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## **1. EXECUTIVE SUMMARY**

The United Nations Country Team in Djibouti is appealing for **USD 31,670,000** to support the Government of Djibouti to respond, in a consolidated approach over the next six months, to the current food and nutrition crisis aggravated by the soaring food prices.

The Republic of Djibouti is a disaster-prone, low-income, country with an estimated population of 720,000 people<sup>1</sup>. Over the last few years, the lack of rainfall and worsening drought have caused massive deaths amongst the livestock and a significant decline in milk production. The suffering caused by the decline was aggravated by the sharp increases in food prices since late 2007. These in turn severely compromised the food security, health and livelihoods of about 24,000 families or 120,000 people<sup>2</sup> (including about 36,000 sub-urban people most of them formerly semi-nomads) and 8,498 refugees and 20,000 asylum-seekers.

All joint assessments<sup>3</sup> conducted in the last four years indicate that pastoralist terms of trade have declined to disastrously low levels. Most of these people lost a majority of their livestock (40 – 70 percent). The remaining animals are in poor health mainly due to parasites and diseases, exacerbated by the lack of food and water. Pastoralists in Djibouti rely on their livestock for consumption and trade. As a consequence of the disastrous situation, their reduced income is dependant almost entirely on the health and productivity of their livestock.<sup>4</sup> When the animals die or are in poor condition, Djibouti's pastoralists are left with nothing to eat and very little to trade.

The resulting impact on this situation is worrying. The global acute malnutrition among children between 6 and 59 months is 16.8 percent reaching 25 percent in the North West region. The poorest are surviving on one meal a day in both rural and urban areas. Migrations of nomads to Djibouti were they settle without any infrastructure. Very poor diet due to high food prices and substantial reduction in remittances, one of the major incomes for the poorest.

The Djibouti UN country team received a CERF allocation of USD 2.6 million in February 2008 for emergency projects submitted by FAO,, WFP, WHO and, UNICEF. The grant allowed UN agencies, in close collaboration with the Government to initiate a humanitarian response in food aid, water and sanitation, nutrition, health and agriculture/livestock health. The initial responses had a life saving impact and, to some extent, prevented larger numbers of persons to seek to migrate from the most affected areas. But it has not yet triggered a decline of the prevalence of the acute malnutrition in the refugee camp at Ali Adde and throughout the country. *The emergency response plan to address the food and nutrition crisis should be understood as a continuation and strengthening of the CERF February 2008 allocation - to ensure the life-saving impact and a more inclusive approach with the Government and partners during the critical hot season from July to December 2008.*

Strategic priorities will include: i) improving the nutritional status of refugees and vulnerable rural populations by enlarging food distribution and increasing the coverage of the nutritional program in rural areas.; ii) improving the nutritional status of urban and sub urban populations by implementing a food/cash voucher programme.; iii)stabilizing the nomadic groups and preventing internal displacement and concentration of persons around the few remaining overstretched areas with pasture and water - by strengthening the water distribution and water retention networks.; iv) preventing further morbidity among the livestock by providing emergency livestock health care; v) strengthening the health systems at the national and regional levels for better responses to emergency situations; vi) addressing the medical needs and providing quality protection and assistance to refugees, asylum-seekers mixed with migrants and host communities in Djibouti.; vii) improving the logistics capacities by establishing a sub regional hub of 4000 M2.

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

<sup>2</sup> Republic of Djibouti, Ministry of Interior, Evaluation Report on the Consequences of Drought in the Republic of Djibouti, May 2008. April 2008 FEWS.NET early warning estimate is 90,000 without taking into account the urban population

<sup>3</sup> Joint assessment missions 27 October to 4 November 2004 and 21 to 25 March 2005 by ONARS, the UN World Food Programme (WFP) and the Famine Early Warning Systems (FEWSNET). Multisectoral evaluation, ONARS, February 2006. WFP and UNICEF assessment, December 2007.

<sup>4</sup> Reduced income has also affected the health situation. People use their money to buy food and truck water, delaying needed health services until it is too late. Waterborne illnesses increased with the decreased availability of safe water and malaria and pregnancy complications become deadly when coupled with malnutrition.

## **2. CONTEXT AND HUMANITARIAN CONSEQUENCES**

### **2.1 Context**

The global food security crisis caused by sharp increase in food commodities during the last three years has deeply affected Djibouti. Coupled with the absence of the coastal rains during the normal season from October to February. These turned a recurrent pattern into a humanitarian crisis in Djibouti. During the past decades, the frequency of drought has been increasing with shorter recovery rainy periods, resulting in a more intense impact on vulnerable populations.

Situated in the Horn of Africa, the Republic of Djibouti has an estimated population of around 720,000 people<sup>5</sup> including 8,498 registered refugees and an estimated 20,000 asylum-seekers and mixed migrants, out of whom about 70 percent are living in the capital. The country occupies a highly strategic position at the Detroit of Bal El Mandeb separating the Red Sea and the Indian Ocean. At the closest point it is separated by 12 kms across the Gulf of Aden from Yemen. Djibouti has an arid tropical climate with very low annual rainfalls on most of the territory (between 50 and 300 mm per year, (see figure 2).

Besides its international port which serves land-locked Ethiopia and to some extent Somalia, Djibouti has few economic opportunities and unemployment is high (estimated 60 percent in the capital). The primary sector only accounts for 3-4 percent of GDP making the country a large net importer. Services (including the port) account for more than 80 per cent. Manufacturing is relatively limited due largely to high energy prices and limited natural resources. The country is very arid, only three percent of the land is suitable for farming. 80 per cent of food commodities are imported, mainly from Ethiopia. Although its GDP growth has been higher than demographic growth since 2003 (5 per cent against 3 per cent), those gains have been wiped out by inflation (7 per cent in 2007).

Pastoralism has been the most efficient land-use option until recently. Traditionally, most Djiboutians are nomadic pastoralists, but due to years of adverse climatic conditions as well as national border limitations, their mobility and access to resources have been restricted. Most of the nomadic populations are no longer pastoralists and at present, about 85 percent of them live in urban or sub-urban areas without proper sanitary and economic infrastructures. Those remaining in rural areas heavily depend on family members living in the capital and on remittances from abroad.

According to the 2007 UNDP Human Development Report, Djibouti is ranked 149 out of 177 countries. Seventy-four percent of the population lives in relative poverty, on less than USD 3.00 per day. Infant and juvenile mortality rates are very high at 67 and 94 per 1,000 live births respectively. The maternal mortality rate is 546 per 100,000 live births.

Up to 49.1 per cent of people in rural areas do not have access to a protected source of drinking water. Out of these, at least 30 per cent resort to unprotected sources that do not conform to minimum sanitary requirements. Only 18.1 per cent of households in rural area have latrines.

The current world food crisis worsens the situation of vulnerable groups in the country; decreasing drastically their, already limited, purchasing power. Furthermore, with an unemployment rate of 60%, the traditional mechanism of family solidarity that assures social balance is threatened. In May 2008 Djibouti has ranked 2 on the World Bank watch list (after Haïti) for food insecure countries with high probability of social unrest.

### **2.2 The humanitarian situation**

The current humanitarian crisis in Djibouti is the result of the increasing food prices on the global market, reduced purchasing powers and the resulting inability of the population to feed itself. Coupled with this is the below average rainfalls in 2005, 2006 and 2008 (less than 50 per cent of the normal average since September 2007). The lack of rainfall and worsening drought conditions has caused deaths of large numbers of livestock and a significant decline in milk production. This decline was aggravated by the sharp increases in local food prices since 2007 (20 per cent above average). These in turn severely compromised the food security, health and livelihoods of about 24,000 families

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<sup>5</sup> 2008 estimate by the Ministry of Interior. The last national census dates back to 1984.

or 120,000 people<sup>6</sup> (including 8,498 refugees 20,000 asylum-seekers and about 36,000 sub-urban people most of them formerly semi-nomads).

All joint assessments<sup>7</sup> conducted with representatives from the Government of Djibouti and UN agencies in the last four years indicate that trade among pastoralists has declined to disastrously low levels. Most of these people have lost a majority of their livestock (40-70 per cent). The remaining animal population is in poor health - mainly due to the prevalence of parasites and diseases, exacerbated by the lack of food and water. Pastoralists in Djibouti rely on their livestock for consumption and trade. Consequently, their income is dependant almost entirely on the health and productivity of their livestock.<sup>8</sup> When the animals die or are in poor health, Djibouti's pastoralists are left with nothing or little to eat and very limited elements to trade.

The few remaining pastures are overgrazed and rural populations have a tendency to regroup around wells or boreholes which are still functioning or around town centers in the hope of getting material support from the Government or humanitarian assistance from international organizations.

The resulting negative impact on health is particularly worrying and indicators are declining steadily. The last nutritional survey in October/November 2007 showed an alarming low level of malnutrition: a global acute malnutrition (GAM) rate (weight/height) for children between 6 and 59 months at 16.8 per cent, and the severe acute malnutrition (SAM) at 2.4 per cent. In some regions in the north west region of the country, the GAM prevalence rate is higher than the national average reaching 25 per cent. This is an alarming level by any standard, and largely exceeds the critical threshold of 15 per cent as defined by WHO.

Table 1 – Nutrition Survey 2007 (PNN/MS, DISED, UNICEF, PAM):

	N <sup>9</sup>	Global (< -2 Z-score)		Moderate (< -2 and >=-3 Z-score)		Severe (<-3 Z-score)	
		n	Prevalence (%)	n	Prevalence (%)	n	Prevalence (%)
Wasting (P/T)	501	84	16.8	72	14.4	12	2.4
Under weight (P/A)	482	161	33.4	122	25.3	39	8.1
Stunting (T/A)	468	102	21.8	73	15.6	29	6.2

Three areas are particularly critical: the Southeast Pastoral Zone, Roadside Sub-Zone and Northwest Pastoral Zone (see Figure 3, malnutrition survey 2007). In these areas livestock conditions are deteriorating rapidly, and some families have already lost their entire herds. Other income generating activities, such as the collection and sale of firewood and production of charcoal have intensified, resulting in unfortunate environmental consequences. Major water catchment areas are completely dry forcing people to walk dozens of kilometres to fetch water around the remaining wells. Pasture is

<sup>6</sup> Republic of Djibouti, Ministry of Interior, Evaluation Report on the Consequences of Drought in the Republic of Djibouti, May 2008. April 2008 FEWS.NET early warning estimate is 90,000 without taking into account urban population (check exact date/figures).

<sup>7</sup> Joint assessment missions 27 October to 4 November 2004 and 21 to 25 March 2005 by ONARS, the UN World Food Programme (WFP) and the Famine Early Warning Systems (FEWSNET). Multisectoral evaluation, ONARS, February 2006. WFP and UNICEF assessment, December 2007.

<sup>8</sup> Reduced income has also affected the health situation. People use their money to buy food and truck water, delaying needed health services until it is too late. Also, waterborne illnesses increase with the decreased availability of safe water and malaria and pregnancy complications become deadly when coupled with malnutrition.

<sup>9</sup> weighted sample from 3635 children from 6 to 59 months

fully depleted and limited browse is providing the sole source of food for animals. Milk sales, a main source of income for this population, are limited.

Poor urban populations, usually former pastoralists or urban refugees, are badly hit by soaring food and energy prices (most families rely on kerosene for cooking and lighting). Even in those sub-urban areas, most families are reducing meals to 2 or 1 a day and are sharing increasingly overburdened health and education infrastructures.

The influx of refugees from Somalia increased in 2008 due to the deteriorating security situation in the central and south of the country. About 100 persons per week are crossing the main border at Loyada (between Somaliland and Djibouti) seeking asylum in Djibouti.

Since January up to end June, 2,580 new arrivals from South/Central Somalia have been registered by UNHCR, the peak being in February with 1,100 persons. The continuous flow of asylum-seekers from Somalia brought the total number of refugees hosted in Djibouti up to 8,498 persons. At the same time hundreds of new arrivals from the Ogaden region in Ethiopia are arriving every week. Some stay with host families while others try to fend for themselves. The growing number of the refugee population in Ali Addeh, asylum-seekers in Djibouti and migrants have increased the pressure on the scarce food supplies and natural resources and, thus, contributing to dramatic consequences as there is not enough for those in need.

The limited availability of natural resources such as domestic fuel supplies, shelter materials for refugees and the local populations is a major challenge for UNHCR and its partners in Djibouti. The refugee camp is located in an environmentally fragile area where fuel wood, building material, sanitation infrastructure and water are scarce. These cause hardship to the refugees in general and to women and young girls in particular. Women and young girls travel many hours every week in the inhospitable and hazardous environment in search of firewood.

An unknown number of persons are heading to sub-urban areas of the capital, joining already impoverished family members.

### **2.3 The proposed humanitarian response**

Djibouti UN country team has received a CERF allocation of 2.6 million USD in February 2008 for emergency projects submitted WFP, UNICEF, WHO and FAO. It has allowed the initiation of a humanitarian response in food aid, water and sanitation, nutrition, health and agriculture/livestock health. 55,000 persons are currently receiving food aid (due to pipeline break, only most affected populations in the north-West area receive full rations). Acute malnourished children are being treated in the most food insecure rural areas (mainly North-West pastoral zone including Tadjourah and Dikhil districts). 55 existing traditional wells have been deepened and sealed to benefit 20,000 people and water trucking is reaching 30 locations for 15,000 affected people.

The Government of Djibouti has instituted policy measures designed to relieve the high food prices: taxes on agricultural inputs, basic food commodities and petrol (kerosene used for cooking have been suspended. Special loans are offered to those investing in agro-forestry and limited food assistance has been granted to the National Union of Djibouti Women (UNFD) for some of the most vulnerable urban poor families.

The World Bank is funding 25 new water boreholes and wells in Obock, Tadjourah, Dikhil, Arta and Ali Sabieh districts for a total of 6.3 million USD.

Joint field visits have been carried out from February until May to all districts by the Government body in charge of disasters - the Office for Assistance to Refugees and Disaster Victims (ONARS), WFP, UNICEF and the Famine Early Warning System (FEWSNET).

An inter-ministerial committee on drought chaired by the Prime Minister has been setup by Presidential decree in May 2008 and 4 technical units have been created (led by their respective technical ministries). The Ministry of Interior has released end of May an "*Evaluation Report on the Consequences of Drought in the Republic of Djibouti*" appealing for international mobilization and

support as the current situation exceeds its capacity to tackle with drought and the high prices affecting its vulnerable citizens.

The OCHA Regional Support Office for Central and East Africa has fielded one Humanitarian Affairs Officer to give technical assistance to the consolidated Government-UN response plan.

Such initial responses have had a life saving impact (fatality rate of severe malnutrition below 5 per cent in hospitals) and, to some extent, have prevented further long distance migrations in the most affected areas. But it has not yet triggered the decline of acute malnutrition prevalence. ***The Djibouti drought emergency response plan should be understood as a continuation and strengthening of the CERF February allocation to ensure a longer life saving impact and more inclusive approach with Government partners during the critical hot season (July - December 2008).***

The strategic priorities to be addressed are:

1. Improving the nutritional status of refugees and vulnerable populations by enlarging food distribution and increasing the coverage of the nutritional program
2. Stabilizing the nomadic groups and preventing internal displacement and concentration of persons around the few remaining overstretched areas with pasture and water - by strengthening the water distribution and water retention networks.
3. Preventing further morbidity among the livestock by providing emergency livestock and health care.
4. Strengthening the health system at national and regional levels for a better response to emergency situations.
5. Addressing the medical needs and providing quality protection and assistance to refugees, asylum-seekers mixed with migrants and host communities in Djibouti.

### **3. EMERGENCY RESPONSE PLANS**

#### **3.1 Health and Nutrition**

Thanks to CERF funds, WHO has provided its response targeting four main areas of intervention:

- ✳ Strengthening of mobiles teams
- ✳ Community involvement
- ✳ Drugs supply (Diarrheal diseases kits and the water testing kits)
- ✳ Strengthening of the decentralization process at the regional level

The logistical and technical support provided through CERF funds enabled the mobile teams to improve delivery of health care services in the districts (especially for vulnerable populations such as pregnant women and children under five), operational activities of the mobile teams have been increased providing a better range of outreach activities. The innovative approach of “health toukoulis” (health tents) is another tool that was set up in remote areas where health facilities are not available in order to improve health services of such vulnerable population

The community involvement was such a great achievement involving the local communities in the response process such as early detection and referral of cases and contribution to awareness and social mobilization activities

The diarrheal diseases kits purchased through CERF funds enabled the mobile teams and medical staff of district hospitals to respond timely to the cholera outbreak that affected several locations of the country; In addition the water testing kits allowed health authorities to ensure a better surveillance of drinking water.

The decentralization process was strengthened by involving the regional authorities in the decision making and management of the different health problems targeted by CERF funds (Cholera, malnutrition and other communicable diseases)

The lessons learned from previous CERF experiences highlighted

- ✱ The need to continue strengthening of mobile teams activities especially given the increasing demand of the population due to the ongoing drought crisis, high risk of malnutrition and communicable diseases
- ✱ The importance to strengthen the health systems with necessary drugs in order to respond to priority health problems
- ✱ The referral system needs strengthening due to inaccessibility, unavailability of adequate health services in remoter areas and in some situations patients need to be evacuated to the unique reference hospital located in the capital
- ✱ The decentralization process needs to be sustained for a better management of major health problems
- ✱ The community involvement has shown great results through previous CERF experiences and need to be sustained.

In the last three months (April to May), the nutrition interventions supported by the CERF have permitted to reach an estimated 2.370 children<sup>10</sup> under five years old affected by malnutrition, through both the management of acute malnutrition case in 19 therapeutic units (called UNTA) in health center and 31 supplementary feeding center (UNS) in health posts, and through direct contacts in most affected communities. The case fatality rate during the first semester (percentage of children severely malnourished received in UNTA that are dying) is equal to 5.26 per cent during the first semester.

The direct contact with communities has been the result of the reorganization of the nutrition program in order to reach a maximum of children, using both the delivery of food by WFP to communities to combine with the screening of malnourished children with MUAC and the delivery of Ready-To Use Food (plumpy nut) to malnourished children. A total of 21 communities in the most remote affected areas of the regions of Dikhil, Ali-Sabieh and Tadjourah were visited and a total of 1.230 children were screened among which 314 malnourished children (96 acute, 218 moderate) received an adapted dose of RUTF.

The extension of activities in UNTA was obtained through the creation of 5 new UNTA put in place during this period in Djibouti-city (Ibrahim Balala, Balbala 1, PK 12) and Tadjourah (Dorra, Assa Gayla), that increase the number of children severely malnourished taken in charge. The local associations in the area of these centers were also involved especially in the sub-urban areas of Djibouti-city (Ibrahim Balala, Arhiba, Hayableh, Balbala 1 et 2, PK 12) and in the other health districts (Arta, Dikhil and Ali-Sabieh) to undertake the screening of children and the sensitization of parents.

In parallel, the number of people involved in the nutrition program was increased (from 4 to 15) and also the number of supervision, using also these contacts to train people on the management of the program. The communication component was also implemented with the development of an image card for educational activities to be used in UNTA and also at the community level, and other communication materials (especially TV and radio programs and spots on Nutrition) to be broadcasted in the next months.

Despite these interventions, the coverage remains insufficient because less than 38 per cent (compared to 30 per cent before CERF intervention) of under 5 children suffering from acute malnutrition are currently treated in the existing centers or covered by direct contacts or community-based interventions. This implies a need to increase the coverage of community-based interventions in order to reach a larger number of children.

The problems encountered were due to the lack of capacity of the national nutrition program and a lack of integration of nutrition activities within health activities. Even if the number of people recruited in the program was increased, there is a lack of decentralization of the national program in the regions. For that reason, an advocacy was made and the decision to deploy the staffs of the program in the health districts was taken: one will represented the program in the two northern health districts (Tadjourah and Obock) and another one in the two southern health districts. Those new staffs will organize the nutrition interventions at district level in this emergency situation, especially working for

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<sup>10</sup> The number of children under five living in affected area was estimated to 25,000 in CERF proposal, on which 25% could be malnourished. Then, the achievement is estimated to 38% (2.370/6.250).

the integration of the management of malnutrition within the activities of Health system and for the training of health staffs, community workers and local association members in Nutrition.

#### *Response strategy*

As part of a package of interventions aiming at rapid improvement of food and nutrition situation, the Ministry of Health will strengthen and scale up the management of acute malnutrition countrywide, and specifically in the most affected zone by malnutrition (specifically the regions of Tadjourah and Dikhil, a part of the region of Ali-Sabieh and Obock, and the most poor sub-urban areas in Djibouti-city) for an estimated number of 120,000 people, with about 22,000 children under five and about 60,000 women (on which the pregnant and lactating women will be targeted).

The management of children malnutrition will be made through the combination of the management by health workers in health structure (both types of UNT and UNS centers) and through a community-based approach. The community-based approach will be developed through the identification of a place in the most affected communities where the nutritional rehabilitation and nutritional education activities will be implemented. Community workers will be trained in order to detect child malnutrition, to provide Ready-to-Use Therapeutic Food (i.e. plumpy nut) for malnourished children and to have educational discussions with mothers and stimulation activities with children. They will receive a minimum package of materials for these activities.

In addition to that, a strong communication component will be added in order to promote healthy practices to prevent child illnesses and child malnutrition (hygiene promotion, prevention and management of diarrhea and infections especially for children) through media and traditional folk's communication. This component will be implemented jointly with the Health sector.

The strengthening of storage capacity and the improvement of logistics from the central to the community level, and also the support to mobile teams at the regional level in order to combine the provision of basic health services to manage child illnesses with malnutrition management are also central for the success of the project and will be made jointly with the Health sector.

The monitoring and evaluation component will be strengthened, through the support to supervision and the conduct of a nutritional survey at the end of the year, in order to measure the progress made and the level of malnutrition in the affected areas. This survey will be made jointly with the food security survey planned by WFP.

#### *Role and responsibilities of stakeholders*

The implementation of the nutrition and health component will be made by the ministry of Health. A technical health and nutrition coordination mechanism will be put in place and will benefit from the technical support of WHO and UNICEF.

The Ministry of Health will give more responsibility to health districts teams to carry out health and nutrition related emergency interventions as this approach was initiated with CERF funding provided last March 2008 for life saving interventions. UN agencies will ensure that all emergency interventions are integrated at operational under the leadership of the decentralized institutions lead by technical and administrative authorities.

Where possible, the community-based approach will be developed building on existing opportunities. The food distribution made by WFP will continue to be an opportunity for the screening of children in new communities and to monitor the nutrition and health activities.

### **3.2 Food aid**

#### *Response strategy*

Six months of general food distribution (GDF) from July through December to save lives and allow pastoralists to recover from the shocks are needed for a total of 80,000 rural people.<sup>11</sup> This year WFP received an EC contribution which will cover three general food distributions in the summer period

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<sup>11</sup> Government data and results from a joint assessment conducted by WFP and FEWSNET on the impact of the drought and the high food prices.

(July-September).<sup>12</sup> Additional three months distributions (October-December) will be needed for pastoralists in rural areas. Furthermore, food/cash voucher distribution for six months will be needed for 35,000 vulnerable groups living in urban and semi-urban areas of Djibouti, due to the high food prices, to allow most vulnerable people to meet their daily food requirements.

#### *Role and responsibilities of stakeholders*

WFP will ensure distribution throughout the country in close collaboration with the Ministry of Interior and Decentralization, ONARS, the prefects and the intersectorial technical committees on risks and catastrophes managements at district levels. Joint interventions with key partners will be pursued to ensure beneficiaries will get the necessary means to cope with the situation. In urban areas, WFP will act in close collaboration with UNDF (Union Nationale des Femmes Djiboutiennes).

### **3.3 Agriculture and livestock**

Pastoralism is an economic and social system that incorporates highly refined resource management, productivity, trade and social welfare mechanism. The arid and semi-arid areas occupied by pastorals constitute the greater proportion (90 per cent) of the Djibouti's landmass.

Animal husbandry, 90 per cent of which consists of nomadic pastoral activities, constitutes the main economical activities of the farming sector. The majority of the livestock displaces itself permanently to search for the pastoral resources where they exist. It is the only fashion of raising that permits to escape constraints due to lack of pasture and to assure the survival of the herds.

The year 2008 was especially catastrophic because it broke the precarious cycle or traditional coping mechanism of nomadism that used to allow herds to survive in agricultural areas. As a result of the devastating scope of the drought this year, the entire farming population (150.000 people) was in a situation of famine and many livelihoods of breeders were damaged after having lost most of their livestock.

The past CERF funds has allowed FAO to support the ministry of agriculture, livestock and sea in charge of hydraulic resources to response to the drought emergency through: (i) the development of 32 ha small agro pastoral farms; (ii) improvement of animal health conditions and (iii) improvement of the availability of water to the pastoralists and their animals in Dora region (rehabilitation of 4 under ground cisterns and construction of 6 new cisterns with 100m3 capacity for each).

Based on the satisfactory results from the CERF projects, it will be necessary to extend those experiences to potential regions countrywide. The project on agriculture and livestock presented in this document constitutes an important contribution to reduce the current impact of the drought and to be prepared for the next one. The project will target 400,000 animals countrywide and will permit the provision of veterinary services and food for livestock in order to better to contain the impact of the drought on animal health.

### **3.4 Water and sanitation**

Water and sanitation are not a new problematic for the Republic of Djibouti in general and in the rural areas in particular. Over the recent years, a number of experts have clearly highlighted the scarcity of water in this semi-desert country of the horn of Africa; a scarcity mainly due to poor quality water and difficult access to available resources essentially abstracted from groundwater (more than 95 per cent). There is not a single perennial stream in country. When the too rare rains do occur, they regularly give life to untamed seasonal rivers, which pour almost untapped tremendous quantities of water in the Red Sea through well known –and by now feared, since the 2004 major floods, “oued flooding”.

As per latest survey up to 49.1 per cent of people in rural areas do not have access to a protected source of drinking water out of which at least 30 per cent resort to unprotected sources not conform to minimum sanitary requirements. For sanitation, only 18.1 per cent in rural area has latrines within / attached to their house.

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<sup>12</sup> Previously foreseen for a total number of 55,000 beneficiaries.

Fluctuating rainfall and the occurrence of drought are intrinsic features of arid and semi-arid lands such as the Djiboutian territory. During the past decades, the frequency of drought has been increasing with shorter recovery periods, resulting in a more intense impact on vulnerable populations.

The main Findings from the 2008 current drought are: (i) the water level is feared to go further lower making it more difficult to extract with the already limited capacity; (ii) The nomadic pattern of life forces them to move with their animals where water and grazing is available with short stay at each place because of the limited water supply in each area; (iii) the costs of water trucking operations ongoing are equal to or more than the cost of developing permanent sources; and (iv) in many locations, the physical-chemical quality of water is irrevocably not up to recommended WHO standards.

During the last six months, the CERF funding has allowed UNICEF in collaboration with the government partner to provide water and sanitation emergency assistance to 45,000 of the worst-affected people in the rural areas out of which 25,000 people through water trucking. To date, UNICEF has completed: deepening of 55 existing traditional shallow wells equipped with hand pumps and the construction of 5 under ground cisterns for water collection. The water and sanitation coordination group has played an active role in fostering partnerships particularly in water monitoring quality, where the cluster ensured that both ministry in charge of water and ministry of health are conducting joint mission to ensure the provision of safe water to the population.

Considering the current drought situation and the dire needs of the affected populations, the proposed project will continue focusing on affected people in countywide in urgent need of trucking water, rehabilitation of existing schemes and the drilling as well as the development of water sources. Hygiene promotion and sanitation interventions in order to ensure prevention of the occurrence and spread of diseases and infections resulting from the unavailability of these basic services will be given due attention.

### **3.5 Multisector**

Based on the ongoing trends of increasing numbers of arrivals of asylum-seekers coming from south and central Somalia and from the Somali region of Ethiopia (Ogaden) in addition to addressing the needs of long staying refugees in Djibouti, UNHCR and its partners have planned for 20,000 beneficiaries. Coordinated efforts will be combined to provide multi-sectoral interventions for persons of concern to UNHCR.

One glaring need is to provide shelter to persons of concern to UNHCR: the last major distribution of tents to refugees was 10 years ago. A growing number of new arrivals are forced to stay in make-shift shelters for months on end until better shelter is available in the camp. 500 tents recently arrived but more are needed and 500 more will be ordered if the budget is revised upwards. With the focus on the construction of a reception centre, now underway at Loyada, reinforced registration, status determination, profiling of the needs of the new arrivals, and medical screening on arrival will all help the authorities and UNHCR to fulfill their commitments under national and international law. At the same time, improved shelter and self-reliance activities (including vocational training) will be offered to help improve the living conditions.

Increasing multi-sectoral assistance to address obvious Protection gaps, to ameliorate the conditions of stay for Somalis (making them more humane and sustainable for as long as may be necessary), while helping the Government to build a functioning National Eligibility Bureau – will go a long way to provide protection and eventually save lives. Efforts to identify durable solutions for refugees in Djibouti will continue simultaneously.

### **3.6 Early Recovery**

Early in 2007, taking into consideration the fact that a large part of the population doesn't benefit from the economic growth registered during the past four years, the President launched the "Initiative Nationale pour le Développement Social (INDS)" that aims to:

1. promote access to basic services ;
2. restructure the national production system to create necessary and sufficient jobs and reduce unemployment ;

### 3. assist people who are in higher vulnerability

The INDS, as the second generation of PRSP, will ensure inclusivity and pro-poor growth. Two institutions were set up within the implementation of INDS: “Agence Djiboutienne de Développement Social (ADDS)” and “Agence Nationale pour l’Emploi et la Formation et l’Insertion Professionnelle (ANEFIP)”. These institutions will strengthen government response by focussing on revenue creation/redistribution through job opportunities, community empowerment and improvement basic social services.

The current world food crisis worsens the situation of vulnerable groups in the country; decreasing drastically their, already limited, purchasing power. Furthermore, with an unemployment rate of 60%, the traditional mechanism of family solidarity that assures social balance is threatened. In addition, the food crisis will endanger MDGs achievement.

### **3.7 Coordination and Support Services**

At present the Djibouti government lacks a structure in charge of coordination and meets the needs for sustainable management of drought. During recent years the government has become aware that disasters prevention and management should be handled from development perspectives. The government is also conscious of the fact that to achieve sustainable development within the country there is an implicit need to link drought mitigation, food security, and environmental protection as its primary objectives in managing drought and other disasters. According to the Loi N°140/AN/06/05<sup>e</sup>, the Ministry of Interior and Decentralization is the only institution able to declare catastrophic situation. Therefore, it is a necessity to support the government in putting in place mechanisms of coordination on one hand and in developing tools that can help ensuring better management of disasters.

A presidential decree n°2006/1992 adopted in July 2006 has set up the the institutional framework to coordinate national, regional and international efforts for risks and disaster management. The institutional measures comprise

- Establishment of an inter ministerial committee to manage risks and disasters under the leadership of the Prime Minister in charge of coordination of all governmental actions
- Establishment of a technical committee to manage risks and disasters under the chairmanship of the Ministry of Interior
- Establishment of regional committees to manage risks and disasters. These committees are assigned the role of relaying responses and mitigation actions at the regional level
- Establishment of an executive secretariat to manage risks and disasters which is namely in charge of resource mobilisation, disaster preparedness, relief operations.

An other body in charge of also delivering relief is the Office National d’Assistance aux Réfugiés et Sinistres (ONARS). Its functioning is hampered by an inadequate and insufficient logistic capacity and weak management. The overall existing government capacity for the delivery of the necessary assistance to the affected population is extremely weak.

Despite the setting of the above structures through the decree, no progress has been noticed. There is a need to strengthen the established structures for an effective disaster management. The government needs capacity building in terms of training of personnel and the provision of logistic resources to assist in responding to the current drought emergency through better planning and coordination. In the short term there is also a need to work on global policy and structures that will address the problem of drought mitigation and other catastrophes through the creation of a disaster preparedness plan,

However, the government, at this time, lacks the financial resources and managerial capacity. Improving coordination and overall planning for disaster mitigation would require resource mobilization efforts and partnership support to enable the establishment of policy forums and structures that will be effective in mitigating drought and other catastrophes through the integration of disaster management into national planning.

## **4. ROLES AND RESPONSIBILITIES**

This joint appeal has been developed under the leadership of the Minister of Interior and the UN Resident Coordinator. There has been a unprecedented participation of technical senior staff from sectoral ministries namely the ministries of health, agriculture, livestock and sea in charge of rural hydraulic, ONARS (Office National pour l'Aide aux Réfugiés), The Red Crescent, UNFD (Union Nationale des Femmes Djiboutiennes). UN agencies have participated in a proactive manner in supporting the national counterparts to develop the projects.

Implementation of the response to drought, food and nutrition crisis will be carried out by various agencies from the United Nations Country Team in Djibouti in partnership with the Government technical ministries.

Lead agencies have been appointed for the various clusters/sectors as follows:

- UNDP: General coordination (with the inter-ministerial committee on drought)
- UNICEF: Water and Sanitation and Nutrition (with Ministry of Health, National Nutrition Program for the nutrition component and with the Ministry of Agriculture, Livestock and Sea for the Water and Sanitation Component).
- WFP: Food aid and logistics (with Ministry of Interior, UNFD and ONARS).
- WHO: Health (with Ministry of Health).
- FAO: Agriculture and (with the Ministry of Agriculture, Livestock and Sea)
- UNHCR: Protection and shelter (with Ministry of Interior and ONARS)

In overall, the sectoral ministries will implement the various components of emergency response with the technical support of UN agencies which has relevant national and international expertise. In areas in which this expertise is not available, UN agencies will recruit international consultants to fill the gaps. Local associations and NGOs will be used for implementation in areas in which they have comparative advantages.

<b>STAKEHOLDER</b>	<b>CONTACT ADDRESS</b>
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United Nations Food and Agriculture Organization (FAO)	"Haribou, Ali (FAODJ)" < <a href="mailto:Ali.Haribou@fao.org">Ali.Haribou@fao.org</a> >
National Union of Women of Djibouti (UNFD)	General Secretary
National Office for Assistance to Refugees and affected populations (ONARS)	<i>Elmi Ahmed Mahamoud</i>
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## **ANNEX I – ACRONYMS AND ABBREVIATIONS**

ONARS – Office National pour l'Assistance aux Réfugiés et aux Sinistrés.

UNFD – Union Nationale des Femmes Djiboutiennes.

MAEMRH – Ministère de l'Agriculture, de l'Elevage et de la Mer, Chargé des Ressources Hydrauliques.

## **ANNEX II. PROJECTS**

### **1. Coordination**

<b>Appealing Agency(ies)</b>	<a href="#">UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP)</a>
<b>Project Title</b>	Strengthening national capacity for the management and coordination of responses to drought and other natural disasters
<b>Project Code</b>	
<b>Sector or cluster</b>	Institutional and capacity building for disaster management
<b>Objective</b>	Strengthening national management and coordination capacity
<b>Beneficiaries</b>	Ministère de l'Intérieur, Secrétariat Exécutif de gestion des risques et de catastrophes,
<b>Implementing Partner(s)</b>	UNDP/Ministry of Interior and Decentralization
<b>Project Duration</b>	July – December 2008
<b>Funds Requested</b>	\$ 437 700
<b>Contact:</b>	<a href="mailto:mathieu.ciowela@undp.org">mathieu.ciowela@undp.org</a>

### **Needs**

Djibouti is facing the consequences of rain shortages in 2005, 2006, and 2008. These have heavily affected replenishment of water catchments and the regeneration of pastures compromising livelihoods and food security of the rural households. This situation has been aggravated by sharp increase of the food prices since 2007 (20 per cent on the average). It is believed that about 24.000 families or 120.000 people are affected (including 36.000 in sub-urban areas) of which 20 per cent are children with severe malnutrition. As a result the government declared a drought emergency and requested international assistance. . In general with regard to disasters management in Djibouti, there are number of constraints which are: limited technical capacities, weakness in coordination of responses, lack of dialogue and weak involvement of stakeholders, inexistence of an early warning system, lack of data, absence of operation or contingency plan.

Despite the setting up by a Presidential decree in may 2006 of the “Comité Interministériel de gestion des risques et catastrophes”, the above constraints remain unsolved and hamper any action to mitigate disasters impact. The decree also sets other structures and defines their role. However nothing has been done. The project will address the above constraints with particular focus on the strengthening and putting in place coordination mechanisms mentioned in the decree. The project also will build national capacity in order to ensure better management of disasters responses and reducing risks and vulnerability.

### **Activities**

Following activities will be implemented:

- Strengthening national and local mechanisms of coordination (training and technical support, sensitization and promotion of dialogue and consensus building on disaster management)
- Developing a decision tool in order to prevent and to manage risks and disasters.
- Elaboration of a national strategy and plan to mitigate the impact on drought and other natural disasters;
- up-dating national legislation and strengthening institutional structures at the national and regional levels so as to be more effective in managing risks and disasters; and
- Organize training courses and promote community awareness raising programmes.
- Advisory support through technical assistance to the government
- Setting up an early warning system (regular collection of data, survey, analysis and dissemination, web site and satellite imagery)
- Designing a vulnerability mapping;
- Networking and dissemination of lessons learnt.
- Monitoring and evaluating responses.

## Outcomes

- Impacts of disasters will be reduced
- ORSEC ( Organization de Secours ) system in place and responses to disaster are better managed, coordinated et implemented; a culture of prevention, planning, reporting will be anchored
- Disasters management capacities at national, local and communities level are strengthened
- Strengthening the coping mechanism of the rural populations through demonstration projects
- Greater involvement of all stakeholders and development partners

<b>BUDGET BREAKDOWN</b>	
<b>Budget Items</b>	<b>US \$</b>
A. Staff (Technical assistance and advisory support)	100 000
B. Inputs :	
Immediate support ( reporting, data gathering , situation reports)	60 000
Short term support ( training, IEC, stakeholders )	70 000
Informatics' and communication equipments	50 000
Pilote community response	80 000
Nation wide training and sensitization	50 000
Administrative cost	28 700
<b>TOTAL</b>	<b>437 700</b>

## 2. Food Aid

<b>Appealing Agency</b>	<b>WORLD FOOD PROGRAMME (WFP)</b>
<b>Project Title</b>	PRRO 10544 "Food Assistance to Refugees and Vulnerable Groups"
<b>Project Code</b>	
<b>Sector or cluster</b>	FOOD AID
<b>Objective</b>	To save lives and improve the nutritional status of the most vulnerable groups in rural and urban areas in the next year
<b>Beneficiaries</b>	TOTAL: <b>149,000</b> (80,000 in rural areas and 55,000 in urban areas, including 5,500 beneficiaries in health centres, and 8,500 refugees) Women: 76,500
<b>Implementing Partner</b>	Ministry of Interior and Decentralization; ONAR; Union National des Femmes Djiboutiennes (UNFD)
<b>Project Duration</b>	July 2008 – December 2008
<b>Funds Requested</b>	<b>\$ 11 106 162</b>
<b>Contact:</b>	<a href="mailto:Benoit.Thiry@wfp.org">Benoit.Thiry@wfp.org</a> , WFP Representative <a href="mailto:Giorgia.Testolin@wfp.org">Giorgia.Testolin@wfp.org</a> , Head of Programme

## Needs

Pastoral food security is deteriorating and pastoralists' coping mechanisms are stretched to the limit due to recurrent rain seasons' failure. They started to reduce the number of daily meals from three to two/one. They lost about 50-60 per cent of their livestock, which is no longer their first source of revenue. In addition, their food basket is becoming more and more homogenous due to the lack of animal products (meat and milk). Difficult access to water hampered the already difficult situation for this vulnerable group. Furthermore, they cannot rely regularly on remittances from family members living in town due to the high food prices of food commodities. Pastoralists started migrating toward the capital to cope with the situation.

Prices of staple foods in Djibouti have increased constantly with staple food costs currently at 46 per cent above the five-year average in Djibouti city.<sup>13</sup> This is highly affecting the purchasing power of poor households. FEWSNET emphasized that the total expenditure basket is 63 per cent above the lowest paid salaries in urban areas<sup>14</sup> and it estimates that 55,000 people are in need in of food assistance in urban and semi-urban areas due to the high food prices which do not allow them to satisfy their daily food requirements.

Lastly, the refugee caseload in the refugee camp of Ali-Addeh is now at 8,500 refugees, with an increased of about 2,000 refugees coming from central and southern Somalia arrived in the first semester of 2008 due to the conflicts in the region.

## Activities

- To save lives and allow vulnerable people to recover from the shocks, three months<sup>15</sup> of general food distribution are needed, providing full ration to 80,000 people living in rural areas highly affected by drought and high food prices, and six months of food/cash voucher distribution for 55,000 people (FEWSNET data) living in urban and semi-urban areas of Djibouti town.
- Health centers of Djibouti town and districts will be assisted with take-home rations for under five malnourished children and pregnant and lactating women, for a total of 5,500 beneficiaries.
- Monthly general food distribution for 8,500 refugees settled in Ali-Addeh camp.

## Outcomes

- Maintain and improve nutritional status of drought victims and vulnerable groups, through timely provision of food in sufficient quantity for vulnerable people.
- Reduce and/or stabilize acute malnutrition among vulnerable groups (under five children, pregnant and lactating women).
- Reduce and/or stabilize acute malnutrition among refugees, through timely provision of food in sufficient quantity for vulnerable people.
- Reduce migration to cities by assisting affected population in their location of origin and increase their coping mechanisms by implementing food for work project as reforestation, agro pastoral perimeter including dates trees and establishing district buffer stocks.

<b>BUDGET BREAKDOWN</b>	
<b>Budget Items</b>	<b>US\$</b>
<b>Cost A Staff Costs</b>	943 570
<b>Cost B Direct Operational Costs</b>	
Purchase of food (10,709 mt of food commodities/average price of 650 \$ per mt)	6 998 332
External transport	931 683
Internal transport	1 356 937
Other direct operational costs	149 069
<b>Sub-total Direct Operational and Support Costs</b>	<b>10 379 591</b>
ISC (7 per cent)	726 571
<b>TOTAL</b>	<b>11 106 162</b>

<sup>13</sup> Since 2007 all prices have shown a steady upward trend. For example, vegetable oil increased by 68% and wheat flour by 82% between January 2007 and April 2008. Source: FEWSNET, 2008.

<sup>14</sup> FEWSNET, 2008.

<sup>15</sup> Four months for rural general food distribution can be covered by a received contribution from the European Commission and USAID.

### 3. Nutrition

<b>Appealing Agency</b>	<b>UNITED NATIONS CHILDREN FUNDS (UNICEF)</b>
<b>Project Title</b>	Case management of malnutrition and improvement of the nutritional status of children and mothers
<b>Project Code</b>	
<b>Sector or cluster</b>	<b>Nutrition Sector</b>
<b>Objective</b>	The main objective of the project is to improve the management of moderate and severe acute malnutrition for children and women, enhancing the coverage and the community based approach, and improve infant and young child feeding
<b>Beneficiaries</b>	120,000 people; Children: 25,000; Women:20,000 (pregnant and lactating)
<b>Implementing Partner(s)</b>	Ministry of Health, UNICEF, Local associations, NGOs
<b>Project Duration</b>	July – December 2008
<b>Funds Requested</b>	<b>1,395,280</b>
<b>Contact:</b>	Dr Ahmed, Head of National Nutrition Program, Ministry of Health Dr Sagbohan, Nutrition Specialist, UNICEF / <a href="mailto:asagbohan@unicef.org">asagbohan@unicef.org</a>

#### Needs

It urges to strengthen the nutrition activities and enhance the coverage of the supplementary and therapeutic feeding interventions countrywide taking into account children under five years old, pregnant and lactating women, and improve the household food security.

#### Activities

- Improvement of the screening of moderate and acute malnutrition throughout the health facilities and at the community level using mobile units, community workers and community associations; on this issue UNICEF will have a close collaboration with WHO;
- Improvement of the management of moderate and severe malnutrition among children and women throughout the health facilities and at the community level taking, with provision of therapeutic milk, drugs and materials, monitoring and supervision;
- Promoting infant and young child feeding with an emphasis on the development of local recipes using food locally available;
- Control of micronutrient deficiencies throughout micronutrient supplementation and promoting the consumption of fortified foods;
- Training of health and community workers for the screening and management of moderate and severe malnutrition;
- Strengthening the capacity of mobile units and community associations for the screening and management of moderate and severe malnutrition at community level;
- Improving social mobilization and communication methods for nutrition education of the population, focusing mainly on food and nutrition best practices for mothers;
- Organizing a national nutrition survey at household level, jointly with the food security survey, in order to evaluate the malnutrition prevalence among children under 5.

#### Outcomes

- Increase from an estimated coverage of 30 per cent to 60 per cent of under five children severely malnourished taken in charge at health facilities and at community levels ;
- Reduction of the fatality rate of severe acute malnutrition treated in hospitals below 5 per cent;
- Improvement of infant and young child feeding, and household food security;
- Improvement of micronutrient status for children and pregnant and lactating women

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>\$</b>
Staff costs	184,000
Inputs costs (malnutrition case management, infant and young child feeding, supplies, improvement of storage capacity of MoH, training, social mobilization)	1,090,000
Administration costs	121,280
<b>Total</b>	<b>1,395,280</b>

## 4. Water and Sanitation

<b>Appealing Agency</b>	<b>UNITED NATIONS CHILDREN FUNDS (UNICEF)</b>
<b>Project Title</b>	WASH response in vulnerable areas
<b>Project Code</b>	
<b>Sector or cluster</b>	<b>Water and Sanitation Sector</b>
<b>Objective</b>	The main objective of the project is to assist the affected men, women and children in vulnerable areas through provision of safe water supply, adequate sanitation and hygiene education.
<b>Beneficiaries</b>	TOTAL: 75,000 people
<b>Implementing Partner(s)</b>	Ministry of Agriculture, Livestock and Sea in Charge of Hydraulic Resources, UNICEF
<b>Project Duration</b>	July – December 2008
<b>Funds Requested</b>	<b>4,253,348</b>
<b>Contact:</b>	asidibahah@unicef.org (WASH specialist, UNICEF)

### Needs

During the 2008 first semester, the CERF funding has allowed UNICEF in collaboration with the government partner (the Ministry of Agriculture) to provide water and sanitation emergency assistance to 45,000 of the worst-affected people in the rural areas out of which 25,000 people through water trucking. Considering the current drought situation and the dire needs of the affected populations, the proposed project will continue focusing on affected people in countywide in urgent need of trucking water, rehabilitation of existing schemes and the drilling as well as the development of water sources. Hygiene promotion and sanitation interventions in order to ensure prevention of the occurrence and spread of diseases and infections resulting from the unavailability of these basic services will be given due attention.

The project would be a very good opportunity to keep pushing for more sustainable ways and innovative manners to try and look for to give Djiboutian a chance to address the underlying causes for these recurrent droughts.

### Activities

The specific activities that have to be undertaken to achieve the project objectives are: (i) a comprehensive assessment study; (ii) providing regularly 30 locations with safe water through provision of water-trucking assistance; (iii) rehabilitation and/or construction of 100 existing traditional wells, 20 under ground cisterns for domestic use and watering stock, 25 new wells and 15 new boreholes equipped with hand pumps or solar energy; (iv) supply of 1000 plastic barrels, to assist in establishing water security at the home and facilitate clean use of water; (v) support the Ministry in charge of water with experts in drilling, electro mechanic and geophysics' domains to support the ministry's staffs in the operation of studies and drilling activities; and (vi) Develop and implement IEC material for WASH skills and practices

The activities are tailored to achieve the objective of reinforcing local authority capacity to meet the demands of the communities and to respond to their needs while providing them with the mechanisms to sustain interventions. These target groups will be enabled to ensure community-driven decision making at all levels of planning, implementation and management of WASH systems, with technical assistance provided for low cost, easily maintainable infrastructure, resulting in increased access to sustainable water and sanitation.

### Outcomes

The expected outcomes are to provide 55,000 people with safe water supply, adequate sanitation and hygiene education.

<b>BUDGET BREAKDOWN</b>	
<b>Budget Items</b>	<b>US\$</b>
Staff	430,000
Inputs (Rehabilitation of rural water supply and sanitation infrastructure, water trucking, hygiene promotion)	3,545,000
Administration	278,348
<b>TOTAL</b>	<b>4,253,348</b>

## 5. Human Health

<b>Appealing Agency</b>	<b>WORLD HEALTH ORGANIZATION (WHO)</b>
<b>Project Title</b>	Emergency health response to the food security crisis in Djibouti
<b>Project Code</b>	
<b>Sector or cluster</b>	Health
<b>Objective</b>	To reduce the health consequences of emergency, disasters, crises and conflicts, and minimize their social and economic impact
<b>Beneficiaries</b>	285 000
<b>Implementing Partner</b>	Ministry of Health
<b>Project Duration</b>	July – December 2008
<b>Funds Requested</b>	<b>1.330.000 USD</b>
<b>Contact:</b>	Dr Tyane Mostafa, WHO representative

### Needs

Parts of Djibouti continue to experience food security crisis with subsequent avoidable mortality and morbidity from acute malnutrition and associated co-morbidities in marginalized segments of the population.

The border conflict between Eritrea and Djibouti escalated in recent weeks worsening food security conditions for rural and urban poor households already having to cope with high prices and the ongoing drought in Djibouti.

Even without the conflict, conditions droughts, high food prices, limited food availability and high rates of acute malnutrition put the estimated population at risk of food insecurity at 285000 people, or 45 per cent of the total population (FEWS-NET 20June 2008). Of this amount, 155000 people (including 25000 malnourished children) require immediate emergency food assistance. Persistent border conflict is likely to increase the number of people in need.

The WFP and UNICEF assessment conducted in December 2007 estimated that acute malnutrition rate has risen to 33.4 per cent in 2007 from 28.9 per cent in 2006 and chronic malnutrition rate has risen marginally to 21.8 per cent in 2007 from 20.6 per cent in 2006.

Experience from past emergencies clearly attests an alarming mix of co-morbidities on the ground i.e. malnutrition and communicable diseases (acute diarrhea, acute respiratory infections, tuberculosis, skin infections, etc) which, if remained unchecked, can significantly exacerbate disease burden and mortality, especially in children under 5 years of age. Therefore, curative health care should be added in the minimum care package of mobile teams in order to avoid further deterioration of the health of this population.

The CAP will enable UN Agencies UNICEF, WFP, FAO, and WHO to implement short-term projects in order to prevent further increase in and reduce the acute malnutrition caseload and to improve the outcomes for malnourished individuals. WHO will seek to improve the management of severe acute malnutrition and mitigate the impact of communicable and epidemic-prone diseases on the nutritional status and overall mortality and morbidity among semi pastorals and nomads as well as the rural population in the periphery of the five districts and suburb areas in the district of Djibouti City.

Through the CAP, WHO will also strengthen the mobile teams and ensure the availability in medicines for the mobile teams (rural and semi urban population) and the emergency care in district hospitals, this will lead into a better health care of the malnutrition and it's complications and contribute in reducing the impact of direct expenses on the economic and health situation of the poor and vulnerable population; These populations are already considerably weakened by the high levels of malnutrition; any adverse event in this epidemic-prone region may lead to significant loss of life

### Activities

- ✳ Field activities for emergency response
- ✳ Early detection and referral of malnourished cases as well as other cases suffering from consequent diseases
- ✳ Operational activities of mobile teams

- ✳ Health care quality in six reference district hospitals
- ✳ Social mobilization towards malnutrition and other related diseases
- ✳ Availability of medicines for mobile teams and emergency rooms of district hospitals
- ✳ Strengthening of health system for a better response to emergency situations

## Outcomes

- ✳ Prompt and adequate response to malnourished cases and to other related diseases
- ✳ Early detection of malnourished cases and referral system improved
- ✳ Operational activities of mobile teams in the 5 districts increased
- ✳ Health care quality in six reference district hospitals and mobile teams improved
- ✳ Community awareness and involvement increased towards malnutrition and other related diseases through a multi sectoral and decentralized social mobilization action plan
- ✳ Impact of direct expenses reduced particularly for poor and vulnerable population
- ✳ Capacity of health system reinforced (to respond to emergency and crisis situations)

<b>BUDGET BREAKDOWN</b>	
Budget Items	US\$
<b>Cost A Staff Costs</b>	13 000
Travel cost	30 000
Recruitment of one international staff	45 000
Vehicle for supervision activities	
<b>Cost B Direct Operational Costs</b>	
Operational cost for mobile teams	110 000
Purchase of 7 IHEK kits	188 000
Purchase of 2 cholera treatment kits	14 000
Purchase of 6 4x4 vehicles to reinforce and extend the mobile teams operations	150 000
Purchase of 5 ambulances (2 for the northern part and 3 for the southern parts)	350 000
Purchase of 5 ambulances (2 for the northern part and 3 for the southern parts)	50 000
Social mobilization (Radio-TV sport and broadcasting)	140 000
Community based, early detection and referral	42 000
Support to the project implementation by recruitment of 6 national staff	15 000
Decentralized training on emergency preparedness and response	30 000
Monitoring and evaluation (by the central level)	
Sub-total Direct Operational and Support Costs	1177000
Admin cost	153000
<b>TOTAL</b>	<b>1330 000</b>

## 6. Animal Health

Appealing Agency	<b>Food and Agriculture Organization of the United Nations (FAO)</b>
Project Title	<b>Mitigation response against drought</b>
Project code	
Sector	<b>Livestock</b>
Objective	<b>To improve livestock owners' access to quality services and goods to enhance the health and productivity of their animals.</b>
Beneficiaries	
Implementing Partners	<b>Ministry of Agriculture, Livestock and Sea, local communities, FAO</b>
Project duration	July – December 2008
Funds requested	<b>Us \$ 4,645,940</b>
<b>Contact:</b>	Ali Haribou, FAO Representative

## Needs

Animal husbandry, 90 per cent of which consists of nomadic pastoral activities, constitutes the main economical activities of the farming sector in Djibouti. The majority of the livestock displaces itself permanently to search for the pastoral resources where they exist. It is the only fashion of raising that permits to escape constraints due to the lack of pasture and to assure the survival of the herds.

However, the occurring droughts have accentuated the imbalance between the available water resources and enhanced needs of agro pastoral communities and their livestock. This crisis situation reduces drastically the livestock production and the pasture and also increases the vulnerability of pastoralists which are now in emergency situation.

As a result, the morbidity of livestock in 2008 was as high as over 50 per cent and animal production as well as its market value was greatly reduced.

The proposed project targets 400,000 animals countrywide through: (i) provision of animal foods; (ii) improvement of the livestock health situation; and (iii) improvement of pasture within the regions where the rainwater can be easily harvested.

The project would be a very good opportunity to keep pushing for more sustainable ways and innovative manners to try and look for to give Djiboutian a chance to address the underlying causes for these recurrent droughts

## Activities

The project provides assistance to breeders in building capacity in basic livestock health care and support to the Government Institution in the implementation of the project by concentrating of the following activities: i) undertake a study to have a clear diagnosis livestock situation coupled with a brief census; ii) provision of animal foods; iii) improvement of livestock health situation; iv) development of rainwater harvesting for fodder production; v) organization of regional livestock market; vi) information, education and communication campaigns towards bleeders; vii) training of livestock breeders in recognising illnesses and in taking prophylactic measures to prevent contraction of illnesses.

## Outcome

The weakened livestock productivity is improved which will lead to increase nutritional level of bleeders.

<b>BUDGET BREAKDOWN</b>	
<b>Budget Items</b>	<b>US \$</b>
Staff	42,000
Inputs (provision of animal foods, development of rainwater harvesting for fodder production, livestock health, monitoring and evaluation)	4,300,000
Administration	303,940
<b>TOTAL</b>	<b>4,645,940</b>

## 7. Agriculture

Appealing Agency	Food and Agriculture Organization of the United Nations (FAO)
Project Title	<b>Mitigation response against drought</b>
Project code	
Sector	Food Security and Livelihoods
Objective	To increase food production by promoting agro-pastoral activities
Beneficiaries	agro-pastoral families in drought affected areas
Implementing Partners	Ministry of Agriculture and the local communities, FAO
Project duration	July- December 2008
Funds requested	Us \$ 1,833 330
Contact:	Ali Haribou, FAO Representative

## Needs

The drought situation has caused a great reduction of ground water levels in many agricultural sites. As a result, most wells in farming areas operate with minimal water supply. In addition to the climatic conditions, these areas have limited water distribution capacity as irrigation networks are in poor conditions. This resulted in the current drought in extremely low production level, whereby the income of farmers has been greatly reduced creating difficulties in acquiring seeds and agricultural tools.

The present project will support the development of 50 hectares small agro-pastoral plots (between 2 to 5 hectares by plot) which will be implemented around the water points equipped with solar energy in order to provide fodder crops and limit the alleviation of agriculture due to the drought.

Responses from the last CERF projects have proved better results and need to be continued to address the underlying causes for these recurrent droughts

Due to the particularly unfavourable climatic situation, the only way to use agricultural land is by the utilization of deep phréatiques waters. At present there are around 1500 farmers that are installed on the oueds' terraces distributed on 80 agricultural sites in the country.

## Activities

The goal of this project is to provide to the agricultural cooperatives and their members the capacities to recover from the severe loss of purchasing power by: i) provision of Provision of agricultural inputs (seeds and agricultural tools); ii) Development of about 50 ha agro- pastoral units in appropriate drought affected areas; iii) extension services and training of beneficiaries; and iv) monitoring of production activities.

## Outcomes

- Fodder production in agro- pastoral units will complement animal feeding in concerned areas;
- Vegetables and fruits production will enhance nutritional states of beneficiaries, especially vulnerable groups (Women, elder and children);
- Diversification of income for pastoralist households.

<b>BUDGET BREAKDOWN</b>	
<b>Budget Items</b>	<b>US \$</b>
Staff	15,000
Inputs	1,694 444
Administration	123,886
<b>TOTAL</b>	<b>1, 833 330</b>

## 8. Protection and multi-sectoral assistance for refugees and asylum-seekers

<b>Appealing Agency</b>	United Nations High Commissioner for Refugees (UNHCR)
<b>Project Title</b>	Protection and multi sectoral assistance for refugees and asylum-seekers mixed with migrants in Djibouti.
<b>Sector</b>	Protection
<b>Objective</b>	Provide quality protection and assistance to refugees and asylum -seekers in Djibouti
<b>Beneficiaries</b>	20,000 persons (12,000 refugees and 8,000 asylum-seekers) mixed with migrants and host communities
<b>Implementing Partners</b>	ONARS Office National d'Assistance of Réfugiés et Sinistrés. MUHEAT Ministère de l'Urbanisme, de l'Habitat, de l'Environnement et de l'Aménagement du Territoire. AMDA Association Medical Doctors of Asia. APEF Association pour la Protection et de l'Epanouissement de la Famille. UNESCO United Nations Educational, Scientific and Cultural Organization.
<b>Project duration</b>	July - December 2008
<b>Funds requested</b>	USD 2,514,622.00
<b>Contact:</b>	Ms Ann ENCONTRE, UNHCR Representative

## Needs

Responding to the identified needs, it is intended that activities will address the problems relating to refugees and mixed migration in Djibouti. The basis of the problem is threefold: refugees, many of whom have been in the country for almost two decades, the continuous in-flow of new arrivals from South Somalia and also from the Somalia region of Ethiopia (Ogaden), and mixed migration movements.

The Government has traditionally taken an open-door approach to Somalis, accepting them as refugees on a *prima facie* basis but this is starting to become a serious burden for a country which is among the least developed in the world. The national asylum-seeker reception mechanisms are fragile and do not guarantee full respect for the basic human rights of the populations (absence of immediate medical assistance; absence of shelter and food for the people waiting to be screened.).

In addition to the Somalis, there are hundreds of irregular arrivals every month, notably Ethiopians who use Djibouti both as a transit and as a destination country. These arrive as part of a mixed asylum and migration movement. The majority vanishes avoiding the authorities for fear of being detained and deported by the security forces, others are hosted by relatives and host communities. There are no strategies in place to differentiate between economic migrants and asylum-seekers/refugees (persons with protection needs). As UNHCR is not routinely given access to these groups and no reception centre exists, it is difficult to estimate the numbers that arrive.

The Government claims that over 20,000 Ethiopians and a similar number of Somalis are permanently settled in the country with host communities without legal status while several hundred others arrive or transit through the country every month.

In late 2007, the Government started to implement stricter measures on the north coast of Djibouti (Obock and Khor Hangar usually used as transit hubs to Yemen and farther a field to Gulf Arab States and Europe) and at the main border entry points to control the influx of new arrivals.

Due to several years of poor rainfall, all six districts in the country have been severely affected by drought with high rates of malnutrition especially among children but also amongst refugees, asylum-seekers and vulnerable adult populations. Remote rural areas and persons who are not registered as refugees or asylum seekers in urban areas suffer from poor medical coverage and community services' assistance.

Based on the ongoing trends of increasing numbers of arrivals of asylums-seekers coming from south and central Somalia as well as the Somali region of Ethiopia (Ogaden), UNHCR and its partners have planned for 20,000 beneficiaries.

The budget is designed to cover all sectors: including amounts foreseen for shelter (1,000 tents/ USD262,000.), the extension of the existing water facilities at Ali Addeh refugee camp and near by villages in Ali Sabieh District, health (international procurement of medicines and medical supplies), a vehicle to replace the old one that is used in the camp and equipment for the new health center). NFIs (non-food items) coming from Liberia will provide savings in the originally planned budget. Sector O is increased by \$ 126,045.00 to cover training for the authorities, (border officials, police), new staff at ONARS' Eligibility Commission and UNHCR's new recruits (national UNVs).

## Activities

The planned activities are built around creating the momentum for the implementation of a comprehensive approach in the areas of protection, advocacy, security from violence and exploitation, as well as improving delivery in the education, health and sanitation sectors, and resource mobilization. Some specific activities include: capacity building: establishment of a National Eligibility Bureau (NEB) and a National Eligibility Commission (NEC); improving reception facilities and assistance to refugees and asylum seekers at the main entry point at Loyada border. Increasing the delivery of assistance to address the Protection gaps is designed to ameliorate the conditions of stay making them more humane and sustainable for as long as may be necessary.

## Outcomes

- Ensuring that UNHCR and its partners engage effectively in addressing the needs arising from food insecurity for refugees, asylum-seekers and mixed migrants.
- Redressing the conditions which give rise to irregular movement by providing better living conditions for 800 refugee families with special needs in the camp and 800 asylum-seekers host families in Djibouti town and other urban areas.
- Improved primary health care at the health centre in the camp and in urban areas.
- Strengthened HIV/AIDS protection monitoring, response and reporting scaled up prevention, care and support treatments / interventions for persons of concern to UNHCR;
- Extension and improvement of the Ali Adde Refugee Primary school
- Reduced abuses of human rights – issuance of individual refugee identity cards
- Promote self-reliance (Improve and strengthen socio-community assistance to prepare refugees for self-sufficiency)
- Enhanced access to durable solutions for refugees and asylum-seekers (Repatriation for 600-1000 persons from Somaliland. Securing resettlement for 250 cases and local integration for remaining groups will be emphasized).
- Provide IGAD with a UNHCR secondment to work closely on harmonization of regional mechanisms to address refugee issues.

<b>BUDGET BREAKDOWN</b>	
<b>Budget items</b>	<b>US \$</b>
A- Food	52,599
B- Transport/Logistics	204,746
C- Domestic Needs	89,972
D- Water	175,000
E- Sanitation	28,249
F- Health/Nutrition	625,480
G- Shelter/Other Infrastructures	264,000
H- Community Services	145,198
I- Education	294,689
M- Forestry	50,000
O- Protection /Legal Assistance	126,045
P- Agency operational support	458,644
<b>TOTAL</b>	<b>2, 514,622</b>

## 9. Income generating activities

Appealing Agency	<b>UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP)</b>
Project Title	Strengthening capacities to develop income generating activities
Project code	
Sector	Community empowerment
Objective	Strengthen capacities to develop income generating activities
Beneficiaries	Vulnerable groups in urban and rural areas (youth, elderly, handicapped, women and nomads)
Implementing Partners	Government and decentralised public entities, civil society, UNDP Secrétariat d'Etat chargé de la Solidarité Nationale
Project duration	July – December 2008
Funds requested	USD 1.498.000
<b>Contact:</b>	<a href="mailto:mathieu.ciowela@undp.org">mathieu.ciowela@undp.org</a>

## Needs

In Djibouti, poverty is widespread with 42% of the population living in absolute poverty and 74% living in relative poverty. Recently, living conditions have been worsened by droughts and the global food crisis. Furthermore, a high unemployment rate, estimated at about 60%, threatens the traditional mechanism of family solidarity. Unemployment rates are particularly high amongst particular groups,

such as the youth, women, handicapped and the elderly; Nomads are faced with severe reductions in income and food production as a result of the droughts.

In Djibouti, the increase in food prices over the past three years is estimated to have led to an increase in extreme poverty from 40% to 54%<sup>16</sup> and an aggravating the vulnerability of population who are facing to drought. World Bank provides grant in order to compensate taxes reduction on food grains, but this action should be accompanied with a direct support to vulnerable and most affected people in order to improve their purchasing power. Therefore, there is an urgent need to assist the most vulnerable in setting up and develop income generating activities.

The Djiboutian economy being strongly services oriented, the project will promote pilot activities to diversify the economy and to boost productivity. Peri-urban and rural populations will be the primary beneficiaries of this project that allows to increase their income and to improve their living conditions.

### Activities

- Providing small grants and/or micro credit to people strongly affected by the food shortages and inflation
- Rapidly identifying, promoting and financing viable economic activities adapted to the local context
- Providing training and technical support for people setting up a micro enterprise
- Strengthening local institutions in their role of promoting economic development

### Outcomes

- Social stability assured and a favourable environment for local development created
- Revenues of vulnerable groups increased, and thus food security and access to basic social services improved
- Unemployment rates of vulnerable groups reduced
- Capacities to deliver services in favour of local economic development strengthened

<b>BUDGET BREAKDOWN</b>	
Budget Items	<b>US \$</b>
Staff	200.000
Inputs (small grant, micro-credit scheme, productive equipments, training)	1.100.000
Operations/travel/field mission	100.000
Administration costs	98.000
<b>TOTAL</b>	<b>1.498.000</b>

## 10. Income generating activities

<b>Appealing Agency</b>	<b>WORLD FOOD PROGRAMME (WFP)</b>
<b>Project Title</b>	UN Logistics hub
<b>Project Code</b>	
<b>Sector or cluster</b>	Logistics
<b>Objective</b>	Rapid delivery of UN goods for Djibouti and the region
<b>Beneficiaries</b>	
<b>Implementing Partner</b>	
<b>Project Duration</b>	6 months
<b>Funds Requested</b>	
<b>Contact:</b> <span style="color: yellow;">NEW!</span>	Belkacem Machane, Head of Logistics, WFP

### Needs:

UN agencies are facing delays in procuring and clearing goods for the region. Since Djibouti is the main entry for Ethiopia and Northern part of Somalia and considering the transport time to get the

<sup>16</sup> World Bank : G8 Summit ; Double Jeopardy : Responding to high food and fuel prices. July 2008.

needed items in the region, an emergency stock is essential to ensure a quick and effective reaction in the region.

**Activities:**

With 4000 M2 storage capacity, UN agencies will be able to have an emergency stock in a secured and accessible space. Forwarding and clearing process will be improved; accountability and availability will facilitate the operational planning

**Outcomes:**

- Reduce the UN reaction time
- Improve logistics coordination
- Reduce operational cost

<b>BUDGET BREAKDOWN</b>	
<b>Budget Items</b>	<b>\$ (for 2008 only)</b>
<b>Cost A Staff Costs</b>	
Cost B Direct Operational Costs Infrastructure building and Equipments	2 500 000
Sub-total Direct Operational and Support Costs	
ISC (7%)	175 000
<b>TOTAL</b>	<b>2 675 000</b>