RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS DJIBOUTI UNDERFUNDED EMERGENCIES ROUND II 2013

RESIDENT/HUMANITARIAN COORDINATOR	**Mr Robert Watkins**

REPORTING PROCESS AND CONSULTATION SUMMARY

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

The AAR took place on July 9th 2014. Designated focal points for each CERF funded project participated in the meeting. The following was discussed: Reminder of the context that justified the CERF allocation, status of CERF funded projects, key results, lessons learnt, and added-value of CERF allocation, challenges and next steps of the reporting process. Participants were reminded on key points in the guidelines for the preparation of the report.

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

YES ☒ NO ☐

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

YES ☒ NO ☐

The report was shared for review by CERF recipient agencies and Cluster/Sector coordinators and members. Its content was discussed with the implementing partners and counterparts.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: 71,670,661[1]		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	2,994,281
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (*if applicable*)	0
	OTHER (bilateral/multilateral)	21,872,379[2]
	TOTAL	**24,866,660**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 9–Sep–2013			
Agency	**Project code**	**Cluster/Sector**	**Amount**
UNICEF	13-UF-CEF-123	Water and sanitation	175,306
UNICEF	13-UF-CEF-124	Health - Nutrition	648,526
FAO	13-UF-FAO-037	Agriculture	398,802
UNHCR	13-UF-HCR-058	Multi-sector	288,700
WFP	13-UF-WFP-059	Food	899,974
WHO	13-UF-WHO-064	Health	263,680
IOM	13-UF-IOM-039	Multi-sector	170,023
UNDP	13-UF-UDP-015	Water and sanitation	149,270
TOTAL			**2,994,281**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	2,750,424
Funds forwarded to NGOs for implementation	131,151
Funds forwarded to government partners	112,706
TOTAL	**2,994,281**

[1] The amount indicated in the chapeau, US$ 50,848,919, represented only the total amount required for the projects that benefited from the CERF allocation covered by this report.
[2] This amount includes US$ 3,312,737 received from the CERF for projects implemented during 2013 first semester.

HUMANITARIAN NEEDS

In 2013, the Humanitarian Country Team (HCT) developed a Consolidated Appeal valued at US$ 71 million due to the grave consequences of a prolonged drought. It had three strategic objectives: (1) to save lives; (2) to introduce early recovery mechanisms; (3) to reinforce emergencies management systems. At the time of the CERF allocation, the appeal of the Republic of Djibouti was the 2013 most underfunded appeal with only 24% of the required funding available. The Humanitarian Community in the Republic of Djibouti identified three main factors that led to the crisis: (1) The recurrent and severe drought that profoundly affected thousand of rural and urban vulnerable people; (2) The increased number of asylum seekers and refugees mainly from neighbouring Somalia; (3) The increased number of migrants mainly from Ethiopia crossing the country with the aim to settle in the Guff countries. The overall population affected by the crisis was of 300,000 people, including 212,000 vulnerable people affected by the drought, 26,000 refugees and 65,000 migrants. The most vulnerable were the children and their mothers (pregnant and lactating women), pastoralist families who relied exclusively on their livestock for food and for income generation and vulnerable migrants, victims of smugglers and traffickers. In total, women and girls accounted for more than 63% of the affected population.

The direct impacts of the drought were the high and generalized food insecurity and the unavailability of safe water. Those direct impacts were further aggravated by the increasing trend in international food prices. According to the surveys on food security undertaken in Djibouti (EFSA/WFP - July 2013) and concordant sources of information (IPC, FEWS NET), indicators on nutrition and food security reached emergency levels in rural areas. 15% of women aged between 15 to 49 years suffered from wasting and under-5 children suffered from global acute malnutrition (GAM 18%); moderate acute malnutrition (MAM 13.9%) and severe acute malnutrition (SAM 4.1%). In terms of food security, data indicated that half of the population (49%) in rural areas was considered food insecure (89,860) of which 24,141 were severely food insecure. According to Regional Government Reports, 600 to 700 heads of livestock were lost due to the extreme drought. The lack of quality drinkable water and sanitation facilities is an emergency affecting rural and peri-urban populations and causing an increase of waterborne diseases, especially diarrhoea in children, thus aggravating the malnutrition cases and increasing the threat of epidemics. Water quality deteriorated and people resorted to unprotected sources of water, causing diarrhoea and other water borne diseases. An outbreak of Malaria was registered in the period between March and June 2013 and high incidence was presumed in locations hosting large numbers of vulnerable migrants. Their influx was increasing along with the risk of conflicts with local communities around the meagre water resources. Over-stretched health and WASH services in the refugee camp of Ali-Addeh strongly affected the health status of its population and urged for the finalization of the transfer of the remaining refugees of Ali-Addeh camp to the camp of Holl-Holl. Tuberculosis resistant cases were detected among refugee communities. Women and girls were fetching outside the camps to look for firewood. Cases of gender-based violence and rapes were reported. Given the lack of funding for humanitarian projects in the Consolidated Appeal and the overall decrease in resources for humanitarian action since 2012, CERF funding were needed to focus on the most critical, immediate and life-saving needs in order to maximize the impact of CERF funding.

II. FOCUS AREAS AND PRIORITIZATION

Basis for the prioritization of CERF funds: The process of prioritization was guided by the CERF Life-Saving Criteria and the identification of most acute emergency needs. Cluster and HCT meetings took place to discuss and agree on the interventions and their complementarity. In addition, regular inter-cluster meetings took place after August 20. Those inter-cluster meetings aimed at integrating emergency needs for refugees and migrants within the interventions led by Nutrition, Food Security, WASH and Health clusters. The exercise required honed complementarity and coordination among all clusters.

The prioritization process led to the identification of the following urgent needs:

Nutrition: To provide emergency support to severely malnourished children through therapeutic feeding, to undertake active screening in communities, to provide treatment at community level and at the health centres, to ensure that 100% of the SAM diagnosed children receive adequate treatment in the form of therapeutic milks or RUTF, to provide supplementary feeding to the benefit of 4,000 under-5 malnourished children and to 2,500 pregnant and lactating women in locations with the highest rates of malnutrition.

Food Security: In the most severely food insecure regions, to provide unconditional food transfers for 18,400 persons, to provide complementary emergency support on home gardening and goats' distribution, to distribute Kerosene to the 19.000 refugees.

WASH: To support storage, transportation, distribution and consumption of quality water in rural and peri-urban areas, to establish three infiltration galleries each one equivalent of 10 wells in the region that faced the highest scarcity of water and food.

Health: To ensure that proper stocks of medicines are available to cover the needs of 134, 468 most vulnerable persons in rural areas and in the poor peri-urban zones of the capital, to ensure the proper monitoring of malaria cases and outbreak surveillance activities notably with regard to diarrhoea, poliomyelitis and tuberculosis cases.

Multi-sector: To provide protection and multi-sectoral assistance to the refugees and asylum seekers and to provide urgent life-saving humanitarian assistance to migrants through emergency evacuations, health and WASH-related assistance.

Key humanitarian data

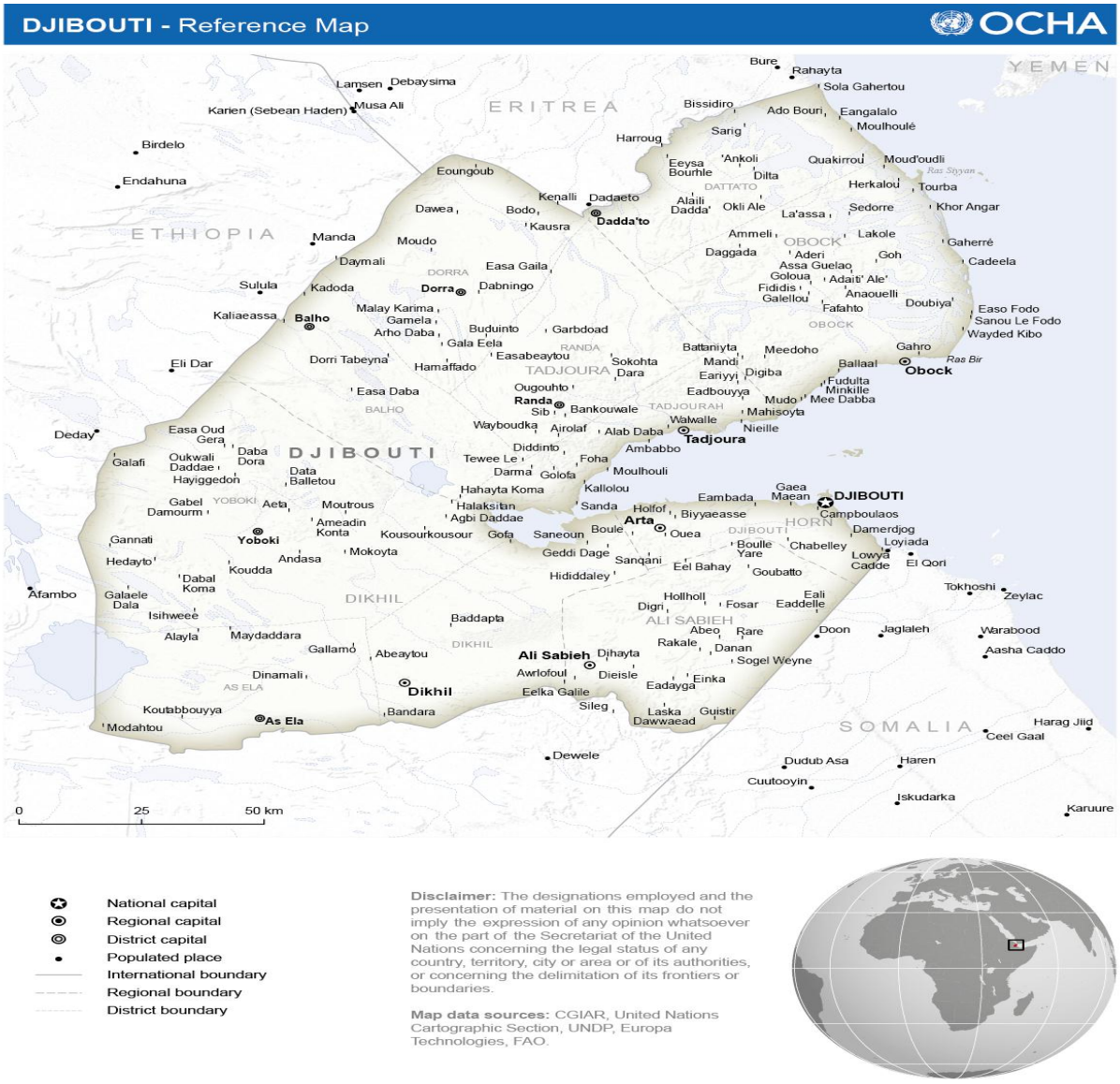
Nutrition
Percentage of households with inadequate dietary intake : 60%
Percentage of households with very poor food intake: 42%
Percentage of women aged 15-49 suffering from wasting: 15%
Percentage of under-5 children suffering from GAM: 18%
Percentage of under-5 children suffering from MAM: 13.9%
Percentage of under-5 children suffering from SAM: 4.1%
Percentage of under-5 children suffering from chronic malnutrition: 32.2%
Coverage of management of malnutrition cases: 75%
SAM Fatality rate: 2%
SAM Recovery rate: 80%
Default rate of malnourished children treated for SAM: 19%
Water and Sanitation
Percentage of access to improved latrines in rural areas: 10%
Percentage of access to protected source of drinking water in rural areas: 50.9%
Farthest distance to collect water: 30km
Number of wells along key pastoralist routes: 10
Number of cisterns/water harvesting structures along key pastoralist routes: 11
Number of key pastoralist water points: 50
Number of operational water points management committees: 21
Food/Agriculture
Percentage of the rural population considered food insecure: 49%
Percentage of the rural population considered severely food insecure: 27%
Proportion of income spending on food items for severely food insecure persons: 83%
Proportion of income spending on food items for moderately food insecure persons: 72%
Estimated number of heads of livestock lost due to absence of water: 600-700
Percentage of loss of livestock per household reached up to 50%
Health
Number of operational mobile clinics: 11
Yearly medical consultation rate per capita: 0.5
Number of operational health committees: 17
Average number of malnutrition cases reported on a weekly basis in health centres: 20-25
Percentage of rural population living more than one hour from the nearest health facility: 35%
Percentage of health centres in rural areas with limited or no supply of water: 50%
Percentage of health centres in rural areas with electricity or solar power: 50%
Common diseases for children: Fever and Diarrhoea
Number of reported cases of Malaria : 1674; Number of deaths caused by Malaria: 50
Average proportion of household budget spent on health: 1%
Multi-sector
Number of refugees: 19,138: Somalis (95%), 512 Ethiopians (2.5%) and 331 Eritreans (1.6%)
Number of asylum seekers: 3,675
Average number of litres of water per day per capita: 12
Average number of litres of Kerosene distributed per month per capita during 2013 1st semester: 0.5

Number of multi-resistant tuberculosis (MDR-TB) cases: 7 (one death) in refugee camps
Isolation unit of MDR-TB in refugee camps : non existing
Number of reported cases of wild polio virus in Somalia: 152
Estimated number of migrants crossing Djibouti per year: 100,000

Geographical coverage:

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

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



III. CERF PROCESS

Processes and consultations behind the prioritization of CERF funds: The CERF grant request was harmonized with the needs and priorities included in the Djibouti CAP 2013. The Humanitarian Country Team (HCT) met in June, July and August 2013 in order to develop strategic priorities based on the latest information available (notably from the Emergency Food Security Assessment (EFSA) survey, Central and Regional authorities reports and from other sources such as Integrated Food Security Phase Classification (IPC) and Famine Early Warning Systems Network (FEWS NET) and information from the partners notably national authorities and NGOs. Special attention was devoted in applying the gender marker in order to indicate gender disaggregated data and to ensure that gender will be mainstreamed in all the interventions realized through the CERF funded projects. The prioritization strategy outlining the prioritized life-saving interventions, prioritized beneficiaries was developed. The HCT further revised the prioritization strategy to ensure optimal focus on the most urgent life-saving interventions and submitted it to the CERF Secretariat. All the work was undertook during Clusters meetings and HCT meetings[3]. The process was inclusive, participatory and transparent. On August 20, 2013 the HCT was informed of confirmation of the allocation from the Underfunded Emergencies Window of the CERF for humanitarian response in Djibouti.

[3] Remark, in Djibouti there is no ERF/CHF structure, mechanisms or processes in place.

Considering that each sector/cluster was facing an aggravation of the situation, the budget allocation was done in a way that takes into consideration the following factors: (1) emergency needs; (2) funding gaps; (3) absorption capacity of the UN agencies. However, once the HCT received the letter of confirmation indicated that this CERF allocation had to focus mainly on the deteriorating nutrition and food security situation the budget allocation had to be revised considering the above. It was done using the same three factors but considering that life-saving intervention for selected refugees and migrants will be covered by those sectors' implementing agencies with the support of UNHCR and IOM. Each cluster lead Agency provided the beneficiaries figures that were estimated according to internal organizational monitoring system, as well as combining information from partners (NGOs and Government as well as other UN agencies). Internal consistency of the figures was assured through intra- and inter-clusters discussions as well as during HCT meetings.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 300,000[4]				
	Cluster/Sector	**Female**	**Male**	**Total**
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Water and sanitation	20,784	22,516	43,300
	Health - Nutrition	11,254	6,896	18,150
	Agriculture	418	278	696
	Multi-sector	11,481	12,024	23,505
	Food	9,246	9,254	18,500
	Health	35,744	33,730	69,474

BENEFICIARY ESTIMATION

The number of reached direct beneficiaries was verified with all UN Agencies/Cluster and Sector Leads to ensure no beneficiary was accounted for several times. Only 340 beneficiaries benefited from different sector interventions.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	**Estimated Reached**
Female	120,428	88,807
Male	138,360	84,578
Total individuals (Female and male)	258,788	173,285
Of total, children under age 5	84,642	61,538

[4] The number indicated in the chapeau, 276,793, represented only the total number of people affected concerned with the projects that benefited from the CERF allocation covered by this report.

CERF RESULTS

WASH

- 50 households (300 people) in the sub-urban neighbourhoods of Djibouti (Balbala) were equipped with latrines or benefited from rehabilitated/renovated latrines;
- 20,000 people benefited, or will benefit, from water treatment at household level for a three-month period, thanks to the acquisition of 18,000 water purification tablets. A total of 5,760 people already benefited from these water purification tablets, and also from the distribution of 960 plastic barrels and 1,950 jerry cans for water storage management;
- All beneficiaries of the construction of improved latrines, water treatment products and water storage materials are more knowledgeable and better aware of good and health-protecting hygiene practices;
- The WASH facilities of 6 health centres providing treatment for acute malnutrition were rehabilitated. They serve an estimated population of 17,000 people, including 3,283 malnourished children;
- Three (3) wells and three (3) infiltration galleries were constructed in the localities of Dhourreh, Assamo and Guistir.

Nutrition

- The coverage rate of malnutrition case management increased from 75 per cent to 83 per cent;
- The case fatality rate of severe acute malnutrition was reduced from 2 per cent to 1.06 per cent;
- The recovery rate of severe acute malnutrition increased from 80 per cent to 82 per cent;
- The default rate of malnourished children treated for severe acute malnutrition increased from 19% to 20 per cent;
- 13,261 out of 16,576 children under five years (80 per cent) and 4,889 mothers received micronutrient supplements;
- All mothers (4,889) using the nutrition services had access to adequate information on Infant and Young Child Feeding practices.

Food & Nutrition

- 612 MT of food procured;
- Households assisted with this CERF funding received a monthly ration for a period of two (2) months, this assistance was critical to targeted beneficiaries (4,000 Children under five; 9,246 female, 9,254 male) fully relying on WFP ration to meet their minimum caloric requirements;
- This CERF funds were also used to assist the moderately malnourished children under five receiving treatment in health centres. 4,000 under-five children were assisted for a period of three (3) months and discharged from the health centres;
- Pregnant and lactating women under the Mother and Child Health programme assisted with the provision of nutritional support.

Agriculture

- More than 3,000 people were trained in home gardening ensuring access to intakes of high protein and vitamin food vegetable;
- 250 drip irrigation systems were distributed and 240 persons were trained on their use;
- The livestock restocking (Up to ten (10) goats were distributed per selected households) allowed 456 beneficiaries to have increased food security through milk consumption.

Health

- Procurement and distribution of essential drugs for primary and secondary health care;
- Procurement and distribution of malaria basic kits and supplementary kits;
- Technical assistance for distribution of essential drugs to selected health facilities;
- Technical assistance provided for training of lab technicians, for diagnostic method of different species of malaria, for training of doctors on case management of simple and severe malaria, for the development of a response plan for the malaria epidemic;
- Keys message were communicated to the population during outbreaks.

Migrants

- *Health:* Essential drugs for case management were provided, including 1,562 ORS (Oral Rehydration Salt), and 1,578 soaps; 5,315 individuals, including 3,699 migrants reached for improved health awareness and hygiene; 226 brochures and 54

posters in local languages were disseminated to potentially affected populations; Facilitated health referral services provided to 321 vulnerable migrants including 74 females; 1,041 migrants (including 235 females) assisted with medical care; 230 vulnerable migrants directly provided with emergency evacuation assistance to their country of origin;

- *Water:* 7 water points were rehabilitated along the migratory corridor in Dikhil, Tadjourah, and Obock, in collaboration with FAO; 50,950 chlorine tablets were distributed to migrants and local community in order to decontaminate water.

Refugees

- *Health:* Treatment and reintegration of the six (6) cases of multi resistant tuberculosis; Measures were put in place to limit and to mitigate the spread of the virus within the refugee communities of Ali Addeh and Holl Holl camps and the surrounding villages (e.g. general screening of the population of concern, sensitization trainings);
- *Nutrition*: De-worming, provision of nutritional supplements with premix comprised of Corn-Soya Blend (CSB), oil and sugar, vitamin A supplements and iron supplement for pregnant women. All pregnant and lactating women received supplementary food;
- *Water:* Increase in the percentage of people living within a distance of 200m from the water points in Ali Addeh from 55% to 65 per cent; the overall average of the water indicator for the operation stands at 12 liters/person/day;
- *Energy for food cooking:* Enhanced protection of refugees especially women and girls by reducing Sexual and Gender-based Violence (SGBV) cases occurring during the collection of firewood and by improving the school attendance rate for girls; Purchase and distribution of 77,916 liters of kerosene to cook food distributed by WFP to 18,877 refugees of Ali Addeh and Holl Holl camps during five (5) months. The fuel was also used for lighting purposes to enable school children to perform homework and school exercises at night.

CERF's ADDED VALUE

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

Overall, CERF funds allowed a fast delivery of assistance to the targeted individuals. Indeed, it allowed the provision of assistance to beneficiaries before other funds were available. However, despite the overall fast delivery of assistance to beneficiaries, several factors temporarily slowed down the implementation of few projects. Among those factors in the WASH sector, one can mention the lengthy process of reaching an agreement between all parties involved on the specifications of WASH material adapted to the arid environment of the country and of identifying suitable providers. At times, transaction costs increased due to required high level of follow-up with national partners to ensure the timely delivery of life-saving assistance. In the Health sector, the non-timely access to infected sites and the non-timely data-sharing on epidemics limited the pace of assistance delivery. Other factors are related to natural hazards, the floods of April 2014 in particular, that delayed the implementation of a WASH project in the affected area[5].

b) Did CERF funds help respond to time critical needs[6]?
YES ☒ PARTIALLY ☐ NO ☐

CERF funds helped greatly to respond to time critical needs in all sectors of intervention. For instance, the rapid availability of CERF funds allowed the urgent prevention of an epidemic of Tuberculosis in the refugee camps and in the national detention centre. The procurement of drugs and diagnostic tools was critical since the government was out of stock as were rural health facilities and therefore, insufficiently capacitated to respond to at-that-time on-going outbreaks. The rapid provision of fuel to the families of refugees after three-months of interruption allowed the refugees to cook again without using fetched firewood and consequently, to limit the risk for women refugees to be victims of GBV when fetching outside the camp boundaries. With regard to Food Security, the provision of micro-irrigation kits improved refugee families to grow up most needed vegetables and to respond to timely to nutritional deficits. Moreover, CERF 2013 funding was timely helpful to avoid pipeline break and ensure continuity of food assistance to more than 18,000 people. Would the reached 4,000 moderately malnourished children not have got appropriate coverage with specialized fortified blended food, they very likely would have become severely malnourished and their lives were put at risk. Likewise pregnant and lactating women received the required nutritional intake in time to ensure better and healthier

[5] These challenges are indicated here in order to contextualize the answer. The answer is yes because overall CERF funds allowed to provide the fastest possible delivery of assistance to beneficiaires.
[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.).

pregnancies and adequately respond to the nutritional needs of their infants. CERF funds allowed also undertaking the emergency evacuation of more than 200 migrants whose lives were endangered.

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

YES ☒ PARTIALLY ☐ NO ☐

The second CERF allocation received in 2013 facilitated resource mobilization from other sources. Essential seed funding, the CERF funds allowed the timely implementation of urgent life-saving projects further promoted to bilateral and multilateral partners. Among other partners, additional funding and/or technical assistance were mobilized from ECHO, the Government of Japan, IOM Regional Office and the US Naval Medical Research Unit 3 (NAMRU-3) based in Cairo, Egypt. Resources mobilized from other sources were either used to complement CERF-funded interventions or to cover additional components of the overall humanitarian response in the country.

d) Did CERF improve coordination amongst the humanitarian community?

YES ☒ PARTIALLY ☐ NO ☐

Projects funded by the CERF reinforced the coordination amongst the humanitarian community in three complementary ways: (1) Increased coordination among cluster members (e.g. Nutrition and WASH) and inter-clusters (e.g. Nutrition and Food Security). Joint monitoring visits to project sites were organized and meetings were held regularly; (2) Enhanced coordination with NGOs (e.g. ACF) during all stages of project management cycle; (3) Strengthened partnerships in particular areas: signature of partnership agreements (MoUs) between UNHCR and other UN Agencies such as FAO, UNICEF and WFP in order for UNHCR to benefit more from specific UN Agencies' expertise; increased complementarity in the fight against Malaria, notably between WHO, IOM and UNICEF. Therefore, CERF proposals were prepared in coordination between clusters.

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

CERF funds allowed the implementation of innovative projects in Djibouti. Among them, one could highlight the first ever introduction of home water treatment system in Djibouti and the first implementation of a specific medical treatment for migrants minors. In some cases, CERF funded projects facilitated the transition from humanitarian assistance to development. For instance, the urgent rehabilitation of some parts of the water distribution system led to several recommendations in order to improve the overall system. Moreover, the lessons from the implementation of the CERF health related project were useful to finalize the new national strategic plan for malaria control. In addition, in some cases, the implementation of certain projects shed light on some unexpected observations. The kerosene distributed to refugee families in the camps was intended to be used solely for cooking. However and despite of their great need for it, monitoring visits showed that it was also used for lighting purposes (e.g. children studying for their exams). Indeed, during the project implementation, the lighting system in the camp became defective and a development project will be implemented to address it. In addition, the implementation of some projects provided lessons in terms of project conception and project site securing (UNDP WASH project).

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Life saving and response capacities	CERF secretariat should not focus on misleading figures in FTS when setting up priorities; they should consult the RC/HC for this.	CERF secretariat
Strong dependency vis-à-vis CERF Funds	Djibouti non-eligibility for second 2014 allocation is highly risky in terms of leading to possible discontinuation of life-saving assistance to those most vulnerable and in-need.	CERF secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Life saving and response capacities	These should be maintained as a core of all allocations, a certain flexibility to ensure capacity to respond is there.	RC and Agencies
Strong dependency vis-à-vis CERF Funds	Envisage specific appeals (e.g. Malaria epidemic outbreaks)	RC and Agencies

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF UNDP	5. CERF grant period:	23.10.2013-30.06.2014 (UNICEF) 01.11.2013-30.06.2014 (UNDP)
2. CERF project code:	13-UF-CEF-123 13-UF-UDP-015	6. Status of CERF grant:	☐ Ongoing ☒ Concluded
3. Cluster/Sector:	WASH		
4. Project title:	WASH Response in vulnerable areas in a context of long lasting drought in Djibouti		

7.Funding				
	a. Total project budget:	US$ 2,500,000	d. CERF funds forwarded to implementing partners (by UNICEF)[7]:	
	b. Total funding received for the project:	US$ 1,670,270	▪ *NGO partners and Red Cross/Crescent:*	US$ 67,323
	c. Amount received from CERF:	US$ 324,576	▪ *Government Partners:*	US$ 3,254

Results

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

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	32,760	20,784	The discrepancy in terms of planned and reached beneficiaries is explained by the need to adjust some project activities in order to respond to the nutritional emergency revealed by the SMART survey published in December 2013 (i.e. after the submission of the original proposal). With an alarming number of malnourished children needing to be treated, arose the need to urgently rehabilitate the WASH facilities at health centre level as its level of deterioration was putting more seriously at risk these already malnourished children. For this reason, UNICEF and partners decided to reallocate some CERF funds to this unplanned/ unexpected activity, which naturally had an impact on the level of project beneficiaries. Consequently, planned beneficiaries for the UNICEF project were revised as follow: 14,688 (female), 15,912 (male) to reach a total of 30,600 including 4,100
b. Male	30,240	22,516	
c. Total individuals (female + male):	63,000	43,300	
d. Of total, children <u>under</u> age 5	8,400	5,760	

[7] The sub-grant budgeted in the project proposal by UNDP was not transferred to the implemeting partner as planned. UNDP executed the project under the DEX modality to speed up its implemention. The reprogramming/fund redeployment request procedure will be followed in the future would a similar situation arise.

			children[8].

9. Original project objective from approved CERF proposal

The overall objective of the proposed project is to contribute to ensuring that all children and women are protected from the adverse consequences of the prolonged drought, with priority given to the most vulnerable.

The specific objectives are:

- Reach a total population of 63,000 drought-affected beneficiaries with interventions aiming at improving access to safe water in sufficient quantities, or at improving household based water treatment and conservation and sanitation facilities and at improving knowledge and behaviours regarding hygiene practices
- To ensure access to safe and sufficient water for women, girls, boys and men and preserve health by making at least minimum quantities of clean water available for drinking and household use for 16,000 drought-affected people (52% female);
- Improving access to adequate sanitation for 100 households in the poor sub-urban neighbourhoods of Djibouti City ;
- Improve sanitation and hygiene practices for 28,000 people (women, girls, boys and men) at community level and the poorest peri-urban areas in Djibouti City and the 5 regions in terms of water conservation, environmental hygiene, diarrhoeal diseases prevention, maintenance of latrines, and hand washing.

10. Original expected outcomes from approved CERF proposal

At the end of this project: 63,000 people will benefit from interventions, including:

- 6000 people in Ali Sabieh have improved access to safe water through rehabilitated well
- 10,000 will be provided safe water through water trucking in poorest areas of Djibouti City and in 5 others regions.
- 100 households in the sub-urban neighbourhoods of Djibouti City are equipped with latrines or benefit of rehabilitated/ renovated latrines.
- Household-level water treatment is increased in a number of areas through distribution of 18,000 water purification tablets.
- The population (including children) of target communities has better knowledge and is more aware of good and health-protecting hygiene practices.

Indicators include:

- Number of people from target communities and groups accessing sufficient water of appropriate quality for drinking, cooking, and maintaining personal hygiene;
- Number of people accessing and using adequate sanitation facilities;
- Number of water points rehabilitated and upgraded;
- Number of households equipped with supplies for improved water conservation;
- Number of people reached by hygiene promotion activities.

11. Actual outcomes achieved with CERF funds

- 50 households (300 people) in the sub-urban neighbourhoods of Djibouti (Balbala) have been equipped with latrines or have benefited from rehabilitated/renovated latrines.
- 20,000 people have benefited, or will benefit, from water treatment at household level for a three-month period, thanks to the acquisition of 18,000 water purification tablets. A total of 5,760 people have already benefited from these water purification tablets, and also from the distribution of 960 plastic barrels and 1,950 jerry cans for water storage management. UNICEF is working with the government to identify the most vulnerable families to whom it will distribute the remaining water purification tablets.
- All beneficiaries of the construction of improved latrines, water treatment products and water storage materials are more knowledgeable and better aware of good and health-protecting hygiene practices.

[8] 4 out of the 5 planned activities under UNICEF responsibility have been implemented with a reduction for activity ii (50 family latrines built instead of 100 planned): implementation of activity iii (water trucking) has been funded from another source; one additional activity has been implemented to improve situation of WASH facilities in 6 health centers in Balbala where lack of water and/or poor hygiene conditions had become a morbidity factor for malnurished children using these facilities in Balbala. UNICEF did not consider this change as requiring the submission of a formal reprogramming request to OCHA.

- The WASH facilities of 6 health centres providing treatment for acute malnutrition were rehabilitated. These health centres are all located in Balbala and serve an estimated population of 17,000 people, including 3,283 malnourished children.
- In the targeted regions of Dhourreh, Assamo and Guistir, the project has improved access to safe water through the rehabilitation of three (3) wells and increasing the available quantity of water by combining the three (3) wells with three (3) infiltration galleries constructed by the project. Targeted communities have improved access to increased quantity of water.

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

The discrepancies between planned and actual outcomes in terms of water trucking, construction of latrines and rehabilitation of WASH facilities in health centres are explained by the need to adjust some project activities in order to ensure a more adapted response to the nutritional emergency highlighted by the SMART survey published in December 2013 (i.e. after the submission of the original proposal). The results of this survey revealed that, in Djibouti, 17.8 per cent of children under-five are acutely malnourished (above the 15 per cent threshold of the World Health Organisation for an emergency situation), out of which 5.7 per cent are affected by severe malnutrition; in addition, 29.7 per cent are chronically malnourished. This required a strengthening of the humanitarian response to ensure child survival, including an improvement of the capacities of the health centres where the screening and management of malnutrition takes place. A rapid assessment of the WASH facilities in these health centres pointed out several issues (e.g. open-air septic tanks, non-availability of soap, dirty and ill maintained latrines etc.) which needed to be urgently addressed to avoid exposing children to further risks. In order to respond to this worrying situation, some CERF funds were reallocated to the rehabilitation and equipment of WASH facilities in 6 health centres located in Balbala, a suburban neighbourhood of Djibouti City and one of the areas more affected by the drought and by malnutrition[9]. For this reason:

(i) No water trucking was provided with CERF funds; however, using resources from other donors, the project still benefited the expected 10,000 people with safe water through water trucking in poorest areas of Djibouti City and in 5 others regions.

(ii) Only 50 out of the expected 100 households in the sub-urban neighbourhoods of Djibouti City have been equipped with latrines or benefited of rehabilitated/renovated latrines. UNICEF worked with ACF to ensure that the most vulnerable families were targeted.

(iii)

There is also a discrepancy in terms of provision of water storage materials: the number of those distributed (960 plastic barrels and 1,950 jerry cans) overpasses the initially planned figures (850 plastic barrels and 1,450 jerry cans). The decision to increase these figures came about during a monitoring visit in which the UNICEF team came across a community severely affected by the drought (Garabitissan, located in the region of Tadjourah). This community is totally dependent on water trucking as there are no water points in the area (and so far all prospection works to find a groundwater table were unfruitful), and the water storage materials available were clearly insufficient to meet the needs of the population[10].

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

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

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
Although no full-fledged external project evaluation has been undertaken, monitoring and supervision activities have been conducted by UNICEF and the respective teams of the National Water Department and of ACF on a quarterly basis, in order to ensure the good implementation of the operations. The project activities related to the rehabilitation of the wells and the construction of infiltration galleries will be evaluated in November 2014.	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

[9] Please refer to 3rd footnote on previous page. Balbala is a sub-area of Djibouti city which is the planned geographic location in the initial proposal

[10] UNICEF did not considere the need to submit a formal reprogramming request to OCHA for these changes from 850 plastic barrels to 960 (13% increase) and from 1,450 jerrycans to 1,950 jerrycans (25% increase) since this change has allowed to reach more beneficiaries with the same activity.

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF	5. CERF grant period:	23.10.2013-30.06.2014
2. CERF project code:	13-UF-CEF-124	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Nutrition		☒ Concluded
4. Project title:	Malnutrition Case Management in a context of long lasting drought in Djibouti		

7.Funding				
	a. Total project budget:	US$ 3,210,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 1,181,138	▪ *NGO partners and Red Cross/Crescent:*	US$ 0
	c. Amount received from CERF:	US$ 648,526	▪ *Government Partners:*	US$ 109,452

Results

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

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	11,254	11,254	N/A
b. Male	6,896	6,896	
c. Total individuals (female + male):	18,150	18,150	
d. Of total, children under age 5	13,261	13,261	

9. Original project objective from approved CERF proposal

The overall objective of the project is to mitigate the effects of the drought on the nutritional status of boys and girls under five years and pregnant and lactating women in Djibouti. The specific objectives are:

- Ensure that at least 5000 malnourished children are treated according to international norms in the most affected areas (peri-urban areas of Djibouti city, regions of Arta, Tadjourah and Obock) and improve the micronutrient status of at least 13,200 children under five years , and 4,889 pregnant and lactating women and support UNHCR to implement similar interventions in the two refugees camps through the provision of nutritional supplies;
- Ensure that mothers and children have access to life saving information on nutrition and infant and young child feeding practices;
- Enhance the collaboration between the National Nutrition Programme and the health community workers to ensure that Community Management of Acute Malnutrition is run in a proper manner, data are regularly collected and analyzed and supplies are properly stored.

10. Original expected outcomes from approved CERF proposal

The expected outcomes are:

- Keep the coverage of malnutrition case management above 80 per cent;
- Keep the case fatality rate of severe acute malnutrition below 5 per cent;
- Keep the recovery rate of malnourished children over 75 per cent;
- Reduce the default rate under 10 per cent;
- Provide at least 80 per cent of under five children and mothers with micronutrient supplements;
- All mothers using the nutrition services have access to adequate information on young children's feeding practices.

The performance indicators are the following:

- Coverage rate of malnutrition case management;
- Case fatality rate among malnourished children treated for severe acute malnutrition;
- Recovery rate of malnourished children treated for severe acute malnutrition;
- Default rate among malnourished children treated for severe acute malnutrition;
- Proportion of children under five years and pregnant women provided with micronutrient supplements;
- Proportion of mothers reached for the improvement of their nutrition practices;
- Number and proportion of health and community workers benefiting of training activities in the areas specified above.

11. Actual outcomes achieved with CERF funds

- The coverage rate of malnutrition case management has increased from 75 per cent to 83 per cent;
- The case fatality rate of severe acute malnutrition was reduced from 2 per cent to 1.06 per cent;
- The recovery rate of severe acute malnutrition has increased from 80 per cent to 82 per cent;
- The default rate of malnourished children treated for severe acute malnutrition has increased from 19 per cent to 20 per cent;
- 13,261 out of 16,576 children under five years old (80 per cent) and 4,889 mothers have received micronutrient supplements;
- All mothers (4,889) using the nutrition services had access to adequate information on Infant and Young Child Feeding practices.

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

The project aimed at reducing from 19% to 10% the default rate among malnourished children treated for severe acute malnutrition. However, this outcome was not achieved; the default rate has slightly increased and stands currently at 20 per cent. The discrepancy in terms of default rate is explained by the fact that some children have abandoned the treatment. In Djibouti, the mother is still the primary responsible for children's care. Unfortunately, overwhelmed by multiple household responsibilities, with several children under their care and sometimes needing to walk long distances in order to reach the community sites or health centres where the management of malnutrition takes place, many mothers were unable to regularly bring their children in order to complete the treatment. Despite increasing efforts from UNICEF and partners to raise awareness on the importance of children attending all curative sessions required, the hard life circumstances of these mothers are a huge obstacle to the children's regular participation to the therapeutic programme and the default rate remains above the desired 10 per cent (and even beyond the recommended cut-off-point of 15 per cent).

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

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

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
Although no full-fledged external project evaluation has been undertaken, monitoring and supervision activities have been conducted by UNICEF and the team of the National Nutrition Programme on a quarterly basis, in order to collect statistics from health facilities and community sites (internal evaluation). The actual outcomes are compared to the reference indicators provided by the World Health Organization.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	FAO	5. CERF grant period:	16/10/2013-30/06/2014
2. CERF project code:	13-UF-FAO-037	6. Status of CERF grant:	☒ Ongoing ☐ Concluded
3. Cluster/Sector:	Agriculture		
4. Project title:	Food security assistance to vulnerable groups including refugees		

7.Funding				
	a. Total project budget:	US$ 1,200,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 398,802	▪ *NGO partners and Red Cross/Crescent:*	US$ 0
	c. Amount received from CERF:	US$ 398,802	▪ *Government Partners:*	US$ 0

Results

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

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	4,000	418	This significant discrepancy is due to the fact that the distribution of the seeds and tools procured under the project will start only in September 2014 (planting season) to the final beneficiaries. FAO has distributed the seeds and tools procured under the project to 6 regional MoA Offices, and it is expected that the planned 6 000 target beneficiaries will be reached in September 2014.
b. Male	2,000	278	
c. Total individuals (female + male):	6,000	696	
d. Of total, children under age 5	3,288	3,288	

9. Original project objective from approved CERF proposal

The overall objective of the project is to support the rural communities affected by recurrent droughts and increasing food prices.

- Increase short term high protein & vitamin food vegetable availability
- Rebuild livestock assets of drought affected communities

10. Original expected outcomes from approved CERF proposal

- 100 per cent of key beneficiaries (Pregnant and lactating women and children < 5) will have sufficient access to high protein & vitamin food vegetable production system
  - 100 per cent of beneficiaries are trained in home gardening
  - 100 per cent beneficiaries are equipped with seeds & tools Kits
- A maximum of 10 goats per family will be provided to selected beneficiaries with a health certificate
  - Rapidly enhanced availability and access to goat milk especially during lean times

11. Actual outcomes achieved with CERF funds

100 % of key beneficiaries have availability and access to high protein & vitamin food vegetable

a. 100 per cent of beneficiaries have been trained in home gardening

b. 250 drip irrigation systems to improve agricultural production in the refugee camps have been distributed and the beneficiaries were trained on its utilization. The beneficiaries from this activity are estimated to 240 people,

including 85 per cent of women and 15 per cent of men.

A maximum of 10 goats per household have been distributed to selected beneficiaries with a health certificate

a. 910 goats in the 4 regions of Djibouti, namely Dikhil, Ali Sabieh, Tadjourah and Obock (182 goats per region; 10 goats per household) have been distributed. The restocking of this activity has allowed to touch 456 beneficiaries of which 60 per cent of women and 40 per cent of men. The milk from this herd has enhanced food security though consumption.

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

100 per cent beneficiaries are equipped with seeds & tools Kits: As explained in section 8 above, all the inputs have been purchased and distributed to the Regional MoA Offices in the 6 Regions involved and the distribution to the final beneficiaries will be carried out on the upcoming planting period of September 2014. Seeds and tools for 6 000 beneficiaries of the 5 regions of Djibouti have been purchased and will be distributed in the coming planting season of September 2014. The inputs have been transported to the selected regions and the lists of the beneficiaries are ready. As for the tools for gardening, 500 hoes for digging, 500 watering cans and 500 rakes have been bought for these 6 000 beneficiaries, as well as vegetables seeds: green beans, watermelons, gombo spinless, oinions, chilli, tomatoes and melons and finally the fodder seeds purchased are the Luzerne and Sudan grass sorghum forager. Training has been provided on home gardening to the beneficiaries. In addition, 600 date palm plants have been ordered and will be distributed to 360 most vulnerable beneficiaries (60 households) out of the 6 000 in the 4 regions of Djibouti, namely Dikhil, Ali Sabieh, Tadjourah and Arta (10 plants per household). The dates will not only provide a concentrated energy food but the palm itself will create a more amenable habitat for people since it will give them shade and protection from the desert wind.

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

If 'YES', what is the code (0, 1, 2a or 2b): 1
If 'NO' (or if GM score is 1 or 0): The project contributed to gender equality. The outcomes 1.b. and 2 have positively affected the life of the beneficiaries but mostly those of the women, girls and children. They are the ones particularly at risk of poor health due to under nutrition and micronutrient deficiencies especially women who tend to use coping strategies such as a decrease in the intake of certain foods for the benefit of their family.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
The project in its integrity has not yet been evaluated. However, the reports of advancement of activities as well as technical reports have been completed for outcomes 1.b. and 2, measuring the advancement and performance of each activity[11]. FAO has developed a centralized and standard system of evaluation. CERF funded projects are all included and subject of evaluation of aforementioned global system.	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

[11] Technical reports included annexed to this report

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNHCR	5. CERF grant period:	22.10.2013-30.06.2014
2. CERF project code:	13-UF-HCR-058	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Multi-sector		☒ Concluded
4. Project title:	Protection and multi-sectoral assistance for refugees, asylum seekers and mixed migrants in Djibouti		

7.Funding				
	a. Total project budget:	US$ 26,094,487	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 7,270,084	▪ *NGO partners and Red Cross/Crescent:*	US$ 63,828
	c. Amount received from CERF:	US$ 288,700	▪ *Government Partners:*	US$ 0

Results

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

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	9,376	10,061	The number of children considered at the planning stage (7,830) took into account all children between 0-17 instead of children under age 5 which were 1,197.
b. Male	9,762	9,745	
c. Total individuals (female + male):	19,138	19,806	
d. Of total, children under age 5	1,197	2,323	

9. Original project objective from approved CERF proposal

The overall objective of the project is to provide Protection and multi-sectoral assistance to the refugees and asylum seekers in Djibouti by:

- Improve prevention and treatment of sick and exposed persons to multi resistance tuberculosis in refugee camps.
- Conduct formative supervision to CHW and health professionals in the refugee camps
- To screen children under 5 for moderate and severe acute malnutrition in the health facilities in the two refugees camps.
- To conduct rapid training and refresher training for health and community workers on screening and management of malnutrition and nutrition products store management with special consideration for store management at refugees camps
- Improve equal access to safe and appropriate water for women, girls, boys and men and preserve health by making at least minimum quantities of clean water available for drinking and household use for 19,138 drought-affected people;
- Improve quality and quantity of potable drinking water for camps based refugees.
- Provide energy for food cooking (kerosene) to refugees living in Ali-Addeh and Holl Camps

10. Original expected outcomes from approved CERF proposal

The project is expected to improve life-saving response to 19,138 refugees in Heath, Nutrition, Wash and Food-security sectors provided by UNHCR and its partners in Ali-Addeh and Holl-Holl camps.

The project is expected to:

- The support to patients of multi resistance tuberculosis in refugee camps is improving and exposed persons taken in charge.

- Coverage rate of malnutrition case management;
- Case fatality rate of malnourished children treated for severe acute malnutrition
- Provide potable water to 19,138 refugees living in Ali-Addeh and HollHoll camp through water trucking in poorest areas, and at the Health Centre.
- Contribute to improve the access to water system in the camps, to prevent outbreaks of water borne diseases through increased knowledge in water household treatment and good hygiene practices and behavioural change.
- Provide energy for food cooking (Kerosene) to refugees
- Provide capacity building to community health workers (CHW) to address malnutrition cases in the camps

Performance Indicators include:

- Quantity of potable drinking water provided per day per persons;
- Number of supported patients
- Number of exposed persons screened
- Number of litre provided per refugee per month
- Number of CHW trained

11. Actual outcomes achieved with CERF funds

- The support to patients of multi resistance tuberculosis in refugee camps is improving and exposed persons taken in charge:
  With CERF funds, UNHCR has carried out risk mitigation measures, by conducting a general screening of the PoC as well as taking in charge all cases of multi resistance tuberculosis, because the Djibouti Nation Program – supposed to take charge of tuberculosis cases – had been suspended. Furthermore, UNHCR has organized two training sessions intended to inform staff, one in each camp coupled with several sensitizations on the topic of tuberculosis. Measures have been put in place to limit and to mitigate the spread of the virus within the refugee communities of Ali Addeh and Holl Holl camps and the surrounding villages. In the reported period, all six cases were treated and reintegrated in the community.
  42,807: Number of consultation registered. 810: number of persons referred to secondary and tertiary medical care.

- Coverage rate of malnutrition case management:
  The annual nutrition survey was conducted in December 2013. The results of the 2013 nutrition survey noted the prevalence of GAM at 12.6 per cent (9.7-16.2) and 11.9 per cent in Ali Addeh and Holl-Holl camps, respectively.
  In 2013, the community management of acute malnutrition (CMAM) covered 679 malnourished children, of which 390 were from Ali-Addeh and 289 from Holl-Holl. Among them, 189 beneficiaries were from the host population. This program is implemented by total of 11 trained nutrition promoters (9 in Ali Addeh and 2 in Holl-Holl) under supervision of the nutrition coordinator. 1,768 beneficiaries were enrolled in the supplementary and complementary feeding program in the two camps: 679 children under five years old, 830 pregnant and lactating women and 259 medical cases. This program is implemented with the support from UNICEF and WFP. The strategy to control anemia and other micronutrient deficits has been in place since 2010 but the implementation remains only partial: apart from the systematic deworming, iron supplements, mosquito net distribution for pregnant women and vitamin A supplements, the food rich in micro-nutrients has not been distributed due to budgetary constraints. All pregnant and lactating women received supplementary food. A total of 830 pregnant and lactating women were enrolled in 2013 (355 pregnant women and 331 lactating women in Ali-Addeh and 82 pregnant women and 62 lactating women in Holl-Holl).

- Case fatality rate of malnourished children treated for severe acute malnutrition:
  Based on the above mentioned nutrition survey, the SAM was 3.0 per cent (1.7-5.1) and 2.1 per cent for Ali Addeh and Holl-Holl camps, respectively.
  CERF funding has scaled up UNHCR response, Ali-Addeh stabilization centre treated 67 severe malnourished children with medical complication according National protocol with MoH support. 2 patients dead and 5 others have been referred to Djibouti paediatric services.

- Provide potable water to 19,138 refugees living in Ali-Addeh and HollHoll camp through water trucking in poorest areas, and at the Health Centre:
  UNHCR has procured, through the international procurement process, boosters and submersibles pumps to increase the quantity of water in both camps, especially in the Ali Addeh camp. In additional, UNHCR has provided water through a water trucking system in the remote area of the camp and at the health center during the reported period. CERF funds have enabled

UNHCR to increase the percentage of people living at a distance of 200m from the water points in Ali Addeh from 55 per cent to 65 per cent.

- Contribute to improve the access to water system in the camps, to prevent outbreaks of water borne diseases through increased knowledge in water household treatment and good hygiene practices and behavioural change:
  Although, the provision of safe drinking water remains insufficient in Ali Addeh camp (baseline 11 liters/person/day), the overall average of the water indicator for the operation stands at 13 liters/pers/day. Thus, UNHCR has requested the support of the Senior Regional WASH Officer based in Nairobi to undertake an assessment of the current status of the water system and the camp development in Ali Addeh and Holl Holl, and to identify remaining gaps, including in expert staff and the cost required for the completion of projects and to provide recommendations for the development of a long term WASH strategy for Djibouti. The main recommendations prioritized included the repairing of pumps within boreholes GR9 and AFR2 to increase supply and the increasing pumping hours to 18 to increase the water supply to 13,5L/p/d, to review network chlorination procedures and to develop Standard Operating Procedures (SOP) for chlorination.

- Provide energy for food cooking (Kerosene) to refugees
  One of the challenges of the Djibouti operation remains the access to kerosene and other types of energy for the PoC in the context of financial constraints which forced women and girls to go very far from the camps to collect firewood, running a high risk of SGBV. Over the past few years, some cases of SGBV related to the collection of firewood have been reported, which led UNHCR in the course of 2013 to request CERF to fund this item through the second allocation. Through CERF funding, UNHCR has enhanced the protection of refugees especially women and girls by reducing SGBV cases occurred during the collection of firewood and by improving the school attendance rate for girls. UNHCR has thus purchased and distributed 77,916 liters of kerosene to cook food distributed by WFP to 18,877 refugees of Ali Addeh and Holl Holl camps during 5 months. Refugees have expressed their satisfaction as the fuel has been used in lamps for light and enabled school children to perform duties and school exercises after sunset hours.

- Provide capacity building to community health workers (CHW) to address malnutrition cases in the camps:
  11 Community Health Workers were trained on malnutrition case management according to national protocol.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☒ NO ☐
If 'YES', what is the code (0, 1, 2a or 2b): 2a **If 'NO' (or if GM score is 1 or 0):**	

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
The report of the evaluation is expected in October 2014[12].	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

[12] Report not available yet.

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WFP	5. CERF grant period:	16/10/2014-30/06/2014
2. CERF project code:	13-UF-WFP-059	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Food		☒ Concluded
4. Project title:	Assistance to vulnerable groups including refugees		

7.Funding				
	a. Total project budget:	US$ 16,674,386	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 10,528,950	▪ *NGO partners and Red Cross/Crescent:*	US$ 0
	c. Amount received from CERF:	US$ 899,974	▪ *Government Partners:*	US$ 0

Results

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

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	9,246	9,246	NA
b. Male	9,254	9,254	
c. Total individuals (female + male):	18,500[13]	18,500	
d. Of total, children under age 5	4,000	4,000	

9. Original project objective from approved CERF proposal

The overall objective of the project is to support the rural communities affected by recurrent droughts and increasing food prices, while building government and community capacity on disaster preparedness. In line with WFP's Strategic Objectives the project aims at providing assistance to Save lives and protect livelihoods in crisis situation through general food distribution and supplementary feeding to drought affected population; Improve the nutrition status of the vulnerable groups, including malnourished children under five and pregnant and lactating women by providing nutritional support; and Restore and rebuild lives and livelihoods in post drought situation by supporting development of agro pastoral perimeters; rehabilitation rural roads, and rehabilitation of traditional wells and promote resilience and self-reliance among food insecure households and communities affected by droughts through Food For Assets activities[14].

10. Original expected outcomes from approved CERF proposal

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

[13] Total in proposal was 18,400 due to a summing error.

[14] FFW activities were implemented by other donors. The action being a multidonor action.

levels			
Outcome	Indicator	Corporate target and performance measure	**Project target and data source**
Outcome 1.1: Improved food consumption over assistance period for target households	1.1.1 Food consumption score of households enrolled in the FFW programme[15]	Score exceeded the threshold for 80% of targeted beneficiaries.	**Target: Food consumption score exceeded 28 for target households** **Source: monitoring data**
Output	Indicator		
Output 1.1: Food distributed in sufficient quantity to target groups of women, men, girls and boys under secure conditions.	➢ Number of women, men, girls and boys receiving Nutrition food by category and as % of planned. ➢ Total of food transferred to beneficiaries, as % of planned.		
Objective 2: Improved nutrition status of vulnerable groups in Djibouti.			
Output	Indicator		
Output 2.1 Distribution of food and non-food items in sufficient quantity and quality to targeted women, men, girls and boys.	➢ Number of people receiving food and non-food assistance by activity and as % of planned beneficiaries. ➢ Tonnage of food distributed, by type, as % of planned distribution. ➢ Quantity of fortified foods, complementary foods and special nutritional products distributed, by type, as % of planned distribution. .		
Output 2.2 Distribution of adequate food in sufficient quantities and qualities to target moderate malnourished children (under five) and pregnant/lactating women in rural and urban area	➢ Quantity of fortified foods, complementary foods distributed, as % of actual distribution ➢ Quantity of fortified foods complementary food distributed, as% of planned distribution ➢ Number of beneficiaries (by gender /age groupe and type) receiving food assistance as % of planned beneficiaries ➢ Number of health centres/post assisted		
11. Actual outcomes achieved with CERF funds			
With this timely CERF contribution, 100 per cent of the targeted beneficiaries received their food entitlement, the nutrition activities			

[15] FFW activities were implemented by other donors. The action being a multidonor action.

were carried out through the health centres and 4,000 moderately malnourished children under five and 2,500 pregnant and lactating women were under treatment during the period covered by the CERF funding. In addition to that, 18,400 severely food insecure people leaving in the districts of Tadjourah and Obock received general food distribution for a period of two months.

In total: 4,000 Children under five; 9,246 female, 9,254 male. The total quantity of food procured by the contribution amounted to 612 MT of assorted commodities.

100% of the health centers were covered by the activity: In total, 44 health centers and 30 community centers.

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

In the original proposal, WFP was planning to procure 919 MT of assorted commodities, due to differences in commodity prices, with the CERF contribution WFP managed to procure only 612 MT of food. WFP used other contributions to complement the needs and procured the requested quantities to assist the planned targeted beneficiaries.

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

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

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
Normal M&E activities were carried out to inform on the outcome and output indicators. The activities financed by this grant are part of the on-going WFP activities to respond to the needs of the drought affected population.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WHO	5. CERF grant period:	23.10.2013-30.06.2014
2. CERF project code:	13-UF-WHO-064	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Health		☒ Concluded
4. Project title:	Responding to drought health needs and emergencies		

7.Funding				
	a. Total project budget:	US$ 2,365,301	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 263,680	▪ *NGO partners and Red Cross/Crescent:*	US$ 0
	c. Amount received from CERF:	US$ 263,680	▪ *Government Partners:*	US$ 0

Results

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

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	37,500	35,744	The number of beneficiaries had been planned according on the initial budget requested. However, for the execution of this project the totality of the funds has not been obtained
b. Male	37,500	33,730	
c. Total individuals (female + male):	75,000	69,474	
d. Of total, children under age 5	40,000	32,756	

9. Original project objective from approved CERF proposal

- Increase access to medicine and treatments for acute diarrhea and malaria outbreaks for affected population
- Monitoring epidemiological trends on outbreak prone diseases in drought affected areas
- Responding and controlling outbreaks of Acute watery diarrhea and malaria

10. Original expected outcomes from approved CERF proposal

- Access to the medicines for emergency health services for 75,000 population (mainly children and women) ensured for 6 months from October 2013-March 2014
- Malaria and acute diarrhea outbreaks detected and investigated within 72 hours
- Medicines and supplies stocks available in regions for outbreaks of malaria and diarrhea response

11. Actual outcomes achieved with CERF funds

- Access to the medicines for emergency health services given to 69,474 population (mainly children and women) for 6 months from October 2013-March 2014 achieved through the procurement and distribution of essential drugs for primary and secondary health care;
- Malaria and diarrhea outbreaks effectively detected and investigated within 72 hours thanks to the technical assistance provided for training of lab technicians, for diagnostic method of different species of malaria, for training of doctors on case management of simple and severe malaria, for the development of a response plan for the epidemic malaria. It implied also the procurement and the distribution of malaria basic kits and supplementary kits as well as awareness campaigns during outbreaks;
- Medicines and supplies stocks were effectively available in regions for outbreaks of malaria and diarrhea response with strong contribution from Technical assistance for distribution of essential drugs to selected health facilities.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
The number of beneficiaries had been planned according on the initial budget requested. However, for the execution of this project the totality of the funds has not been obtained; Because of the malaria outbreak, it was necessary to recruit national staff tor management, monitoring and coordination of the implementation of this project.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☒ NO ☐
If 'YES', what is the code (0, 1, 2a or 2b): 2a **If 'NO' (or if GM score is 1 or 0):**	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☒
An evaluation component was carried on the medicines component as part of the lessons learnt review on the malaria outbreak response. The coverage in services facilitated with logistic support to mobile clinics was internally monitored with reports from MOH teams. The malaria review took place in a meeting with all stakeholders from MOH and partners and resulted in the updating of the malaria outbreak contingency plan for 2014-2015. The report is attached.	EVALUATION PENDING ☐ NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	IOM	5. CERF grant period:	22.10.2013-30.06.2014
2. CERF project code:	13-UF-IOM-039	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Multisector		☒ Concluded
4. Project title:	Improving lifesaving capacities, Water, Sanitation, health care access for vulnerable migrants in Djibouti		

7.Funding				
	a. Total project budget:	US$ 5,831,500	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 647,588	▪ *NGO partners and Red Cross/Crescent:*	US$ 0
	c. Amount received from CERF:	US$ 170,023	▪ *Government Partners:*	US$ 0

Results

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

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	1,153	1,420	Due to the increase in adult migrants the target was exceeded by 23 per cent.
b. Male	1,847	2,279	
c. Total individuals (female + male):	3,000	3,699	
d. Of total, children under age 5	600	150	

9. Original project objective from approved CERF proposal

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

10. Original expected outcomes from approved CERF proposal

- Operational relief to the current strain on functional primary health care facilities, through distribution of essential drugs, strengthening of the referral system, raising awareness on communicable diseases, supporting fumigation campaigns: Extent to which disease outbreaks are controlled on the migration route for both migrants and local populations;
- Increase water coverage and reduce incidence of water related diseases through the rehabilitation of water points, sensitization on best water handling practices, distribution of chlorine for water treatment: per cent of increase in water coverage on the migration route;

11. Actual outcomes achieved with CERF funds

1) Outcome 1

- Operational relief to primary health care facilities of Obock, Tadjourah, and Dikhil, through distribution of essential drugs for case management were provided, including 1,562 ORS (Oral Rehydration Salt), and 1,578 soaps.
- 5,315 individuals, including 3,699 migrants, reached for improved health awareness and hygiene.
- 226 brochures and 54 posters in appropriate language disseminated to potentially affected populations.

- Facilitated health referral services provided to 321 vulnerable migrants including 74 females.
- 1,041 migrants (235 females) assisted with medical care.
- Increased awareness on communicable diseases and hygiene of various health partners and communities achieved, and coordination within this multi-sectorial response to disease outbreak is improved.
- Regarding the deadly malaria outbreak that started late 2013, capacity building for health staff and destruction of mosquito breeding sites are conducted at the entry point of Dikhil district. Supply of Malaria drugs and testing products are provided to Ministry of Health (MoH).
- 230 vulnerable migrants directly provided with emergency evacuation assistance to their country of origin.
- The precise extent to which disease outbreaks are better controlled on the migration route is not yet evaluated. However, the hospitals situated on the migration route informed that the above results and specifically the trainings and the provision of essential drugs helped them to respond appropriately to the influx of migrants in need and the outbreak of diseases, malaria in particular.

2) Outcome 2

- 7 water points have been rehabilitated along the migratory corridor in Dikhil, Tadjourah, and Obock, in collaboration with FAO.
- 50,950 chlorine tablets have been distributed to migrants and local community in order to decontaminate water
- As mentioned under outcome 1, sensitization on best water handling practices have been achieved through a total 264 health awareness outreach sessions for 5,315 individuals.
- To which extend the water coverage increased with the project can be estimated based on the number of water points needed according to the 2012 joint assessment made with national authorities. In 2012, 200 water points were considered needed. Since then, 17 were built, including 7 with the project. Therefore, the water coverage increased by 3.5 per cent with the implementation of this project.

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

NA

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

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

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
Evaluation report is being finalized and it will be shared as soon as ready.	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner*	Comments/Remarks
13-UF-CEF-123	Water, Sanitation and Hygiene	UNICEF	Ministry of Water	yes	GOV	$3,254	19-Jun-14	22-Jun-14	A total of US$3,254.23 were transferred to the partner, which means US$1,145.77 less than what had been originally planned (US$4,400). This difference is explained by the fact that the planned activity (supervision of project activities) could be done using less funds. The remainder was used to buy extra plastic barrels and jerrycans for the community of Garabitssan. Remark: The funds transfer to the partner was done only in June as during the previous months of project implementation, local suppliers were collecting jerrycans. Considering the local markets conditions, this process was relatively long. However, once all the material collected, it took only few days for the material to be distributed and for the project to be completed.
13-UF-CEF-123	Water, Sanitation and Hygiene	UNICEF	ACF	yes	INGO	$67,323	31-Dec-13	14-Nov-13	A total of US$67,323.27 were transferred to the partner, which means US$20,223.27 more than what had been originally planned (US$47,100). This difference is explained by the adjustment done in terms of activities, as explained in section 12. The rehabilitation of WASH facilities in health centres was done through ACF, reason why this partner has been allocated more funds.

13-UF-CEF-124	Nutrition	UNICEF	Ministry of Health	yes	GOV	$109,452	31-Dec-13	5-Jan-14	During the implementation the need to procure more nutrition supplies in order to avoid potential shortages of life saving products was highlighted by the Ministry of Health. Funds were therefore reallocated, and an amount of US$ 37,683.03 which was initially supposed to be transferred to the partner has instead been diverted to buy the necessary extra supplies. This is the reason for which the amount transferred to the partner was inferior to what was originally planned (US$147,135). However, this reallocation did not affect the planned activities, as other funds were used to ensure its implementation.
13-UF-HCR-058	Multi-sector refugee assistance	UNHCR	CARE Canada	yes	INGO	$63,828	10-Nov-13	10-Nov-13	

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ACF	Action Contre la Faim
CAP	Consolidated Appeal Process
CHW	Community Health Worker(s)
CMAM	Community Management of Acute Malnutrition
CSB	Corn-Soya Blend
EFSA	Emergency Food Security Assessement
FAO	Food and Agricultural Organization
FEWSNET	Famine Early Warning Systems Network
FTS	Financial Tracking System
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
HCT	Humanitarian Country Team
IOM	International Organization for Migration
IPC	Integrated Phase Classification
MDR-TB	Multi-Drug-Resistant Tuberculosis
MoA	Ministry of Agriculture
MoH	Ministry of Health
MT	Megaton
ORS	Oral Rehydrating Solutions
PoC	Population of Concern
RUTF	Ready-To-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SGBV	Sexual and Gender Based Violence
SMART	Specific, Measurable, Achievable, Realistic and Time-bound
TB	Tubercle Bacillus (Tuberculosis)
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization