

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
DJIBOUTI
UNDERFUNDED EMERGENCY/ROUND I 2015**

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 in the 1st half of April. All UN recipients, partner NGOs and Government beneficiaries participated.

- 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 their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES NO

The RC office shared the report with recipient agencies. The Recipient UN Agencies shared the report with the relevant stakeholders including the implementing partners.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: \$82,000,000		
Breakdown of total response funding received by source	Source	Amount
	CERF	3,000,059
	COUNTRY-BASED POOL FUND (if applicable)	
	OTHER (bilateral/multilateral)	14,318,831
	TOTAL	17,318,831

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 17-Feb-15			
Agency	Project code	Cluster/Sector	Amount
FAO	15-UF-FAO-005	Water, Sanitation and Hygiene	200,000
UNICEF	15-UF-CEF-010	Nutrition	450,000
IOM	15-UF-IOM-005	Multi-sector refugee assistance	300,000
WFP	15-UF-WFP-010	Food Aid	899,916
FAO	15-UF-FAO-004	Agriculture	400,000
UNICEF	15-UF-CEF-009	Water, Sanitation and Hygiene	400,000
UNHCR	15-UF-HCR-004	Multi-sector refugee assistance	350,143
TOTAL			3,000,059

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	2,248,046
Funds forwarded to NGOs for implementation	458,520
Funds forwarded to government partners	352,434
TOTAL	3,000,059

HUMANITARIAN NEEDS

A decade of recurrent severe droughts has led to the extreme erosion of the overall resilience capacity of most vulnerable people in Djibouti. Current protection mechanisms being insufficient, inadequate or inexistent, the resilience capacity of those people decreased to the bare minimum to survive. These combined elements are the cause of the humanitarian crisis in Djibouti.

Most vulnerable people in Djibouti are Djiboutians living below the poverty line, refugees (mainly from Somalia) and migrants (mainly from Ethiopia). These three priority vulnerable groups have two strong common characteristics: (1) their level of socio-economic resilience is minimal; and (2) the level of protection needed is high. Considering the consequences of the extreme climatic and environmental conditions in Djibouti, these groups face similar life-threatening situations that require urgent life-saving assistance.

In terms of resilience, most vulnerable Djiboutians are those who lost their livestock (sole productive asset) because of the recurrent droughts. They have therefore fled from rural to urban environments. Most live on the outskirts of Djibouti city with no access to water, electricity or solar system. They are unemployed because of limited job opportunities and because they have no access to vocational training that could help them acquire new professional skills. Refugees are the ones who had to flee Somalia because of the war and who left everything behind. The education they might have received is not certified, nor recognized by the national authorities. Consequently, they virtually get no formal employment opportunities. Furthermore, following the May 2014 terror attack on a restaurant in Djibouti, security measures have been tightened and they are prohibited to leave the refugees camps. It further limits the possibility for some to enrol even in the informal and precarious working sector. Despite awareness raising efforts on the dangers of illegal migration, the migrants from Ethiopia continue to undertake the high-risk journey of crossing Djibouti -often by foot- as a last resort attempt to get to the Gulf Countries and beyond. Apart from some clothes and a bit of cash, they do not carry anything when crossing the country.

Protection mechanisms for these people are insufficient, inadequate or inexistent. Indeed, there is no effective safety nets protection system in place to reach the most vulnerable Djiboutians and there is no effective insurance system to compensate for the loss of livestock. Refugees are not included in national development programmes. The humanitarian support for the refugees has been underfunded for years. In addition and since 2011, the already insufficient resources had to cover the needs of an additional 3,000 Somali refugees. Migrants do not benefit from any protection system. Reports indicate that the traditional generosity of the local populations towards vulnerable migrants reached its limits. Conflicts arise between them and local populations around the sharing of meagre natural resources such as water.

Considering the above, the humanitarian situation deteriorated. One of the most direct consequences of this chronic crisis for the most vulnerable Djiboutians is the continuous rural exodus and an uncontrolled and chaotic expansion of the suburban area of the capital city that now hosts more than 25 per cent of the overall population of the country, the majority of them being far below the poverty line. Their crisis adaptation strategies are exhausted, such as the drastic reduction of essential non-food expenditures (education and health) and the selling of their last productive assets. Some end up begging and/or fall into illegal activities. Similarly, refugees adopt negative coping mechanisms such as leaving the camps illegally to beg in the streets, to execute some uncontrolled domestic work or engage in sex work for money. Migrants, victims of many forms of abuses, lose their life during the course of their journey due to dehydration, diseases and other vulnerabilities. In 2014 alone, 381 deaths were registered among migrants. Their unburied dead bodies generate grave health risks to local communities.

One third of the population of the country (300,000 persons) is affected by the humanitarian crisis: half of them are women and 15 per cent are children under five. Out of the total number of affected people, 24,500 are refugees, 100,000 are migrants and 175,500 Djiboutians. Across these vulnerable populations, the needs of women, girls, boys, and men are similar in terms of food security, nutrition, and access to water, sanitation and hygiene. With reference to the coping strategies mentioned above, girls are the first to be affected by the drastic reduction of essential non-food expenditures. In addition, the deteriorating situation makes women and girls increasingly vulnerable to Gender-Based Violence (GBV), particularly in the case of refugees and migrants. Moreover, traditional division of labor reinforces gender inequality, especially in rural areas where women and girls are responsible for fetching the water in 85 per cent of the households. Low access to water due to the drought and/or the remoteness of the water points negatively impacts the conditions of life of women and girls as it increases the probability of occurrence of GBV cases.

II. FOCUS AREAS AND PRIORITIZATION

The niche of the CERF resources corresponds to the overlap between the highest priority humanitarian needs combined with the sectors/clusters that remain the most underfunded. Therefore, the SMART objective of this CERF request is to implement immediate and urgent life-saving activities in Food Security, Nutrition, WASH to the benefit of 77,483 most vulnerable people in life-threatening conditions living in two most affected areas of the country (Obock/Migration Route and in the Refugee Camps). The population that will be assisted comprises 24,583 refugees¹; 13,000 migrants²; 39,900 Djiboutians living below the poverty line³ amongst the most vulnerable communities. It represents 25 per cent of the total number of persons in need in the country⁴. Young people (below 18 years old) account for 45 per cent of the targeted populations; half of them being girls/adolescent girls. Women represent 26 per cent of the overall caseload while men represent 28 per cent. The overall caseload includes 17,987 children under five years of age and 4,340 pregnant and lactating women.

Activities planned with the CERF allocation complement each other in a way to provide immediate and vital responses to the most critical needs while contributing to re-build resilience of the targeted people in Obock Region/Migration Route and in Ali-Addeh and Holl Holl Refugee Camps in Ali Sabieh Region. UNHCR and IOM will coordinate efficient interventions for refugees and migrants respectively with WFP, UNICEF and FAO. In addition, FAO and UNICEF will coordinate their interventions in the WASH sector specifically in Obock and in the Refugee Camps. To do so, national and local coordination and management mechanisms will be used in order to share information, mobilize partners and ensure adequate and efficient project's execution.

In terms of impact, it is expected that, on a short term (2015), CERF funded projects will allow 77,483 most vulnerable persons living in Obock/Migration Route and in the Refugee Camps to be provided with most urgent humanitarian responses to their highest needs in WASH, Food Security and Nutrition and to re-build the resilience capacity of 50 per cent of them. Being instrumental in further mobilizing efforts of development partners, on a short and medium term (2015 and 2016), CERF funded projects will strengthen on-going advocacy efforts and support the implementation of several inter-agency initiatives, approaches and strategies mentioned under section 13b.

III. CERF PROCESS

The overall CERF strategy was developed with the support of OCHA ROEA and the CERF Secretariat. In the formulation of the strategy and the request, the following criteria and factors were considered: (1) The most acute and urgent humanitarian needs linked to life-saving activities, identified based on the results of the most recent surveys and exercise; (2) the underfunded level of all clusters/projects responding to life saving needs; (3) the delivery capacity of the concerned Agencies; (4) the capacity of concerned Agencies to use CERF's allocation to mobilize additional funds; (5) the geographical areas where concerned Agencies should concentrate their efforts to ensure a significant humanitarian impact by December 2015.

The WASH, Food Security, Nutrition clusters/sectors and Multisector leads and co-leads were consulted and involved during the entire process which consisted in numerous plenary and bilateral discussions. OCHA's comments on drafted submissions were further discussed among concerned stakeholders. On 10 February 2015, a teleconference with OCHA helped to finalize the prioritization strategy. The Humanitarian Needs Overview developed mid-June 2014 was revised to take into consideration the results of the most recent survey, assessments, and verification exercises.

Affected people participated actively to those, principally as respondents. The UNCT intends to benefit from the foreseen deployment in OCHA ROEA of a GenCap Adviser and a ProCap Senior Protection Officer. As indicated under section 11, trends regarding the possible deterioration of Gender Equality issues are a major concern for the UN System in Djibouti and continued efforts are on-going in order to address them. Affected people also participate in the choice of project sites, for example, those related to the construction of water

¹ This number will be updated after the results of the currently ongoing refugee verification exercise. Although the trend indicates that the number will decrease, it will not have a significant impact on refugee's global needs which will remain the same and mostly in the sectors of Health, Nutrition and WASH. On the other hand, despite their vulnerability condition, refugees are not eligible for some benefits enjoyed by vulnerable national population (such as indigent status for medical treatment).

² 25% female, 20% unaccompanied minors and 55% males

³ Female headed households and People Living with HIV and AIDS will be specifically supported

⁴ Total number of persons in need in the country according to SRP: 300,000

points. Traditional, religious and community leaders are consulted with for an agreement to be found with the construction company. UN facilitation role in those discussions is a determinant for ensuring the successful completion of the projects.

Based on the prioritization strategy, cluster/sector leads/co-leads met with their partners (national and international NGOs, national authorities) to develop their project submissions. Those were shared with the RCO to verify coherence with the prioritization strategy and overall coherence of the submission package. Particular attention was given to applying the gender marker in order to provide gender disaggregated data and to ensure that gender is mainstreamed in all interventions planned in this CERF allocation.

All clusters/sectors prioritized 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 interventions 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 its interventions based on the outcomes of the 2014 CFSVA (Comprehensive Food Security and Vulnerability Analysis report for national level of Djibouti - Rural and Urban); the 2013 EFSA (Emergency and Food Security Assessment), the 2014 Report on the assessment of the status of pumping stations and other water surface structures of the Direction of Rural Hydraulic of the Ministry of Agriculture and Water and reports from UNHCR. Targeted people are determined according to their level of access to water (within half hour walking distance to water source), of vulnerability and, of food insecurity. The WASH activities of this grant request support the following cluster objectives: Improve equitable access to safe water for emergency-affected women, girls, boys and men; Promote hygienic practices among emergency affected populations and surrounding communities and; Improve access to safe water for refugees and vulnerable migrants. Prioritized interventions contribute to the three (3) strategic objectives of the SRP: (1) Reduce the impact of drought, re-establish livelihoods and strengthen the resilience of affected people; (2) Minimize the risk of epidemics, epizootics and zoonotics and reduce their impact on drought-affected populations and livestock; (3) Strengthen protection of the population most at risk and improve access to food and other basic services for refugees and highly vulnerable migrants.

The **Food Security** cluster prioritized its interventions based on the outcomes of the 2014 CFSVA, the findings of 2013 EFSA, the 2014 Rural IPC (Integrated Food Security Phase Classification exercise), FEWSNET's food security outlook for October 2014-March 2015 and the 2013 SMART Nutrition Survey. Targeted people are determined according to the value of Food Security indicators. The Food Security activities of this grant request support the following cluster objectives: The provision of general food distribution and supplementary feeding, the support to sustained agricultural production capacity of vulnerable rural and urban populations by increasing their resilience and improving their ability to preserve their assets through risks mitigation; the support to sustained livestock production capacities of vulnerable populations of rural and urban areas by increasing their resilience and by improving their ability to protect their herds through risk mitigation measures and the urgent humanitarian assistance to refugees through monthly food rations and the development of resilience projects. Prioritized interventions contribute to the three (3) strategic objectives of the SRP.

Nutrition cluster prioritized its interventions based on the outcomes of the 2014 CFSVA to which was added a nutrition component for the region of Obock and the 2013 SMART Nutrition Survey. Targeted people are determined based on nutrition indicators. It also prioritized based on the current coverage of the Community-Based Management of Acute Malnutrition (CBMAM) of the National Nutrition Programme of the Ministry of Health. The Nutrition activities of this grant request support the Nutrition cluster objectives as they contribute to the strengthening of the management of malnutrition among children under-5 years of age and to the provision of nutritional support for pregnant and lactating women. Prioritized interventions contribute to the first strategic objective of the SRP by reducing the mortality and morbidity among the populations groups affected by the drought.

Concerning the **refugees**, the findings of the above-mentioned studies that apply to the refugees were considered but complemented by the 2014 Age Gender and Diversity Mainstreaming (AGDM) 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. The activities targeting refugees in this grant request support the third strategic objective of the SRP and the following sector objectives: To provide basic social services to refugees and to improve their protection. The activities targeting the migrants in this grant request support the first and the third objectives of the SRP and the particular sector objectives of providing health services and emergency evacuation assistance.

With the support of the integrated CERF package, 110,517 most vulnerable persons living in Obock/Migration Route and in the Refugee were reached beyond the initial estimation (77,483) to their highest needs in WASH, Food Security and Nutrition and to re-build the resilience capacity of 50% of them. The projects complement one another in nature (food and water being essential elements in life) but more specifically as they target similar locations and populations.

Since the 2013 'workshop on reflection and action on community resilience in Djibouti' co-organized by the UN system and the Ministry of Agriculture that led to approval of a national resilience roadmap, humanitarian assistance in Djibouti contributes to building resilience of the affected populations and fit within longer-term vulnerability reduction strategies. Projects in Food Security that aim to re-stock

livestock and to establish rapid family vegetable production units will contribute to limit rural exodus to the peri-urban areas of the capital city. It will contribute to stabilize targeted populations in rural areas, prevent further loss of livelihood and the further adoption of negative life-endangering coping mechanisms. Planned projects in WASH and particularly those that aim to rehabilitate water extraction points and water distribution system will also contribute to these effects. In addition, it will reduce tensions and conflict occurrence between migrants and local communities, important prerequisite to building resilience among local communities. Nutrition activities will have an impact of the physical resilience of the populations, especially on the children and the mothers. As indicated under section 13b, the CERF request will be an important contribution to the on-going inter-agency efforts to develop a common strategy of socio-economic integration of refugees in local communities coupled with the implementation of Self Reliance Strategy⁵ as well as to the Rome-based agencies programming on resilience-building in rural areas and the UNICEF/WFP programming on curative nutrition.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR ¹									
Total number of individuals affected by the crisis: 300,000									
Cluster/Sector	Female			Male			Total		
	Girls (below 18)	Women (above 18)	Total	Boys (below 18)	Men (above 18)	Total	Children (below 18)	Adults (above 18)	Total
Water, Sanitation and	6,601	7,829	14,430	6,959	7,371	14,330	13,560	15,200	28,760
Nutrition	8,315	3,912	12,227	8,945	0	8,945	17,260	3,912	21,172
Multi-sector refugee	4,115	5,420	9,535	4,531	7,834	12,365	8,646	13,254	21,900
Food Aid	6,563	10,487	17,050	6,035	9,300	15,335	12,598	19,787	32,385
Agriculture	2,100	1,100	3,200	2,100	1,000	3,100	4,200	2,100	5,300

¹ Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.

BENEFICIARY ESTIMATION

UNICEF and FAO prepared together the CERF project proposals for the WASH sector in order to ensure complementarity between projects and harmonised approaches. The targeting process was done jointly to prevent overlap; only the Ali Addeh refugee population was targeted by both Agencies. UNICEF interventions in Obock region seek to respond to the malnutrition emergency. For this reason, WASH interventions were conducted in communities with high rates of acute malnutrition among under-5 children, which means that the WASH and Nutrition sectors reached the same group of beneficiaries.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING ²			
	Children (below 18)	Adults (above 18)	Total
Female	27,694	28,748	56,442
Male	28,550	25,505	54,055
Total individuals (Female and male)	56,264	54,253	110,517

² Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This should, as best possible, exclude significant overlaps and double counting between the sectors.

⁵ A biometric identification of all refugees will follow the on-going verification exercise.

CERF RESULTS

The UNICEF WASH response aimed at ensuring a continuous and equitable access to safe water and adequate sanitation for the most drought-affected children and families living in Obock region and Ali Addeh refugee camp. A total of 23,601 people – including 10,846 refugees in Ali Addeh camp and 12,755 drought-affected people in Obock region - benefited from the rehabilitation of water points, construction of latrines, distribution of hygiene kits and awareness-raising activities on adequate hygiene practices. The rehabilitation of water points included the renovation of water tanks, the extension of water supply networks, the installation of solar pumps and the rehabilitation of wells.

As a result of these interventions, the living conditions in Ali Addeh camp improved as the quantity of safe water delivered increased from 13 to 15 litres per person per day; and families have now taps closer to their homes. The number of refugees who benefited from the interventions ended up being significantly lower than planned due to a change in UNHCR official figures. When the proposal was presented to CERF, UNHCR estimated the presence of 17,836 refugees (number of beneficiaries targeted); but following a verification exercise this figure decreased to 10,846 (number of beneficiaries reached).

Families living in communities severely affected by the drought and with high malnutrition rates among under-5 children have now water points closer to their homes; this has significantly reduced the time needed for water fetching. They have learned basic hygiene practices and have now access to improved sanitation; open defecation has decreased. The number of people reached by these interventions was significantly higher than expected: 12,755 comparing to a target of only 5,500. This result is due to a lower cost of water point's rehabilitation; which made it possible to rehabilitate more water facilities and build more latrines, thus benefiting more people.

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?

YES PARTIALLY NO

Assistance provided directly to beneficiaries after the reception of funds; specifically in the case of emergency medical referrals and emergency evacuation assistance.

CERF allocation to the WASH sector was critical for UNICEF to accelerate the response in the field and maintain existing partnerships. Even if the administrative procedures took time, implementing partners were confident on the availability of CERF funds and thus initiated the response even before any disbursement was done.

b) Did CERF funds help respond to time critical needs⁶?

YES PARTIALLY NO

While the CERF fund request was not made to respond to the consequences in Djibouti of the Yemen crisis in terms of assistance to persons fleeing the war in Yemen, the war in Yemen increased vulnerability levels of migrants in transit in the country while on their way to Yemen. Indeed, during the first months of the conflict, large numbers of migrants were stranded in Obock (unable to cross the Gulf of Aden) and therefore, even more migrants than usual sought IOM assistance for their emergency return to their country of origin (from 1 per day in average prior March 26 to 10 per days after the war with peaks up to 37).

2015 was a particularly challenging year for Djibouti. On top of a long lasting drought (eight consecutive years), the refugee population suffered an increase with the onset of the Yemen crisis and consequent influx of population from Yemen into the Djiboutian territory. Given the need to respond to this unpredictable Yemeni refugee crisis, the priorities shifted; the humanitarian country team focused its attention on this situation and urged to mobilise the necessary resources to address it. In this scenario, the fact that CERF funds were already available was key to ensure a timely response to the other dimensions of the emergency, making sure that life-saving solutions could be provided to the population groups affected by drought and acute malnutrition, and to the Somalian, Ethiopian and Eritrean refugees already hosted in the country.

⁶ 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.).

c) Did CERF funds help improve resource mobilization from other sources?

YES PARTIALLY NO

CERF funds allowed us to respond to time critical needs and therefore for IOM to have some visibility of its interventions (especially at the Migrant Response Centre) at a time where media attention was on the Yemen crisis and its regional consequences. Therefore, CERF funds allowed increasing IOM visibility and advocacy for assistance to vulnerable migrants. It supported IOM mobilization efforts (NFIs donations in 2015) and funds in 2016.

The CERF allocation allowed a re-affectation of the existing resources making it possible to reach a larger number of beneficiaries and increase the impact of UNICEF's interventions. For instance, in the Nutrition sector, CERF funds were key to ensure the provision of the necessary treatment and care to under-5 children affected by severe acute malnutrition; e.g. in Ali Addeh refugee camp the prevalence of acute malnutrition decreased from 17.9 per cent (SENS survey 2014) to 10.6 per cent (SENS survey 2015); and the mortality rate due to severe acute malnutrition among the refugee and host communities remained below 1 per cent. The results achieved through CERF funds are now being used to show UNICEF's capacity to implement effective high-impact interventions aiming at raising attention from other donors.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

The focus was heavily put on the development of contingency plan; response plans, regional response plans related to the Yemen crisis than on the coordination of 2015 CERF funded activities.

CERF funds were used to partially cover the cost of a WASH technical staff who was responsible for facilitating the coordination of the WASH Working Group. In the framework of this leadership, the WASH Working Group revised its terms of reference and organised its role and attributions through five axes: (1) Coordination; (2) Information Management; (3) Evaluation and definition of needs; (4) Strategies and humanitarian response planning; and (5) Advocacy and fundraising. A taskforce has been put in place for each axis. UNICEF and Government co-lead the Coordination taskforce, which meets on a monthly basis. In this role, UNICEF led the development of the Humanitarian Needs Overview and Humanitarian Response Plan for the WASH sector, and used this opportunity to harmonise partners' strategic responses in order to avoid overlap or gaps of interventions. The priority for 2016 is the strengthening of the information management system; UNICEF co-leads the mapping of implementing partners and its interventions. As a result of UNICEF initiative, the Working Group is currently designing a virtual platform for information management and exchange among Working Group members and other WASH stakeholders.

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

Without CERF funding in 2015, IOM would not have been in a position to provide required life-saving assistance to vulnerable migrants, an area for which funds are very difficult to mobilize from other sources in Djibouti. Therefore, the project was highly justified and, of crucial importance.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Review of submissions and reporting processes are extremely lengthy and time-consuming	Simplification of these processes is most recommended. Technical support is also necessary.	OCHA/CERF

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
The good coordination at UNCT level during CERF proposal development was key; the time dedicated to the process allowed a good planning of the interventions and prevented gaps and overlaps.	The same dynamic should be applied to the reporting process in order to ensure the quality of the reports. It is important to analyse the strengths and weaknesses of this process at UNCT level, and agree on a plan to enhance country's performance on this.	UNCT
The strengthening of the Nutrition Working Group was key to ensure a rapid and effective response to the nutrition emergency. Monthly sectorial meetings allowed a swift identification of needs, gaps and challenges, and provided the ideal platform to discuss corrective solutions.	It is important to mobilise the necessary funds to maintain the Nutrition Working Group fully functional.	Sectors lead

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	FAO		5. CERF grant period:	19/03/2015-31/12/2015		
2. CERF project code:	15-UF-FAO-005		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Equitable access to water for emergency-affected rural population, migrants and refugees to improve living conditions and safeguard livelihood assets					
7. Funding	a. Total project budget:	US\$ 2,500,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 200,000	▪ <i>NGO partners and Red Cross/Crescent:</i>			
	c. Amount received from CERF:	US\$ 200,000	▪ <i>Government Partners:</i> US\$ 17,500			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
<i>Children (below 18)</i>	6,551	6,909	13,460	6,601	6,959	13,560
<i>Adults (above 18)</i>	7,629	7,160	14,789	7,829	7,371	15,200
Total	14,180	14,069	28,249	14,430	14,330	28,760
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
<i>Refugees</i>	20,000		20,000			
<i>IDPs</i>						
<i>Host population</i>	5,250		5,760			
<i>Other affected people</i>	3,000		3,000			
Total (same as in 8a)	28,250		28,760			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The number of beneficiaries among host communities increased because an additional well has been built in the region of Arta					

CERF Result Framework			
9. Project objective	Address the urgent needs of safe water for local and pastoral populations at risk, refugees and migrants in Obock, Tadjourah, Dikhil and Ali-Sabieh regions		
10. Outcome statement	Improved water supply for a continuous and equitable access to safe water for people at risk in Obock region, along the migration route and in the refugees camp of Ali Addeh		
11. Outputs			
Output 1	At least 5250 emergency-affected sedentary and semi-nomadic pastoralists, and 3000 migrants have a sustainable access to safe water		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of people with access to rehabilitated water facilities	5250	5,760
Indicator 1.2	Number of water points constructed/rehabilitated	15	16
Indicator 1.3	Number of water management committees established/strengthened	15	16
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Identification and validation of localities and works to be realized	FAO, in collaboration with DRH	FAO, in collaboration with DRH and Prefectures
Activity 1.2	Rehabilitation of water points	FAO	FAO
Activity 1.3	Reinforcement of water management committee	DRH	DRH
Output 2	Drinking water availability in Ali Addeh camp is improved for 20,000 refugees		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Quantity of water delivered per person per day	15 litres	16 litres
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Identification, pre-feasibility assessment and dimensioning of works to be realized for increasing water supply	FAO	FAO
Activity 2.2	Improve connection from existing wells to water distribution network	FAO	FAO
Activity 2.3	Traditional water wells rehabilitated	FAO	FAO

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:	
<p>FAO rehabilitated 16 water points instead of the 15 planned (2 in Arta, 3 in Tadjourah, 3 in Dikhil, 4 in Obock and 2 in the refugee camps of Ali Addeh and Holl Holl as well as 2 in the host communities surrounding these camps for a total of 28,760 beneficiaries (20,000 refugees, 3,000 migrants). In addition in the refugee camp of Ali Addeh FAO improved the water connection from one water source (a well) to water supply network by replacing the actual solar pump with a more powerful solar pump. Reached population did not have other means of accessing water especially during the dry seasons.</p> <p>Support to 16 water point management committees was done through a Letter of Agreement (LoA) with the Directorate of Rural Hydraulics (DRH) which supported the restructuring and training of 14 water committees in the regions of Tadjourah, Dikhil, Obock, Ali Sabieh, Arta and 2 in each of the refugee camps of Holl Holl and Ali Addeh. The direct beneficiaries from this activity are those 25,760 beneficiaries cited above (minus 3,000 migrants)</p> <p>Important to note that additional well was built because the prices of the tenders were very competitive thus allowing the rehabilitation of one more well.</p>	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>Affected population and local authorities participated in all stages of operation, from needs assessment to project planning, implementation and monitoring, which was key to ingraining a sense of ownership of project activities, thus contributing to sustainability, especially in terms of the Water Management Committee.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>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 and internal Final Review of the project activities around April 2016. This report will be shared with CERF accordingly.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	16/03/2015-31/12/2015		
2. CERF project code:	15-UF-CEF-010		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Nutrition			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Access to quality management and prevention of acute malnutrition					
7. Funding	a. Total project budget:	US\$ 2,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 668,546	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 176,587	
	c. Amount received from CERF:	US\$ 450,000	▪ <i>Government Partners:</i>		US\$ 53,760	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
<i>Children (below 18)</i>	8,274	9,713	17,987	8,315	8,945	17,260
<i>Adults (above 18)</i>	4,340		4,340	3,912		3,912
Total	12,614	9,713	22,327	12,227	8945	21,172
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
<i>Refugees</i>	6,300		7,320			
<i>IDPs</i>						
<i>Host population</i>	11,219		6,120			
<i>Other affected people</i>	4,808		7,732			
Total (same as in 8a)	22,327		21,172			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	<p>i. The number of <i>refugees</i> reached (7,320*) was higher than planned (6,300) because the under-5 refugee population increased with the influx of people fleeing the war in Yemen.</p> <p>ii. The number of <i>people from host communities</i> reached (6,120*) was lower than planned (11,219) because they were overestimated during project design.</p> <p>iii. The number of <i>other affected people</i> reached (7,732*) was higher than planned (4,808) because they were underestimated during project design.</p>					

CERF Result Framework			
9. Project objective	Reduce child mortality and morbidity related to acute malnutrition among the most drought-affected and vulnerable children and women in Djibouti, including refugees and host communities		
10. Outcome statement	From March to November 2015, at least 2,000 under-5 children, along with pregnant women and lactating mothers living in Obock region and in the refugee camps and host communities of Ali-Sabieh region, have access to quality case management (maintain case fatality rate under 5 per cent, defaulters rate under 15 per cent and cured rate above 75 per cent)		
11. Outputs			
Output 1	2,000 children under 5 years, lactating and pregnant women suffering from severe acute malnutrition in Obock and Ali-Sabieh regions have access to quality treatment, and malnourished children in migration routes benefit from enhanced malnutrition case management		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of under-5 children and women suffering from severe acute malnutrition admitted for treatment	2,000 (1,080 boys and 820 girls)	2,331* (1,212 boys and 1,119 girls)
Indicator 1.2	Increase and maintain at equal or above 75 the percentage of children and women suffering from severe acute malnutrition admitted for treatment and cured	Equal or above 75%	88,43%
Indicator 1.3	Maintain at less than 5 the percentage of children and women suffering from severe acute malnutrition admitted for treatment who died	Less than 5%	0.12%
Indicator 1.4	Reduce and maintain at less than 15 the percentage of children and women suffering from severe acute malnutrition admitted for treatment who abandon the treatment	Less than 15%	11.39%
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procure 1,100 cartons of Plumpy nuts, therapeutic milk and other essential drugs for SAM treatment in Obock and Ali-Sabieh	UNICEF	UNICEF
Activity 1.2	Train 100 health workers in quality case management of SAM (Ali-Sabieh, Obock and migration routes)	Ministry of Health, African Humanitarian Action (AHA) and Action Contre la Faim (ACF)	Ministry of Health, African Humanitarian Action (AHA) and Action Contre la Faim (ACF)
Activity 1.3	Conduct 2 joint supervision missions per region (Ali-Sabieh, Obock and migration routes)	Ministry of Health, African Humanitarian Action (AHA) and Action Contre la Faim (ACF)	Ministry of Health, African Humanitarian Action (AHA) and Action Contre la Faim (ACF)
Activity 1.4	Conduct a monthly supervision mission to each health site (Ali-Sabieh, Obock and migration routes)	Ministry of Health, African Humanitarian Action (AHA) and Action Contre la Faim (ACF)	Ministry of Health, African Humanitarian Action (AHA) and Action Contre la Faim (ACF)

Activity 1.5	Conduct 2 joint project monitoring meetings (June and December, 3 days each)	Ministry of Health, African Humanitarian Action (AHA) and Action Contre la Faim (ACF)	Ministry of Health, African Humanitarian Action (AHA) and Action Contre la Faim (ACF)
Activity 1.6	Elaborate and disseminate the Annual Report of the Nutrition Emergency Response Plan	Ministry of Health, UNICEF, WFP, African Humanitarian Action (AHA) and Action Contre la Faim (ACF)	Ministry of Health, and UNICEF
Output 2	20,327 children under 5 years, lactating and pregnant women at risk of acute malnutrition in Obock and Ali-Sabieh regions have access to quality malnutrition prevention activities		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of children (6 to 36 months), lactating and pregnant women at risk of acute malnutrition supplemented with Plumpy doz	9,000 (4,860 boys and 4,140 girls)	11,901* (6,151 boys 5,750 girls)
Indicator 2.2	Number of children (6 to 23 months) at risk of stunting supplemented with sprinkles	6,334 (3,420 boys and 2,914 girls)	6,745 * (3,701 boys and 3,044 girls)
Indicator 2.3	Number of children (6 to 59 months), lactating and pregnant supplemented with vitamin A and who received Mebendazol	20,327 (10,977 boys and 9,350 girls)	22,502*, ** (11,730 boys and 10,772 girls)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procure and distribute to Obock and Ali-Sabieh regions: - 2,000 cartons of Plumpy doz - 800 PAC-500 of Vitamin A (capsules of 200,000 UI) - 60 PAC-500 of Vitamin A (capsules of 100,000 UI) - 4,000 PAC-100 of Mebendazol tablets - 50,000 PAC-30 sachets of sprinkles	UNICEF	UNICEF
Activity 2.2	Train 300 community workers on key messages for malnutrition prevention (C4D strategy) (Ali-Sabieh, Obock and migration routes)	Ministry of Health, African Humanitarian Action (AHA), Action Contre la Faim (ACF),	Ministry of Health, African Humanitarian Action (AHA), Action Contre la Faim (ACF),
Activity 2.3	Conduct 2 campaigns on Vitamin A supplementation and Mebendazol (Ali-Sabieh and Obock)	Ministry of Health, African Humanitarian Action (AHA)	Ministry of Health, African Humanitarian Action (AHA),
Activity 2.4	Organise event for Breastfeeding Week (Ali-Sabieh, Obock and migration routes)	Ministry of Health, African Humanitarian Action (AHA)	Ministry of Health, African Humanitarian Action (AHA),
Activity 2.5	Organize door-to-door sensitisation by community workers (Ali-Sabieh, Obock and migration routes)	Ministry of Health, African Humanitarian Action (AHA)	African Humanitarian Action (AHA),

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Output 1. 2,000 children under 5 years, lactating and pregnant women suffering from severe acute malnutrition in Obock and Ali-Sabieh regions have access to quality treatment, and malnourished children in migration routes benefit from enhanced malnutrition case management

Output 1 was fully achieved. A total of 2,331* children under 5 years, lactating and pregnant women suffering from severe acute malnutrition in the targeted areas had access to quality treatment and care. The increase in the number of beneficiaries is explained by the influx of refugees into the Djiboutian territory following the onset of the Yemen crisis. A new refugee camp (Markazi) was established in Obock to accommodate the refugee population. Given the high malnutrition rates among the under-5 Yemeni refugee children, UNICEF and partners increased the quantity of Plumpy'Nuts purchased with CERF funds from 2,000 to 2,500 cartons. This made it possible to ensure that all children in project's targeted areas could benefit from this life-saving intervention.

As planned, two joint supervision missions per region and two joint project monitoring meetings were conducted. These identified the high defaulters' rates and the high staff turnover as two major bottlenecks hindering the nutrition response. This led UNICEF and partners to work together to develop a plan involving corrective measures and the implementation of the plan is presently underway. In order to enhance the quality of the nutrition services provided, 96 health workers (out of 100 targeted) - 55 females and 41 males - were trained in SAM case management. At the end of the training session, 88 per cent of them were able to describe all steps of SAM case management. Eleven formative supervisions were conducted in each region (Ali-Sabieh and Obock), helping to reinforce capacities and enhance service delivery.

The Annual Report of the Nutrition Emergency Response Plan was elaborated and disseminated during Nutrition's sectorial meeting held in December 2015 and also during Ministry of Health – UNICEF bi-annual review. This report revealed a significant improvement of the quality of SAM case management, particularly in humanitarian settings; an estimated 94 per cent (4,986* out of 5,450*) of SAM cases received care and treatment at community or health facility levels, and the defaulters rate has significantly decreased from 22 per cent (December 2014) to 11 per cent (December 2015).

Output 2. 20,327 children under 5 years, lactating and pregnant women at risk of acute malnutrition in Obock and Ali-Sabieh regions have access to quality malnutrition prevention activities

The target was fully achieved. A total of 22,502*, ** children aged 6-59 months had access to quality malnutrition prevention activities.

Following an inventory of the different nutritional products available countrywide, UNICEF and partners realised that the country had enough supplies of Plumpy'Doz and micronutrients to cover country's needs. In this context, in May 2015, UNICEF submitted a Reprogramming Request to CERF in order to reduce the quantity of micronutrients and Plumpy'Doz purchased through the project; and allocate budget's surplus for technical assistance in order to strengthen the quality of the Community-based Management of Acute Malnutrition programme. The request was accepted. The supplies of Plumpy'Doz (2,200 cartons) and micronutrients (31,200 cartons) already available in-country allowed to reach respectively 11,901 and 6,745 children at risk of acute malnutrition and micronutrients deficiency in the whole country; there was no need to reinforce the stock.

Throughout the country, 22,502*,** children aged 6 to 59 months (including 3,221 in Markazi, Ali Addeh and Holl Holl refugee camps) benefited from vitamin A supplementation administered during a massive Polio Immunisation campaign conducted in May 2015. Vitamin A was purchased through funds from other sources. Faced with the need to respond to a measles outbreak, the country decided to postpone the provision of Mebendazol to 2016; this was actually done in the framework of the Polio campaign conducted in March 2016.

<p>As planned, awareness-raising activities for malnutrition prevention were a key component of the project. From April to December 2015, 90 per cent (1,368 out of 1,512) of all women of reproductive age in Markazi, Ali Addeh and Holl Holl refugee camps were reached by door-to-door sensitisation on the importance of early and exclusive breastfeeding for children up to 6 months of age; and complementary feeding for children aged 7 to 23 months. In addition, a mass breastfeeding promotion campaign was organised in the three refugee camps and host communities from 14 to 21 October 2015 reaching 2,465 women of reproductive age. In order to ensure the quality of the information provided, a total of 278 health and community workers (out of which 175 females) working in these areas were trained on key messages for malnutrition prevention (C4D strategy). Further 22 health and community workers were trained in February 2016, reaching project's target (300).</p>	
<p>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</p>	
<p>Throughout the project, UNICEF and partners tried to involve the beneficiaries in key decisions and processes, promoting transparency by continuous communication. Nutrition workers conducted focus group discussions with pregnant and lactating women to understand the main obstacles to nutrition promotion activities, and identify ways of overpassing them. The result of these focus group discussions were taken into account in the project implementation framework of African Humanitarian Action, one of UNICEF's implementing partner. Fifty refugees (35 women and 15 men) were recruited to perform as Nutrition Promoters in Markazi, Ali Addeh and Holl Holl refugee camps; and became actively involved in project's monthly review meetings. Finally, during camp coordination meetings, project staff was encouraged to provide continuous feedback on project implementation.</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>Although no full-fledged external project evaluation has been planned, monitoring and supervision activities have been and continue to be conducted by UNICEF and implementing partners on a quarterly basis, in order to ensure good implementation.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
<p>A rapid nutrition survey was conducted by UNHCR in the three refugee camps (Markazi, Ali Addeh and Holl Holl). This survey showed that children's nutritional status has improved significantly in Ali Addeh, with Global Acute Malnutrition (GAM) rates showing a decrease from 17.9 per cent to 10.6 per cent between December 2014 and December 2015). However, in Holl Holl refugee camp, GAM rates increased from 7.4 per cent to 12.6 per cent within this same period; and in Markazi refugee GAM rates stand at a worrying 25.7 per cent. In view of these results, the Nutrition Working Group has developed a response plan that is aligned with country's 2016 Humanitarian Response Plan.</p>	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	IOM		5. CERF grant period:	17/03/2015-31/12/2015		
2. CERF project code:	15-UF-IOM-005		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Multi-sector refugee assistance			<input checked="" type="checkbox"/> 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\$ 3,718,806	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 900,000	▪ <i>NGO partners and Red Cross/Crescent:</i>			
	c. Amount received from CERF:	US\$ 300,000	▪ <i>Government Partners:</i>			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	1,900	1,900	3,800	356	674	1,030
Adults (above 18)	4560	10,640	15,200	1,456	3,824	5,280
Total	6,460	12,540	19,000	1,812	4,498	6,310
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs						
Host population	9,500		1,200			
Other affected people	9,500		5,110			
Total (same as in 8a)	19,000		6,310			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	54% of targeted migrants and 13% of targeted host community members were reached. The discrepancy between planned and reached beneficiaries is due to a lower number of persons reached during sensitization campaigns. These were suspended in 2015 Q2 and Q3 due to the need to focus on the immediate response to the consequences in Djibouti of the war in Yemen. Therefore, focus was entirely put on life saving emergency assistance of migrants fleeing the war in Yemen or evacuated by IOM from Yemen and on providing emergency assistance to those renouncing their irregular journey to Yemen.					

	Sensitization campaigns for both migrants and host communities restarted in 2015 Q4. All other activities reached planned beneficiaries (indicators 1-3). As for activity 1.3, only half the number of health officials and community leaders was reached due to the fact that dozens health officials were responding to the emergency assistance to migrants and to refugees fleeing the war in Yemen and therefore not available.
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CERF Result Framework			
9. Project objective	Improving lifesaving capacities, health care access and protection of vulnerable migrants and surrounding host communities in Djibouti		
10. Outcome statement	Migrants and host community provided humanitarian relief and lifesaving action		
11. Outputs			
Output 1	Emergency health interventions provided to 19,000 beneficiaries		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Stock of medicines available for an operational relief to the current strain on functional primary health care facilities	50%	50%
Indicator 1.2	Number of vulnerable people provided facilitation for an emergency medical referral	500 (Women:150; Men:350)	600 (women 200; men 400)
Indicator 1.3	Number of Health care service providers with increased knowledge, skills, and resources to provide appropriate, culture and gender sensitive and migrant friendly services and community leaders sensitization on migrants assistance, migrant health including malaria and HIV infection prevention	50 health officials and 13 community leaders	26 health officials; 5 community leaders
Indicator 1.4	Number of migrants and host community reached during sensitization	19000 (migrants: 9,500; host pop.:9,500;)	6,310 (migrants 5,110; host pop 1,200)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement and Distribution of essential drugs	IOM	IOM
Activity 1.2	Nurses to facilitate the referral process to health posts and hospitals.	IOM	IOM
Activity 1.3	Training for 50 health officials and 13 community leaders	IOM	IOM
Activity 1.4	Mobile Rapid Response team will be able to reach remote/distant locations, delivering targeted health promotion/education messages, road injuries awareness, and boat incidents awareness including establishment of operational response	IOM Mobile Rapid Response Team	IOM Mobile Rapid Response Team
Output 2	Direct assistance to 200 vulnerable migrants provided		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of migrants directly provided with	200	246

	emergency evacuation assistance to their country of origin prioritising the most vulnerable		
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	IOM team in Obock to identify vulnerable migrants in need of emergency evacuation assistance such as unaccompanied minors, victims of trafficking or abuses, single and/or pregnant mothers with children, and injured migrants or victims of accidents	IOM	IOM
Activity 2.2	Accommodation, food provision, and distribution of NFI (mosquito nets, soap, toothpaste, clothes, shoes and blankets), road and air transport as needed, medical assistance-fitness to travel certification, travel document establishment prior to return.	IOM	IOM

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

No significant discrepancy besides the difference in people reached – see 8b

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

IOM ensured regular project implementation site visits by the project manager for the project monitoring and provision of technical support. Reports on achievements and challenges were provided, and issues raised addressed immediately.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

The project has not been evaluated and there is no evaluation pending. Project was closely monitored and all reached migrants who benefited from medical referral and evacuations have been reintegrated to their communities of origin.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WFP		5. CERF grant period:	20/03/2015-31/12/2015		
2. CERF project code:	15-UF-WFP-010		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Food Aid			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Assistance to vulnerable groups including refugees					
7. Funding	a. Total project budget:	US\$ 18,949,976	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 9,598,469	▪ <i>NGO partners and Red Cross/Crescent:</i>			
	c. Amount received from CERF:	US\$ 899,916	▪ <i>Government Partners:</i>		US\$ 48,424	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 18)</i>	6,231	5,721	11,952	6,563	6,035	12,598
<i>Adults (above 18)</i>	9,221	9,577	18,798	10,487	9,300	19,787
Total	15,452	15,298	30,750	17,050	15,335	32,385
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>	18,000		17,635			
<i>IDPs</i>						
<i>Host population</i>	12,750		14,750			
<i>Other affected people</i>						
Total (same as in 8a)	30,750		32,385			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	UNHCR / ONARS verification + Influx of Yemeni refugees made distributions to refugees irregular in numbers over the period. Fluctuations of commodity prices enabled WFP to purchase more food than initially planned and assist more beneficiaries among host population over the period					

CERF Result Framework			
9. Project objective	Save lives and protect livelihoods in crisis situations through general food distributions to drought affected rural population and refugees in the camps		
10. Outcome statement	Improved food consumption over assistance period for target households		
11. Outputs			
Output 1	856 MT of Assorted commodities distributed in time and in sufficient quantity to 12,750 people selected from target groups of women, men, girls and boys under secure conditions in rural areas of Obock and migrants route.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Quantity of food distributed	856MT	933 MT
Indicator 1.2	Number of persons assisted	12,750	14,750
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of food commodities	WFP	WFP
Activity 1.2	Beneficiary identification	WFP-Ministry of Interior	WFP-Ministry of Interior -communities
Activity 1.3	Beneficiary verification	WFP-Ministry of Interior	WFP-Ministry of Interior
Activity 1.4	Food Distribution	WFP	WFP
Activity 1.5	Monitoring and Assessment	WFP	WFP
Output 2	251MT of Assorted food distributed in time and in sufficient quantity to target groups of women, men, girls and boys under secure conditions in the refugee camps		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Quantity of food distributed	251MT	247MT
Indicator 2.2	Number of persons assisted	18,000	17,635
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement of food commodities	WFP	WFP
Activity 2.2	Beneficiary identification	WFP-ONARS-UNHCR	WFP-ONARS-UNHCR
Activity 2.3	Beneficiary verification	WFP-ONARS-UNHCR	WFP-ONARS-UNHCR
Activity 2.4	Food Distribution	WFP-ONARS-UNHCR	WFP-ONARS-UNHCR
Activity 2.5	Monitoring and Assessment	WFP-ONARS-UNHCR	WFP-ONARS-UNHCR

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

In January 2015, UNHCR and ONARS conducted a verification operation of refugees in the camps and in urban area. The findings of this operation found out the decrease substantial of refugees numbers from 18,000 to 13,000. This reduction has impacted on operational plan and help us to adjust our planning figure to ensure to meet the beneficiaries figures. At the same time, the Yemen crisis triggered new refugee arrivals and the establishment of a new camp in the Obock Region. WFP used part of the rations freed by the decrease in Ali-Sabieh camps to assist new refugees from Yemen and respond immediately to their needs. Altogether by the end of 2015, 17,635 refugees were assisted by WFP. Delta in resources was used to cover additional beneficiaries under the host population component (initially planned at 12,750 with CERF funds out of 20,500 total project) to reach a final number of 14,750 assisted with these funds over the 4 months of the lean season.

From the initial intended 1,107.9 mt of mixed commodities, and due to market prices fluctuation, WFP was able to purchase a total of 1,180 mt, enabling assistance to more beneficiaries.

The CERF contribution was critical in ensuring continuity of assistance to refugees and host populations over the lean season and in avoiding a complete pipeline break for these activities.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

In the refugee camps, beneficiaries continuously reported no safety problems to/from and at WFP distribution sites. Since 2014, the move of police stations closer to the camps certainly contributed to the security for women and men. Regarding entitlements and distribution, 77 percent of refugees declared that they were informed in advance about ration size and distribution dates. This result can be attributed to the efforts of the government's body managing the assistance to refugees to adhere to UN refugee protection policy following intense sensitization. WFP will continue its efforts in order to reach the recommended target of 80 percent. The introduction of cash appeared to have had a positive impact on the dignity of refugees due to diversified choices, enhanced negotiating power with traders and improved access to credit. The introduction of cash was accompanied with an upgrade of the distribution facility in Ali Addeh, which also led to more efficient and dignified food distribution processes. WFP continue to collaborate with its partners and the communities to establish better complaint mechanisms.

For the drought affected populations, WFP could only slightly increase the access to transparent and timely programme-related information by 2 percent since last year; the beneficiaries reported that they were not informed about the entitlement, distribution dates and targeting criteria, except in Obock where the field monitors ensured a timely programme for distribution and a transparent communication with the beneficiaries before or during each distribution. WFP will encourage more involvement from the field staff in other regions.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

An evaluation of the current WFP PRRO is planned for September 2016. CERF funded period will be covered by that evaluation. Report will be shared.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	FAO		5. CERF grant period:	16/03/2015-31/12/2015		
2. CERF project code:	15-UF-FAO-004		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Food Security - Agriculture			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Restoration and protection of food availability and livelihoods					
7. Funding	a. Total project budget:	US\$ 2,700,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 400,000	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 23,553	
	c. Amount received from CERF:	US\$ 400,000	▪ <i>Government Partners:</i>			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 18)</i>	2,100	2,100	4,200	2,100	2,100	4,200
<i>Adults (above 18)</i>	1,100	1,000	2,100	1,100	1,000	2,100
Total	3,200	3,100	6,300	3,200	3,100	6,300
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>	3600		3,600			
<i>IDPs</i>						
<i>Host population</i>	2700		2,700			
<i>Other affected people</i>						
Total (same as in 8a)	6300		6,300			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>						

CERF Result Framework			
9. Project objective	Improve the food security and nutrition of the most vulnerable rural population including refugees		
10. Outcome statement	Increase availability and access to milk, livestock and fresh vegetables for safeguarding and strengthening local communities and refugees livelihoods		
11. Outputs			
Output 1	Livelihood of 150 households from Obock region re-established by enabling access to 1500 milking goats and 2500 bags of goat feeds		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of households benefiting from goats	150	150
Indicator 1.2	Number livestock feed supplies distributed (bags)	2500	2500
Indicator 1.3	Number of goats distributed (heads)	1500	1500
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Identification of 150 recipients households	National partner jointly with FAO	Ministry of Agriculture and local authorities in the regions
Activity 1.2	Procurement of the goats/ livestock feed supplies and transfer to the national partners responsible for the distribution	FAO	FAO
Activity 1.3	Distribution of goats and feed supplies to the selected beneficiaries	National partner jointly with FAO	Ministry of Agriculture and local authorities in the regions
Activity 1.4	Verification of the effective distribution of the goats/ livestock feed supplies to be realized by FAO's national partner	FAO	FAO
Output 2	Rapid family vegetable production units for 600 households established and for 300 households consolidated		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	600 refugees households received provision of agricultural inputs, tools and techniques for rapid micro-gardening (consolidation of 300 units and creation of 300)	600	600
Indicator 2.2	300 local households received provision of agricultural inputs, tools and techniques for rapid micro-gardening	300	300
Indicator 2.3	900 recipients households produce an increased quantity of vegetables	900	900
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Identification of 600 new recipients households	National partners, international NGOs jointly with FAO	Ministry of Agriculture, ONARS, DRC and FAO
Activity 2.2	Procurement of inputs and tools	FAO	FAO

Activity 2.3	Distribution of inputs to beneficiaries	National partners, international NGOs jointly with FAO	ONARS, DRC and FAO
Activity 2.4	Provision of technical training for rapid vegetable production	FAO	FAO
Activity 2.5	Installation of rapid production units, maintenance and harvest cycle	International NGOs jointly with FAO	FAO, DRC

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

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, 500 kg of assorted vegetable seeds and 600 agricultural tool kits and 600 irrigation drip systems were distributed to 300 local agro-pastoral households (1,800 beneficiaries). The distribution was conducted by the Ministry of Agriculture, generally through the existing associations and cooperatives. In the two refugee 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. In addition, the existing 300 family micro-gardening units (funded through CERF 2014) in the refugee camps were sustained through the distribution of the tools indicated previously (1,800 beneficiaries).

Moreover, with this fund FAO focused also on the emergency situation in which several pastoralists communities have been affected by the loss of their livestock heads. FAO rebuilt the livestock assets of drought affected communities through the distribution of 1,500 heads of goats to 150 households (900 people) in the region of Obock (Andoli, Dadato, Dabinda). This restocking operation was accompanied by the distribution of veterinary products as well as livestock feed supply (100 tonnes of hay, 80kg 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.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

The beneficiaries have been consulted throughout the design and implementation of the project. They were first involved in a participative decision-making process related to the identification and prioritization of their most urgent needs. Each locality also organized and helped select the beneficiaries for the cattle restocking operations and agricultural tools distribution. Furthermore FAO extension workers in each region are ensuring weekly M&E (visits and remote follow-up).

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

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 2016. This report will be shared with OCHA accordingly.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	20/03/2015-31/12/2015		
2. CERF project code:	15-UF-CEF-009		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Equitable access to drinkable water and sanitation services for emergency-affected rural population in Obock and refugees in Ali-Addeh camp					
7. Funding	a. Total project budget:	US\$ 2,614,89	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 400,000	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 135,570	
	c. Amount received from CERF:	US\$ 400,000	▪ <i>Government Partners:</i>		US\$ 128,750	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	4,584	4,582	9,166	5,307	5,394	10,701
Adults (above 18)	6,820	7,350	14,170	6,666	6,234	12,900
Total	11,404	11,932	23,336	11,973	11,628	23,601
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees	17,836		10,846			
IDPs						
Host population						
Other affected people	5,500		12,755			
Total (same as in 8a)	23,336		23,601			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:			<p>i. The number of <i>refugees</i> reached was lower than planned due to a change in UNHCR's official figures regarding the population living in Ali Addeh, the refugee camp where the intervention was conducted. When the proposal was submitted to CERF, UNHCR estimated at 18,172 the number of refugees and asylum seekers hosted in this camp. However, as of December 2015 and following a verification exercise, UNHCR decreased this figure to 10,846.</p> <p>ii.</p>			

	iii. The number of <i>other affected people</i> reached was higher than planned because the unit cost of water point rehabilitation was lower than estimated; thus allowing to rehabilitate more water facilities and reaching more beneficiaries.
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CERF Result Framework			
9. Project objective	Address the most urgent needs of access to safe water and adequate sanitation among the most emergency-affected children and families living in the Obock region and in the Ali Addeh refugee camp		
10. Outcome statement	Improved water supply and sanitation services for a continuous and equitable access to safe water and adequate sanitation for the most drought-affected children and families living in the Obock region and in the Ali Addeh refugee camp		
11. Outputs			
Output 1	At least 5,500 at-risk people, particularly children and women, in the Obock region have a sustainable access to safe water and adequate sanitation facilities		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of additional people with access to safe water	1,650	1,895
Indicator 1.2	Number of people with access to rehabilitated water facilities	3,850	4,190
Indicator 1.3	Number of additional households equipped with improved latrines	100	123
Indicator 1.4	Number of water points constructed/rehabilitated	7	11
Indicator 1.5	Number of water management committees established/strengthened	7	9
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Identification and validation by local population and national and provincial counterparts of communities to be targeted	UNICEF, Government	UNICEF, Government
Activity 1.2	Rehabilitation/construction of water points: Renovation of water tanks Extension of water supply networks Installation of solar pumps Rehabilitation of motorised water pumping station Construction/rehabilitation of wells	UNICEF, private contractor	UNICEF, private contractor, ADIM, ACF
Activity 1.3	Reinforcement of Water Management Committees: Strengthen capacities for management of water supply networks, and maintenance of generators and solar pumps	UNICEF, Government, ADIM	UNICEF, Government, ADIM
Activity 1.4	Reinforcement of water provision during the dry season - Water trucking - Provision of fuel for motorised water pumping	UNICEF, Government	Not implemented

Activity 1.5	Improvement of sanitation facilities: Construction of latrines	UNICEF, ADIM	UNICEF, ADIM
Output 2	At least 5,500 at-risk people in Obock region have an increased knowledge on adequate hygiene practices		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of new households receiving hygiene kits	1,000	862
Indicator 2.2	Number of people targeted by awareness-raising sessions (behaviour change communication)	5,500	6155
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Distribution of hygiene kits to the most vulnerable households	UNICEF, ACF	UNICEF, ACF, DHR
Activity 2.2	Organization of awareness-raising activities on hygiene promotion focusing on main basic hygiene practices: hand washing, safe water storage, water treatment, use of latrines	UNICEF, ACF, ADIM	UNICEF, ACF, ADIM
Output 3	17,836 refugees in Ali Addeh refugee camp have increased water availability and improved quality		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Quantity of water delivered per person per day	15 litres	15 litres
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Pre-feasibility assessment and dimensioning of the needs in terms of water supply network rehabilitation and extension	UNICEF, jointly with FAO	UNICEF, jointly with FAO, NRC
Activity 3.2	Extension and rehabilitation of water supply networks	UNICEF, NRC	UNICEF, NRC

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Output 1. At least 5,500 at-risk people, particularly children and women, in the Obock region have a sustainable access to safe water and adequate sanitation facilities

Output 1 was fully achieved. As a result of this project, an estimated 6,085 at-risk people in the Obock region have sustainable access to safe water; and 774 out of these also gained access to adequate sanitation facilities.

For the water component:

- A total of 1,895 people (Versus 1,650 planned) gained access to safe water for the first time, through the rehabilitation of three traditional wells in Mido, Galaqto and Orobor. In the community of Lahassa, a fourth deep well was rehabilitated and equipped with a solar pump in order to facilitate water collection, a task undertaken mainly by women and children. Prior to the intervention, the inhabitants of these communities were forced to fetch water from unimproved sources which constituted a risk for their health and particularly that of their children, leading to water-borne diseases and malnutrition.
- A further 4,190 people (compared to 3,850 planned) regained access to safe water through the rehabilitation of seven water facilities in seven communities: tanks and distribution networks were rehabilitated in the communities of Souali, Samalou, Dallaleh-Daba, Bouga, Dalay-Af, Medeho and Allailou-Dada. The latter three communities also benefitted from the installation of new solar pumps, as the existing equipment was completely deteriorated and dysfunctional for a long time.

In total, 11 water facilities were rehabilitated against a target of seven, benefitting 6,085 people and thus exceeding by 10.6 per cent the planned results. The rehabilitation of these four additional water facilities was possible because the cost of rehabilitating the planned seven facilities was lower than expected allowing UNICEF to disburse the balance to ADIM which is the project implementing partner for the sanitation and hygiene components; ADIM used this extra funding to rehabilitate the water facilities in the communities targeted for sanitation and hygiene interventions. This increased the positive impact of the project on the lives of in these communities, reducing significantly the risks of diarrhoeal illnesses among children.

It is worth adding that in the localities of Medeho and Dalay-Af, the same water system is shared by both the community and the health centre. Consequently, the rehabilitation work conducted in the framework of the project also contributed to enhance the services of the health centre. ACF has been partnering with UNICEF in this area and was thus the NGO responsible for implementing this activity.

Water trucking activities ended up not being implemented with the resources of the project because the Government managed to cover this activity with its own resources. Thus the amount under this budget line could be allocated to train the members of Water Management Committees to strengthen their skills in management, operations and maintenance of water facilities. The establishment of these committees is a key condition for project's sustainability. Nine Water Management Committees have already been set-up and are fully operational and two more will be established in 2016 thus covering all 11 water facilities rehabilitated by the project. The establishment of these two new committees will be conducted in the framework of UNICEF-ADIM partnership and covered by other funding sources.

With regards to the sanitation component:

- In the localities of Bouga, Mido, Galaqto and Orobor, 123 households (774 people) gained access to improved sanitation through the installation of 16 blocks of latrines. As mentioned above, UNICEF's implementing partner for this intervention was ADIM, a local NGO which is implementing the same intervention for another 246 households in the same area, using funding from other sources. The combination of CERF funds with funds from other donors decreased project's support costs, allowing a more efficient utilisation of resources and resulting on a higher number of beneficiaries. One third of the financial requirements for the entire sanitation project is covered by CERF fund thus the same proportion of beneficiaries is attributed to CERF.

Output 2. At least 5,500 at-risk people in Obock region have an increased knowledge on adequate hygiene practices

Output 2 was fully achieved. As planned, hygiene promotion activities were implemented to increase the impact of water and sanitation interventions. A total 6,155 people from 14 drought-affected communities in Obock region engaged in community dialogues organised to promote the adoption of key family practices in favour of mother and child health including basic hygiene practices. As the targeted areas have high prevalence of acute malnutrition among under-5 children, these key family practices also include the importance of early initiation to and exclusive breastfeeding up to 6 months, timely introduction of supplementary food and other adequate infant and young child feeding practices.

Among those who participated in these community dialogues, 5,430 people from 862 households also received hygiene kits. They were chosen among the families who live far away from water points and more exposed to water contamination. UNICEF and ADIM provided these families with hygiene kits which include barrels and jerry cans for water transportation and storage, along with chlorine-based products for water treatment. This, however, increased the cost of the intervention, reason why the number of beneficiaries is about 13 per cent lower than initially planned (862 out of 1,000 targeted). Nevertheless, the project managed to provide another 347 households with chlorine-based water treatment products.

Output 3. 17,836 refugees in Ali Addeh refugee camp have increased water availability and improved quality

Even if the target was not fully reached, we can consider that output 3 was fully achieved. In the Ali Addeh refugee camp, the whole water distribution network was reinforced by cleaning and disinfecting the water tank, installing a pipeline to link two water sources and extending the pipeline to cover new areas of the camp with new tap stands. In the specific sector of Assamu 2, the water source was rehabilitated, disinfected, protected and equipped with a solar pump. Thanks to these interventions, the quantity of water delivered increased from 13 (baseline) to 15 litres per person, per day (target). All 10,846 refugees currently living in Ali Addeh camp are benefiting from the enhanced productivity of these water supply facilities.

The reason for which the target could not be reached was due to the number of refugees living in the camp having been updated. When the proposal was formulated and presented to CERF, the figure of the camp population provided by UNHCR stood at 17,836 refugees. However, following a verification exercise conducted by UNHCR late 2014/early 2015, the refugee population in the camp was adjusted to a lower figure (10,846). This official figure is the one being used for this report.

Although the total number of refugees hosted in Ali Addeh camp decreased, the result achieved through this project in terms of total quantity of water per person per day has not increased and remains as planned (15 litres). This has two reasons: (i) the quality of water delivered through some sources in the camp still does not meet the required quality standards, and therefore these sources were not considered for this result which refers only to the quantity of safe water delivered; and (ii) the overall project as not yet been finalised, and the network extension is still ongoing with funds from other sources.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

The design of the project was carefully discussed at national, regional and community levels. At national level, UNICEF and implementing partners discussed the targeting strategy and approaches. At regional level, regional authorities were consulted to present a detailed strategy and validate the targeting approaches as well as the communities to be targeted. At community level, implementing partners conducted inception missions to the targeted villages in order to present the general objective of the project and to collect information on beneficiaries' expectations. In the communities targeted for the rehabilitation of water supply facilities, the local population was involved in the design of the extension network and responsible for identifying the most undeserved areas of the village. In the communities targeted for the installation of household latrines, the design of the facilities was discussed with the local population; the final decision took into consideration both the models preferred by the community and their technical feasibility.

During the implementation period, UNICEF and implementing partners made sure that the community was also fully involved; for instance, the inhabitants provided local materials such as rocks and sand for the rehabilitation of water facilities and the construction of latrines.

Monitoring activities were conducted on a regular basis, and included consultations with the beneficiaries and with community leaders so that their feedback could inform project implementation.

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNHCR		5. CERF grant period:	17/03/2015-31/12/2015		
2. CERF project code:	15-UF-HCR-004		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Multi-sector refugee assistance			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Basic assistance and protection services solutions for refugees in Djibouti					
7. Funding	a. Total project budget:	US\$ 27,108,322	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 4,283,007	▪ NGO partners and Red Cross/Crescent:		US\$ 122,810	
	c. Amount received from CERF:	US\$ 350,143	▪ Government Partners:		US\$ 104,000	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	5,038	4,734	9,772	3,769	3,887	7,656
Adults (above 18)	6,554	8,257	14,811	3,964	4,010	7,974
Total	11,592	12,991	24,583	7,733	7,897	15,630
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	24,583			15,630		
IDPs						
Host population						
Other affected people						
Total (same as in 8a)	24,583			15,630		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	UNHCR representation in Djibouti in collaboration with its government counterpart, ONARS, and partners conducted a comprehensive verification operation for camp-based refugees and urban cases. As result, in April 2015, the number of refugees decreased down from 24,583 to 15,630 refugees and Asylum seekers. The UNHCR database is currently accurate and is updated on a daily basis.					

CERF Result Framework			
9. Project objective	Provide international protection and essential humanitarian assistance to refugees and asylum seekers in Djibouti.		
10. Outcome statement	The health status of the refugees and asylum seekers is improved		
11. Outputs			
Output 1	24,583 refugees have access to primary health care services provided or supported in the camps		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	24,583 refugees and asylum seekers have access to primary health care	100 % (of 24,583)	63.5%
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Medical consultation for refugees and asylum seekers	Africa Humanitarian Action (AHA)	Africa Humanitarian Action (AHA)
Activity 1.2	Provision of incentives and salaries for medical staff at the 2 Health Centers	Africa Humanitarian Action (AHA)	Africa Humanitarian Action (AHA)
Output 2	24,583 Refugee and asylum seekers population have access to appropriate drugs		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	90% of essential medicines internationally procured. 10% are procured at national level.	90%	100%
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement and distribution of essential drugs/vaccines including malaria, tuberculosis and diarrhea for 2 Health Centers	UNHCR Djibouti and HQ	UNHCR Djibouti and HQ (Supply Management Service)
Output 3	Health services to children under 5 delivered		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Integrated management of childhood illness (IMCI) implemented	2 health centres	2 health centres
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Train 8 health workers in the camps on IMCI	Africa Humanitarian Action (AHA)	Africa Humanitarian Action (AHA)
Output 4	Referral mechanisms established		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	# of persons referred to secondary and tertiary medical care	450	450

Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Transport and support for patients mainly HIV, dialysis patients and all complicated cases from Ali-Addeh and Holl-Holl Health Centre to Djibouti town	Africa Humanitarian Action (AHA)	Africa Humanitarian Action (AHA)
Output 5	24,583 refugees and asylum seeker have access to soaps; Alternative renewable energy promoted; 20,732 refugees and asylum seekers have sufficient access to energy for food cooking		
Output 5 Indicators	Description	Target	Reached
Indicator 5.1	# of refugees who received soap	24,583	15,630
Indicator 5.2	# of liter of kerosene or ethanol purchased and distributed	80,000	100,226
Output 5 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 5.1	Procurement of soaps for most vulnerable refugees	UNHCR	UNHCR
Activity 5.2	Purchase of liters of kerosene/ethanol	UNHCR, GAIA Inc. and Ministry of Environment	Ministry of Environment

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

UNHCR, through AHA (health partner) provided access to free primary health care for Ali-Addeh and Holl-Holl camp-based refugees as well as urban cases in Djibouti town. There is a functional health centre in each camp (Holl Holl and Ali Addeh) operating 24 hours with qualified staff. The urban refugees and asylum seekers in Djibouti city also have full access to primary health care through the national health system.

With CERF funds, UNHCR procured essential medicines internationally through UNHCR Headquarters Supply Section for an amount of 50,000 USD including delivery cost. The drugs and the supplies were received and used in the refugee camps' health facilities.

CERF funding allowed 450 beneficiaries with medical complications to be transfer/referred to secondary health care in Djibouti national hospital.

Due to financial constraints and the high price of kerosene, UNHCR and its governmental partner (the Ministry of Environment) provided firewood to 13,001 beneficiaries based in both camps. As of December 2015, Ministry of environment distributed 725 tonnes of prosopis firewood.

Looking for an alternative sustainable energy solution, GAIA (Ethiopian NGO) was identified to implemented ethanol as a pilot project but they were not yet established in Djibouti.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Refugees were consulted using the age, gender, diversity mainstreaming (AGDM) methodology and interviews were carried out based on prepared questionnaires by a multifunctional team including refugees, partners and UNHCR staff. The consultations included visits to refugees and particular attention was given to persons with specific needs including women, children heading families, elderly persons, as well as the resilience of people of concern to cope with potential disasters and adversities.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
A Multifunctional team evaluation is planned to be carried out in April 2016 which will include an evaluation of the 2015 CERF-funded project. This report will be shared with RC and CERF.	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
15-UF-CEF-009	Water, Sanitation and Hygiene	UNICEF	INGO	\$40,761
15-UF-CEF-009	Water, Sanitation and Hygiene	UNICEF	GOV	\$128,750
15-UF-CEF-009	Water, Sanitation and Hygiene	UNICEF	NNGO	\$28,340
15-UF-CEF-009	Water, Sanitation and Hygiene	UNICEF	INGO	\$66,469
15-UF-WFP-010	Food Assistance	WFP	GOV	\$48,424
15-UF-FAO-005	Water, Sanitation and Hygiene	FAO	GOV	\$17,500
15-UF-FAO-004	Agriculture	FAO	INGO	\$23,553
15-UF-HCR-004	Multi-sector refugee assistance	UNHCR	INGO	\$122,810
15-UF-HCR-004	Multi-sector refugee assistance	UNHCR	GOV	\$104,000
15-UF-CEF-010	Nutrition	UNICEF	INGO	\$64,687
15-UF-CEF-010	Nutrition	UNICEF	INGO	\$111,900
15-UF-CEF-010	Nutrition	UNICEF	GOV	\$53,760

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ACF	Action Contre la Faim
AHA	Africa Humanitarian Action
ADIM	Association pour le Développement Intégré des Mablás
DHR	Direction de l'Hydraulique Rurale
DRC	Danish Refugee Council
FAO	Food and Agriculture Organization
GAM	Global Acute Malnutrition
IOM	International Organization for Migration
NRC	Norwegian Refugee Council
OCHA/ROEA	Office of the Coordination of Humanitarian Affairs/Regional Office for Eastern Africa
ONARS	Office National pour l'Assistance aux Réfugiés et Sinistrés
SAM	Severe Acute Malnutrition
UNICEF	United Nations Children Education Fund
UNHCR	United Nations High Commissioner for Refugees
WASH	Water , Sanitation & Hygiene
WFP	World Food Programme