and acute respiratory infections) which, if unchecked, threatened to exacerbate significantly suffering and mortality, especially in children under 5 years of age.

Joint assessments conducted during early 2008 indicated that the living conditions of pastoralists, who represent the majority of the inhabitants of rural areas, had deteriorated drastically. It was estimated that 40 to 70 percent of pastoralists' livestock had perished since 2004³. The remaining animals, lacking food and water, were in poor health, and were thus ever more susceptible to parasites and diseases. As pastoralists rely almost entirely on the health and productivity of their livestock for their food consumption and trade, the situation in 2008, left them with greatly reduced access to food and fewer sources of income. The plight of these rural dwellers increased the flow of migrants to the peripheral areas of Djibouti City, in the hope of gaining access government social services as well as alternative sources of income. However, they do not necessarily gain access to either of these things, given the government's lack of resources and the virtual non-existence of service facilities in the city outskirts where newcomers tend to settle.

Since July 2007, new asylum seekers, mostly from Somalia, have continued to flock to Djibouti on a daily basis. By 1 December 2008, the United Nations High Commissioner for Refugees (UNHCR) registered 8,756 refugees, of whom 8,505 are settled in Ali-Addeh camp, 5,620 of which are from southern and central Somalia. On arrival at the camp, there were insufficient tents for the new arrivals to protect them against the scorching hot weather. Furthermore, many of the long-staying refugees, some of whom have been living in the camp for over 16 years, were living in shelters that had been ravaged by the arid conditions of the camp, and which were no longer adequate. The camp is located in an arid and environmentally fragile area where building materials, sanitation infrastructure and potable water are scarce. This causes hardships for the camp's inhabitants, and for women and young girls in particular, who had to travel many hours in the inhospitable and hazardous environment in search water and wood to help construct huts.

In addition to the drought, the dramatic rise of food prices worldwide since late 2007 had a serious impact on Djibouti, as an estimated 80-90 percent of all its products are imported. Global price increases for basic commodities were thus immediately translated into increased prices for these commodities on the local market, which in turn resulted in reduced food security nationally. The results of an Urban Emergency Food Security Assessment conducted by the World Food Programme (WFP) in November 2008 show that the high food prices have in general reduced Djiboutian households' access to food to the point that they can no longer meet their food needs at all times. The impact is more acute for poor households who are no longer able to allocate enough income to purchase a standard food basket. Households are reducing the quantity and quality of their meals or substituting their traditional diets (e.g. rice) with cheaper alternatives (e.g. bread). The monthly expenditures for poor households, for instance, are estimated to have risen from 20,000 Djiboutian Francs (DJF) in 2003 to 36,000 DJF in September 2008 in urban areas and from 15,050 DJF to 21,211 DJF in rural areas over the same period. This constitutes an increase of **80.2 percent in urban areas and 94 percent in rural areas**. In 2007-08 this trend accelerated significantly, recording a 62.4 percent and 74 percent increase in during this period alone, in urban and rural areas respectively⁴.

III. Implementation and results

1. Coordination and implementation arrangements

Over the course of 2008, the UNCT met at least once every two weeks. These regular meetings were the occasion for agency representatives to exchange views and information on the

³ ONARS, WFP and FEWSNET, *Joint assessment missions*, 27 October to 4 November 2004 and 21 to 25 March 2005. ONARS, *Assessment*, February 2006. WFP and UNICEF, *Assessment*, December 2007.

⁴ *FewsNet* /DISED estimation.

progress being made in the overall humanitarian response, and to take action where necessary. When, in mid-year, the UNCT determined that the conditions causing the humanitarian crisis had not abated but had worsened, and that funding for relief efforts remained insufficient, it launched the process of making a Joint Appeal with the government, which was launched in July 2008.

CERF funding provided an occasion for UN agencies in Djibouti to work closely together towards shared goals. The country team has come out of this 2008 stronger and more cohesive. The experience gained by the UNCT will be instrumental in on-going and future joint programming and coordinated disaster relief operations.

The national government and local civil society organizations were essential partners in the implementation process, just as key government departments have been closely involved in the formulation of project proposals for funding from the CERF. Their integration into this process allowed for a more precise analysis of the humanitarian situation, the progress being made, and the obstacles standing in the way. At the same time, these partners were crucial in organizing affected communities and linking them to larger relief efforts conducted at the UNCT and agency levels.

2. Project activities and results, including actual beneficiaries:

The projects funded by the two CERF Rapid Response Grants for Djibouti in 2008 responded to specific sectors of the humanitarian crisis in order to alleviate the plight of people suffering the combined effects of drought, soaring food prices, and regional instability. By focusing on the basic necessities of food security, water, livestock, shelter and health, the projects complemented each other; thereby saving lives in an effective and efficient manner.

FOOD AID AND NUTRITION

To respond to the alarming rates of acute malnutrition facing children (16.8 percent GAM, including 2.4 percent SAM, totalling 25,000 children); UNICEF ran a project that had a great impact at the local level. The screening of moderate and acute malnutrition was improved throughout the health facilities and at the community level using mobile units and community workers. To this end, therapeutic milk and drugs were provided along with the materials necessary for therapeutic and supplementary feeding centres, monitoring and supervision. Health and community workers were trained and mobile units' capacities were strengthened in order to improve the screening and management of moderate and severe malnutrition. 50 community associations were thus enrolled and equipped. In a wider optic, social mobilization and communication methods for nutrition education of the population were improved, including the use of communications materials, focusing mainly on food and nutrition best practices for mothers. According to available data, the recovery rate among severe malnourished children treated was 70.6 percent while the case fatality rate was 5.3 percent. By the end of 2008, the coverage of acute malnutrition case management increased from 40 percent to 60 percent.

CERF funding was a timely contribution when WFP food stocks were at the lowest level vis-à-vis rising needs generated by the continued drought situation along with high food prices. This assistance represented 16 percent of the total purchases made by WFP during the reporting period of 2008. By the end of 2008, the overall objectives of saving lives and improving nutritional status of the most vulnerable groups was generally achieved with special focus on children under five and pregnant and lactating women in rural Djibouti.

In the first semester of 2008, CERF assistance prioritized areas in the northwest pastoral zone both in Tadjourah and Dikhil districts where high malnutrition rates --24.8 percent GAM and 3.5 percent SAM -- were observed. Accordingly, these districts received full rations (400 g cereals, 60 gm pulses, 50 g CSB, 25 g oil and 20 g sugar) providing 2,100 Kcal. Other districts received half rations until additional food resources, which need a lead time of 4 to 6 months for arrival in the country, became available.

In the last quarter of 2008, the second CERF allocation allowed WFP to provide some 80,000 people in rural areas with full rations of fortified food by the end of October.

CERF contributions allowed WFP to gradually increase the targeted beneficiary level of drought-affected people from 43,750 to 56,000 (70 percent increase) in March and later on from 56,000 to 80,000 (43 percent increase) in October 2008 throughout the country, as initially planned. In addition, these CERF-supported programmes prevented the pastoralist population from having to resort to extreme coping strategies, including, perhaps, mass migration to Djibouti City.

Between February and May 2008, the UNCT and its Government partners launched a mobile outreach programme, by combining food distribution and provision of therapeutic food (plumpy nut) that greatly helped to improve the nutrition and food security status of the target population.

CERF funding enabled WFP to carry out life-saving activities that produced three general results:

- First, acute malnutrition among vulnerable groups was stabilized, especially children under five in rural and urban areas of the country, through the timely provision of food rations that could provide recommended daily caloric intake under supplementary feeding aligned to the national nutrition protocol.
- Second, the nutritional status of vulnerable groups in semi-urban and urban Djibouti, unable to meet their daily food requirements, was maintained and stabilized through established institutions such as orphanages, HIV/AIDS and TB centres.
- Third, further deterioration of the food security of vulnerable groups was prevented across Djibouti on a whole.

The households selected to receive food aid comprised a large percentage of children under 14 years, elderly and handicapped people, single mothers and widows. The basic needs of these urban households were thus assured, and the lives of their most vulnerable members, saved.

UNDP, in close consultation with the National Union of Djiboutian Women (UNFD), implemented activities combining mixed components composed of food distribution (80 percent of the individual allocation) and cash grants (20 percent) to 500 families (3000 people) in 10 of the poorest quarters of the urban and peri-urban areas of the capital city, while WFP focused its operations mainly on rural areas. A specific food basket required to meet the necessary daily intake has been defined based on a rapid assessment realized by WFP in major food deficit situations. As a result a set of food comprised of the following items per family was designed and purchased in the local market: 1 bag of flour 50kg, 1 bag of rice 50kg, 1 bag of lentils 50kg, 1 bag of sugar 50kg, 3 boxes of powdered milk, 3 boxes of 100 cans of tomatoes, 3 boxes of spaghetti and 1 can of oil 25 L. This set was expected to cover two months of food needs on average.

For the distribution phase, UNDP and UNFD identified 10 areas in the city where the most vulnerable and disadvantaged groups reside and in which 50 families per area were expected to receive the grants.

UNFD also received the remaining balance of funds representing the 20 percent of the allocation destined to each family and followed through with the distribution to all families in the area over a 10 day period. The representative of each household (usually the women) received the amount in cash, which consisted in two instalments of 15,000 DJF each.

Prior to any distribution activity UNDP and UNFD agreed that UNFD would organize awareness raising workshops for the targeted groups through their counterpart associations in the target areas on how to make optimal use of the assistance to be received. In particular, these workshops aimed to avoid reselling attempts of the food items on the part of beneficiaries, as observed in some areas in the past.

WATER, SANITATION AND HYGIENE (WASH)

To meet the needs of communities whose access to potable water was particularly reduced, UNICEF ran a “Water, Sanitation and Hygiene Project” (WASH). 30 locations were regularly provided with safe water through provision of water-trucking assistance. 55 existing traditional wells were equipped with hand pumps. In one of the poorest quarters of Djibouti City, a water supply system and sanitation facilities including latrines were rehabilitated. The residents of this quarter had previously depended on water resellers to meet their water need. A new well was constructed for a remote school in the Dikhil region. 6 underground cisterns were constructed for domestic use and watering stock. The northwest region received support for the construction of two new boreholes, principally through the provision of equipment including betonnite and diesel for the operation of drilling machines. 200 plastic barrels were provided to assist in establishing water security in households and to facilitate clean use of water. 27 school sanitation clubs were mobilized to promote hand washing. Finally, a countrywide water monitoring assessment was conducted. Globally, CERF funding allowed access to water for 50,000 of the worst-affected people in rural areas, including 25,000 people through water trucking.

At the Ali Addeh Refugee Camp, an assessment made by UNHCR and the Office Nationale d'Assistance aux Réfugiés et Sinistrés (ONARS), the governmental body in charge of water in the camp, had reported that only part of the refugees' water needs were covered. Most of the camp's inhabitants were using wells that did not provide potable water. Consequently, the number of cases of diarrhoea in the camp had been steadily rising, the victims of which were mostly children under five. Women were making long trips to fetch water, and sometimes had to stay overnight at boreholes waiting for them to refill with sufficient water to pump.

To deal with this degrading situation, a local company was contracted to extend the water pipes and to build cisterns in the camp to provide more water for refugees in an attempt to reach the standard, that is, 20 litres per day per person. The new arrivals that were living furthest away, mainly the South/Central Somalis in “Quartier L” were given priority in the programme. 4000 new refugees now have access to potable water and, according to medical workers; the prevalence of diseases related to water dropped sharply.

AGRICULTURE

Two projects focused on responding to the devastating impact of drought and high food prices on pastoralists. In the first project, carried out between 15 May and 15 August 2008, FAO built agro-pastoral perimeters around water sources. Cultivation on these perimeters provided food for livestock as well as market gardening and fruit products. As a result, the nutritional status of livestock was improved, both through the small-scale agricultural products and the improved health of their livestock and the resulting increased milk production. Improved livestock health meant, in turn, increased revenue. The first activity involved creating a 2 hectare perimeter in the periphery of Ali-Sabieh, near the Il Jano water mineral water factory. The perimeter is able to make use of the water discharged from the factory, and is divided into 8 parcels of 2500m² for 8 families. The beneficiaries, selected on the basis of their motivation to work the land, are nomadic families that have lost their entire herds of livestock over the course of the recent years of drought. With the collaboration of the beneficiaries, the land was cleared and levelled, a fence was constructed, and underground irrigation pipe system was installed, a water reservoir of 50m³ was built, and seeds for forage and market garden products were distributed. Second, 30,000 forage shrubs were produced, the irrigation networks of several such existing perimeters were repaired, tools and pesticides were distributed and the beneficiaries were trained in the use and maintenance of these perimeters for cultivation. The third activity involved the distribution of veterinary products and food for livestock, as well as a survey on the effect of the agro-pastoral perimeter on goats' milk production.

In the second project, whose duration has been extended and was presently still active at the time this report was submitted, the objective remained the reduction of malnutrition through agro-pastoral perimeters. In this case, 20 families (16 in the village of Douda, 4 in the village of Doralé) were offered material and technical support to improve their gardening activities. This support includes constructing and repairing wells, basins and irrigation systems. In another activity, the PK9 quarter of Tadjourah is receive support to improve its existing agro-pastoral perimeter. To this end, a plant nursery of 288m² was set up, including a basin of 50m³.

These agro-pastoral perimeters not only constitute a viable emergency response, but also have positive long term implications for pastoralists and rural dwellers, by providing them and their livestock with a sustainable source of nourishment. Their vulnerability to drought is thereby reduced, and the resulting urban migration and its negative consequences are attenuated.

SHELTER

In 2008 in the Ali Addeh Refugee Camp, many families with young children or female headed households had to fend for cover from the brutally hot weather with dust that finds its way into every corner. Most of the refugees were living in makeshift shelters that could not protect them and their families from the elements. CERF rapid response funding allowed for the purchase, transportation and distribution of 500 tents to the most vulnerable refugees.

HEALTH

In terms of health, WHO reported that vulnerable groups, especially children under five, were suffering from malnutrition, and, that communicable diseases threatened to cause their health to deteriorate even further. For this reason, WHO judged that curative health care, including timely and quality management of acute malnutrition, should be included in the minimum care package of mobile teams.

As part of WHO's emergency health response to the food security crisis in Djibouti, four principal results were recorded. First, operational activities of mobile teams in the 5 regions were increased. One-third of the population of interior regions is composed of pastoralists and semi-pastoralists living in remote areas where the impact of drought is most severe. Since 2006, CERF funding has helped to reinforce the outreach activities to these areas and the results are more or less satisfactory from region to another. For each of the 5 regions, there is a mobile team composed of 1 physician, 1 midwife, 1 nurse, 1 health worker and 1 driver.

In 2008, the operational costs (spare parts and diesel) from CERF funding helped each mobile team to undertake its key mission, that being the detection and case management of malnourished children in addition to the improvement of vaccination activities and curative health care for the vulnerable population. Also, individual health education and group debates on family planning and breastfeeding were developed.

Second, community involvement in early detection and referral of cases of malnourishment and communicable diseases was improved. In this regard, training sessions were held for community health workers (CHW) as well as for members of local associations focusing on the measurement of brachial perimeter. For example, in the district of Dikhil, women from local associations made door to door visits in a 5km perimeter to detect malnourished children and refer them to the hospital. As a result, children with severe cases of malnutrition were evacuated to the hospital, in spite of the reluctance of the families, and their lives were saved.

Third, national supervisors ensured "formative supervision" of mobile teams, including 11 field visits, to verify that mobile teams were offering the minimum package of activities and encouraging resolution of problems.

Last, mobile teams distributed medication kits to treat common diseases in the five regions⁵.

3. Partnerships

Inter-agency collaboration and partnerships with national authorities were indispensable in the formulation and implementation of the projects funded by the two CERF Rapid Response Grants in 2008.

In February and May 2008, the Government and the UNCT carried out joint field visits to all districts to assess changes in nutrition and food security status. At the end of May, the Ministry of the Interior released an Evaluation Report on the Consequences of Drought in the Republic of Djibouti, appealing for international support, as the situation exceeded the Government's capacity to tackle the drought and high prices afflicting its most vulnerable citizens. This was followed by the Joint Humanitarian Appeal of the Government and the UNCT in July 2008, which called for \$31.7 million for the remainder of the year. This Joint Appeal process witnessed unprecedented participation of technical senior staff from sectoral ministries. The UNCT participated in proactive manner in supporting its national counterparts to develop projects to respond to the crisis.

In the response to malnutrition, UNICEF and the Ministry of Health worked together for the case management of moderate and severe acute malnutrition. This enhanced the quality of operations as UNICEF provided technical support for in-service training of health workers through formative supervision. This had the double effect of improving the aid delivered to beneficiaries, while at the same time enhancing the competencies of health workers.

In order to meet the water needs of vulnerable populations, a coordination mechanism was put in place for the WASH project that included government partners as well as civil society groups.

UNDP's response to food insecurity in impoverished neighbourhoods of Djibouti City included local civil society groups as an essential component. Thus, UNFD took charge of the coordination of aid activities in the 10 targeted neighbourhoods. UNFD in turn worked with associations at the neighbourhood level in the selection of beneficiary households and the distribution of aid. The partnership with UNFD was instrumental and critical in achieving results since most of the activities at the field level relied on this NGO network, credibility, experience and know-how in dealing with the target communities. Furthermore, UNDP consulted regularly with the Djibouti Agency for Social Development (ADDS) to ensure the long term implication of this national partner in the targeted urban neighbourhoods.

In its food aid distribution, WFP worked in close collaboration with the Ministry of the Interior and Decentralization and FEWSNET/USAID.

In the setting up of agro-pastoral perimeters, FAO worked with the Department of Agriculture and Forests of the Ministry of Agriculture, Husbandry and the Ocean. The selection, training and follow-up of the beneficiaries of the project in Ali-Sabieh was directed by the Region Sub-Department of Rural Development of the Region of Ali-Sabieh.

From the early assessment of needs to the delivery of goods, all UNHCR activities were implemented in coordination with ONARS, the NGO, Association pour la Protection et l'Épanouissement de la Famille (APEF) and refugees themselves. It was refugees who identified the most vulnerable people in the camps to receive tents. ONARS, the government body in charge of the Ali Addeh camp, organized the distribution with the local administration and the refugee representatives. Because of this coordination, no problem was encountered during the operation. Regarding the water project, the same coordination was applied to identify

⁵ See annex II on distribution of IHEK kits in the five districts.

the neediest quarters, and to design the network in the camp. As a result, no complaint from the refugees was registered.

Efforts to counter the humanitarian crisis also led numerous instances of inter-agency collaboration. UNICEF and WFP coordinated their response to malnourishment and food insecurity. In Tadjourah, UNICEF shared a solar system used in its WASH project with FAO for its project in the PK9 quarter.

The cooperation of WFP was a critical factor in the success of UNDP's project in the design of food baskets and required daily intakes, since UNDP has basically neither experience nor mandate in food distribution.

In the case of Sankal, in the Dikhil region, where a group of migrants arrived from Ethiopia in August 2008, WHO, UNICEF, WFP, UNHCR and national authorities such as the Ministry of Health and the Ministry of Agriculture collaborated closely to respond in a coordinated manner, and to promote health in the area. A common evaluation mission took place and urgent health measures were taken: visits of the mobile unit twice a week to promptly and adequately respond to cases of malnourishment and other related diseases. The community's awareness and involvement were increased. Appropriate measures from partner agencies were undertaken.

The Office for the Coordination of Humanitarian Affairs (OCHA) Regional Support Office for Central and East Africa (RSOCEA) fielded a Humanitarian Affairs Officer who provided valuable technical assistance in the formulation of the joint Government-UN appeal.

4. Gender-mainstreaming

The UNCT took into account two significant considerations in its approach to gender mainstreaming.

- First, humanitarian crises such as the one facing Djibouti in 2008 weigh disproportionately on the vulnerable parts of the population, of which women are one. Indeed, in situations of want in general, and food insecurity in particular, women tend to be discriminated against within the family, with implications on their future development (reduced access to education, malnutrition, etc.). Further, women are victims of *de facto* exclusion and community activities.
- Second, management of households in Djibouti is generally assured by women. Should women be affected by malnutrition, water scarcity or another element of the humanitarian crisis, their capacity to support the household is diminished and the entire household suffers. In addition, being familiar with household management and the effects of drought and high food prices on the household, women have direct knowledge of how and to whom aid should be distributed, in order that it have the greatest possible impact.
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Women, then, should not only be targeted as beneficiaries of aid, but should be integrated into the decision making and implementation processes of aid projects. Following this reasoning, women were integrated into each of the projects funded by the CERF Rapid Response Grants in 2008.

In the Ali Addeh camp, for instance, female heads of families were prioritized in both projects. They were assessed as the most vulnerable and so most of the tents were distributed to them. Regarding water, women had previously had to fetch water far away from their homes. With the extension of pipes and the enhanced capacity for delivering water, they are now relieved from straining, time-consuming work, giving them more time to tend to the other needs of their families.

In the case food aid distribution, WFP field monitors ensured that rations be generally distributed to women, in order to ensure that these rations reached the household. Regarding UNDP's food aid project in Djibouti City, the consultation of residents of target neighbourhoods

as well as the actual food distribution was carried out by the National Union of Djiboutian Women (UNFD), which targeted women-headed households. UNFD also collaborated as an implementing partner of FAO in its support of the gardening activities of families in Doua and Doralé. Indeed, it is generally the women of the beneficiary households that are on the receiving end of the support, since they tend to manage gardening activities.

WHO reports that women were particularly active in the improvement of community health education and early detection and referral of malnourishment cases. More generally, of the vulnerable population that benefits from CERF funding, 50 percent are women, who receive consultations for pregnancy and childbirth.

5. Monitoring and Evaluation

The progress of each project was monitored by the agencies implementing them. However, regular UNCT meetings allowed the representatives of each agency to evaluate and follow up on the progress made in the overall response to the humanitarian crisis facing Djibouti, across all sectors.

For UNICEF's projects, monitoring of activities involved supervision of the ongoing activities in vulnerable areas across the country. The supervision was conducted jointly by the central and regional staff of the national water directorate as well as the technical UNICEF team. This enabled UNICEF to provide its government counterparts the necessary impetus required to revive their structures through selective on-the-job training.

WFP's monitoring mechanism involved field monitors based in each district. These were initially involved in the identification and registration of the beneficiaries to be targeted in collaboration with local authorities and local Risk Management and Disaster Prevention committees. WFP monitors were thus readily available to follow-up the delivery of food commodities by transporters to distribution points. During distribution, they were always present to verify that procedures were respected and, at the same time, to take appropriate corrective measures where necessary to ensure that beneficiaries were properly served with their food entitlement. These committees were instrumental in registering and updating beneficiary lists in collaboration with district authorities.

Weekly situation reports were sent to the Country Office for further analysis as a monitoring and evaluation tool. Field monitors were themselves supervised and supported by National Programme Assistants who are also responsible for the planning of food distribution, data analysis and in-depth assessment.

WHO maintained close monitoring and evaluation of the activities related to CERF funding from the planning stage to the evaluation. In this regard, meetings were organized between the WHO country office (WHO/CO) Representative and the authorities of the regions (Tadjourah and Dikhil) to better evaluate the situation, to define the real needs and to improve the funding mechanism. Field visits (Sankal, Assamo, etc.) were also made. Such field visits to the remote areas were followed by a work plan to take appropriate action. Furthermore, each mobile team submitted monthly reports to the Head of the Regional Directorate, who forwarded them to WHO. In future activities, the completion and submission of these reports will have to be improved. Regarding the activities of national supervisors, a work plan taking into account the field visits of the mobile units was produced, which was also sent to WHO/CO. Finally, regarding the APWs (Agreements Performance Work) signed with national counterparts, pay instalments were made according to the fixed terms of reference.

UNDP implemented its project under the direct execution modality (DEX) and hence applied its monitoring and evaluation mechanisms. In this regard, systematic and regular field visits and supervision of food/cash distribution activities were performed. Periodic reports (monthly) prepared by the support staff on their activities and project implementation were also collected.

IV. Results

Sector/ Cluster	CERF projects per sector	Amount disbursed (US\$)	Number of Beneficiaries (by sex/age)	Implementing Partners and funds disbursed	Baseline indicators	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
Food Aid	08-WFP-018 "Food Assistance to Vulnerable people"	976,589	<i>Female – 28,600 Male - 26,400 Total - 55,000</i> <i>Drought affected people</i>	<ul style="list-style-type: none"> Ministry of Interior and Decentralization 		<ul style="list-style-type: none"> Maintain and improve nutritional status of vulnerable groups in rural Djibouti, unable to satisfy their daily food requirements, Prevent from a further deterioration of the food security of vulnerable groups. 	<ul style="list-style-type: none"> Increase in beneficiary target for wider coverage of drought affected areas Provision of full ration to 55,000 persons
Food Aid	08-WFP-083 Food assistance to vulnerable people"	1,106,089	<i>Female- 40800 Male - 39,200 Total – 80,000</i> <i>Drought affected people</i>	<ul style="list-style-type: none"> Ministry of Interior and Decentralization 		<ul style="list-style-type: none"> Maintain and improve nutritional status of vulnerable groups in rural Djibouti, unable to satisfy their daily food requirements 	<ul style="list-style-type: none"> Increase in beneficiary target for wider coverage of drought affected areas Provision of full ration to 80,000 persons
Food Aid: "Capacity building and community dynamics"	08-UDP-019 "Response to Food crisis & soaring prices"	246,100	<i>3,000 (500 families)</i>	<ul style="list-style-type: none"> National Union of Djiboutian Women (UNFD) – (\$42,372) Djibouti Agency for Social Development (ADDS) 	<ul style="list-style-type: none"> 130,000 people in a state of food emergency at the national level 	<ul style="list-style-type: none"> Alleviate and relieve the negative impact of food crisis and soaring prices on the most vulnerable households in Djibouti City through the provision of food and cash assistance 	<ul style="list-style-type: none"> Design of a food basket and purchase of food items in the local market UNFD assistance in the identification, awareness raising and distribution of food and cash grants to 500 families (more than 3000 persons) in the 10 most vulnerable quarters of the city affected by the negative impact of the food crisis and soaring prices Recruitment of two (2) local support staff to assist the UNFD in the fulfilment of their activities
Water	08/SB/130 Emergency assistance for South Somalia refugees.	81,003	8,942	<ul style="list-style-type: none"> Direct implementation by UNHCR Djibouti 	<ul style="list-style-type: none"> Supply of at least 20 litres per day/person of potable water 	<ul style="list-style-type: none"> Increase water per person/day from 10 to 20 litres. 	<ul style="list-style-type: none"> Improve living conditions for both camp based refugees and the population of the surrounding villages by rehabilitating, extending and upgrading water distribution points.
Water	08-CEF-012-B WASH response in vulnerable areas	684,800	<i>50,000 (including 25,000</i>	<ul style="list-style-type: none"> Water Directorate 		<ul style="list-style-type: none"> 20,000 people provided with safe water supply, adequate sanitation and hygiene education 	<ul style="list-style-type: none"> CERF funding has allowed access of water to 50,000 of the worst-affected people in the rural areas out of which 25,000 people through water trucking

	08-CEF-058-B WASH response to food crisis situation	695,500		<ul style="list-style-type: none"> ▪ Water Directorate ▪ Hygiene Promotion Directorate ▪ Epidemiology and Health Information Directorate ▪ Djibouti Agency of Social Development (ADDs) 		<ul style="list-style-type: none"> ▪ 40,000 people will be provided with safe water supply, adequate sanitation and hygiene education out of which 25,000 through water trucking. 	
Agriculture / Water	08-FAO-009 « Aide d'Urgence à la population affectées par la secheresse”	250,000	<i>60,000 personnes rurales</i>	<ul style="list-style-type: none"> ▪ Ministry of Agriculture, Husbandry, and the Ocean 		<ul style="list-style-type: none"> ▪ Contribuer à la réduction des taux de malnutrition à travers l'intensification de la production des périmètres agro pastoraux; ▪ En Assurant une augmentation de la production de fruits et légumes, ainsi que de lait de chèvre grâce à une meilleure disponibilité de fourrage. 	<ul style="list-style-type: none"> ▪ Construction d'un périmètre de 2ha aménagé à Ali-Sabieh ; ▪ Amélioration du système d'irrigation dans 15 périmètres existant ; ▪ Production de 30 000 plantes d'arbuste fourrager ; ▪ Enquête production laitière ; ▪ Formation des agropasteurs ; ▪ Achat et distribution des semences et petit outillages.
Agriculture / Water	08- FAO-0039 “ Appui aux femmes périurbaines affectée par la secheresse et la flambée des prix”	251,000	<i>60,000 personnes rurales et 10 000 périurbaines</i>	<ul style="list-style-type: none"> ▪ Ministry of Agriculture, Husbandry, and the Ocean ▪ National Union of Djiboutian Women (UNFD) 		<ul style="list-style-type: none"> ▪ Contribuer à la réduction des taux de malnutrition à travers l'intensification de la production des périmètres agro pastoraux; ▪ En assistant urgemment les familles péri-urbaines et rurales vulnérables affectées par la crise alimentaire 2008. 	<ul style="list-style-type: none"> ▪ Appui aux femmes jardinières de Doudah et Doraleh (création et réfection des puits, construction et réfections de citernes) ; ▪ Construction d'un parc à bétail à Tadjourah ; ▪ Construction d'un bassin de 50m3 au PK 9 Tadjourah ; ▪ Création de pépinière de 288 m² au PK9 ; ▪ Formation d'agropasteurs ; ▪ Achat et distribution de médicaments vétérinaires et minéraux.

Shelter	08/sb/130 Emergency assistance for South Somalis refugees	118,345	4000 South Somalis, newly arrived in 2008	<ul style="list-style-type: none"> Supply management service (UNHCR/HQ) 	<ul style="list-style-type: none"> All refugees have the right to adequate shelter 	<ul style="list-style-type: none"> Improving living conditions for all refugees in Ali Addeh camp 	<ul style="list-style-type: none"> 500 tents were internationally procured and distributed to new arrivals. 4000 new arrivals have an adequate shelter.
Nutrition	08-CEF-012-A Case management of malnutrition	429,177	15,000 malnourished children under five	<ul style="list-style-type: none"> Ministry of Health /Nutrition Programme 		<ul style="list-style-type: none"> Contribution to the strengthening of the management of moderate and severe malnutrition at health facilities and at community levels of malnourished children (increase from an estimated coverage of 30 percent to 60 percent of children under five); Reduction of the fatality rate of severe acute malnutrition treated in hospitals below 5 percent; Improvement of infant and young child feeding 	<ul style="list-style-type: none"> Coverage 60 percent Case lethality rate for severe acute malnutrition 5,3 percent Recovery rate for severe acute malnutrition 70,6 percent
Health	08-WHO-047 “Emergency health response to the food security crisis in Djibouti”	387,206	18,578	<ul style="list-style-type: none"> Regional authorities and the 5 regions of Arta, Ali Sabieh, Dikhil, Tadjourah and Obock 		<ul style="list-style-type: none"> Prompt and adequate response to malnourished cases and to other related diseases Early detection of malnourished cases and referral system improved Operational emergency response activities of mobile teams in the 5 districts increased Emergency health care services offered by mobile teams improved Community awareness and involvement increased towards malnutrition and other related diseases through a multi sectoral and decentralized 	<ul style="list-style-type: none"> Vulnerable population satisfied with the visits of the Mobile clinic (1/month), which is more operational Better health coverage of the vulnerable population, severe malnourished children referred (See Table on page 7) Gaps identified : quality of health evaluated and improved, 11 field visits from national supervisor Essential drugs for vulnerable population available (See Annex II)

						social mobilisation action plan ■ Impact of direct health consequences reduced particularly for the poor and vulnerable.	
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Annex: Acronyms and Abbreviations

ADDS	Agence Djiboutienne de Développement Social (Djibouti Agency for Social Development)
APW	Agreement Performance Work
ADB	Asian Development Bank
APEF	Association pour la Protection et l'Épanouissement de la Famille (NGO)
CHW	Community Health Worker
DEX	Direct Execution Modality
DJF	Djiboutian Franc
FAO	Food and Agriculture Organization
FEWSNET	Famine Early Warning System
GDP	Gross Domestic Product
IFAD	International Fund for Agricultural Development
MUAC	Mid-Upper Arm Circumference
OCHA	Office for the Coordination of Humanitarian Affairs
(ROSECEA)	(Regional Support Office for Central and East Africa)
ONARS	Office Nationale d'Assistance aux Réfugiés et Sinistrés
ONEAD	Office Nationale de l'Eau et de l'Assainissement de Djibouti
SITREP	Situation Report
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNFD	Union Nationale des Femmes Djiboutiennes
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's' Fund
USAID	United States Agency for International Development
WFP	World Food Programme
WASH	Water, Sanitation and Hygiene Project
WHO	World Health Organization