ANNUAL REPORT
ON THE USE OF CERF GRANTS
DJIBOUTI

Country	**Djibouti**
Resident/Humanitarian Coordinator	**Hodan A. Haji-Mohamud**
Reporting Period	**1 January 2010 – 31 December 2010**

I. Summary of Funding and Beneficiaries

Funding	Total amount required for the humanitarian response:		US$	38,999,338
	Total amount received for the humanitarian response:		US$	6,692,647
	Breakdown of total country funding received by source:	CERF	US$	2,999,757
		CHF/HRF COUNTRY LEVEL FUNDS		US$
		OTHER (Bilateral/Multilateral)	US$	3,692,890
	Total amount of CERF funding received from the Rapid Response window:			US$
	Total amount of CERF funding received from the Underfunded window:		US$	2,999,757
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:	US$	2,951,757
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):		US$
		c. Funds for Government implementation:	US$	48,000
		d. TOTAL:	**US$**	**2,999,757**
Beneficiaries	Total number of individuals affected by the crisis:			120,000 individuals
	Total number of individuals reached with CERF funding:			120,000 total individuals
				At least 25,000 children under 5
				At least 40,000 females
Geographical areas of implementation:		Rural areas across the country Particular attention to the North West (Dikhil, Tadjourah, and Obock regions) and the South East (Ali Sabieh and Arta regions) Peri-urban areas of Djibouti Ville		

II. Analysis

Overview of the Humanitarian Situation

In January 2010, a Food Security Alert issued by FEWSNET warned that continuing below average rainfalls were leading towards a spike in food insecurity for vulnerable groups and concluded that 100,000 people in rural areas be in need of emergency assistance. This alert followed the devastating impact of below average rainfalls (less than 50 per cent of normal) in 2005, 2006 and 2008.

Insufficient rainfall has had a direct, life-threatening impact upon the most vulnerable, in terms of depletion of water reserves, deterioration of livestock health and milk production, death of livestock and the resulting destruction of livelihoods and sources of income, and disease and health consequences including malnutrition. These consequences are interrelated and mutually reinforcing.

In addition to the drought, two additional factors led to heightened vulnerability. Firstly, increasing violence and instability in South-Central Somalia had resulted in increasing numbers of asylum seekers entering Djibouti. In 2009 alone, the number of refugees in the Ali Addeh refugee camp had risen from 9,000 to 12,000. Secondly, food prices remained significantly higher than pre-2008 levels, when international food staple prices soared. It should be noted that the country's resistance to international food price fluctuations is weak due to the fact that practically all food products are imported.

In order to obtain more precise data on the consequences of the deteriorating situation, the Government, assisted by UN agencies, conducted a Rapid Assessment of the Impact of Drought in Rural Areas in February 2010. The Assessment Report, published in April 2010, estimated that 120,000 people in rural areas were affected and required humanitarian assistance, representing 50 per cent of the rural population[1] and 15 per cent of the total population[2]. The worst-affected rural dwellers were pastoralist nomads and semi-nomads. It was concluded that priority sectors requiring an emergency response were food, health, nutrition, water (including hygiene and sanitation) and animal husbandry/agriculture. Rural areas across the country, as well as peri-urban areas of Djibouti Ville where many of those fleeing the countryside had settled, were considered priority zones, with particular emphasis on the North West (Tadjourah and Dikhil regions) and the South East (Ali Sabieh and Arta regions).

Specifically, the Rapid Assessment reported the following:

- Pastoralists had lost 70-80 per cent of their livestock over the past four or five years.
- Staple food prices remained well above pre-2008 levels in markets across the country, with higher prices further away from urban areas. This confirmed findings by Emergency Food Security Assessments (EFSA) conducted by WFP in 2009 (May in rural areas, October in Djibouti Ville).
- There had been a rise in communicable diseases such as diarrhoeal diseases, tuberculosis and pulmonary infections, and there was a threat of epidemics including acute water diarrhoea. Many children had not received any vaccinations.
- 20 per cent of children under five (25,000 children) were suffering from acute malnutrition, including six per cent suffering from severe acute malnutrition. These figures were in line with findings of an MSF-Switzerland nutritional survey in Djibouti Ville conducted in July 2009. They showed a marked increase in malnutrition rates since the most recent nutritional survey, conducted in October-November 2007 by the Ministry of Health, with support from UNICEF and WFP.
- Watering and grazing sites were being over-exploited in an unsustainable manner. Certain areas remained dependent on water trucking, while others required it as local water sources had been exhausted.

[1] 240 226 total rural population, National Census, 2009.
[2] 818 159 total population, National Census, 2009.

In light of the alarming humanitarian situation and insufficient levels of funding, the Government of Djibouti decided to launch a Humanitarian Appeal. A certain delay was expected however before the Appeal launch and for resources to be mobilized. Given this funding gap, the UN Country Team (UNCT) decided to seek funding through the CERF Underfunded Emergencies grant window.

Added Value of CERF to the Humanitarian Response and Outcomes

CERF funding came at an important time in 2010. As mid-year approached studies demonstrated the continued worsening of the effects of recurrent drought, funding levels remained insufficient, and though the preparation of a Humanitarian Appeal was underway, a delay was expected before launch and resource mobilization. Furthermore, the lean season (May to September) had begun, leaving vulnerable groups in a critical position. CERF funding, most of which was disbursed in July and August, helped to fill crucial gaps in the humanitarian response during this lean season.

In light of the key sectors of humanitarian need identified in the Rapid Assessment of February 2010, CERF funding was put towards food aid, emergency health services (including treatment for malnutrition and reproductive services), treating and regenerating ailing livestock and pastures, and ensuring access to protected sources of water.

CERF funding helped to strengthen the overall humanitarian response by allowing for the implementation of the most urgent live-saving activities in priority sectors. Rapid disbursement of funds ensured that projects were quickly implemented.

- CERF funding helped to avoid a break in distribution of food rations for 33,000 vulnerable drought-affected people, including 5,610 children under five and 18,480 women. Considering the lead time needed for international purchase, the planned distribution of one and half months worth of food assistance for 44,000 rural dwellers could not take place before the end of the year. 1,128 metric tons (MT) (10-WFP-050) and 65 MT (10-WFP-060) of mixed food commodities were purchased on the international market through a bidding process and were delivered to Djibouti between 7 October and 15 December 2010. It should be noted that on average, once a grant is received by WFP, the purchasing, shipping and distribution of food commodities takes approximately four months. WFP is currently distributing CERF food (284 MT distributed so far) to 33,000 drought affected beneficiaries under general food distribution in rural areas. The beneficiary caseload has been revised from 44,000 for 1.5 months (CERF proposal, lean season) to the current caseload of 33,000 people for two months. The revision was a result of the Emergency Food Security Assessment (May 2010) which recommended a seasonal assistance pattern covering 60,000 drought-affected beneficiaries during the lean season and 33,000 for the rest of the year. As regards outcome indicators, the Food Security Monitoring System (FSMS) report of December 2010 highlights a deterioration of the food security situation in rural areas. The percentage of households with a “poor” food consumption score (FCS) increased from 32 per cent in May 2010 (EFSA) to 50 per cent in December 2010. In addition, the percentage of households devoting more than 60 per cent of their total expenditure to food rose from 70 per cent to 84 per cent during the same period. Deterioration of the overall food security situation was due to the combined effects of four consecutive years of drought, negatively impacting on livelihoods, and high food prices (above the five year average).

- 21,000 children under five and 20,000 pregnant women received nutrition assistance and treatment, ensuring that 70 per cent of malnutrition cases were treated. Fatality rates from severe acute malnutrition decreased to 1.8 per cent while the recovery rate increased from 60 to 68 per cent. In some cases the National Women’s Union (UNFD) was contracted to carry out community-level malnutrition screening and case referral, as well as awareness raising activities.

- Access to safe drinking water and information on hygiene practices was provided to 65,000 people, particularly in the worst-affected north-western zone, through provision of water treatment supplies, rehabilitated pumping stations, and water trucking for 25,000 people.

- Safe water was made available for over 15,000 refugees living in Ali Addeh camp through the rehabilitation of a borehole, the installation of an extended pipeline and a chlorination system, the

procurement of 2,500 water filters and 5 million aqua tabs, and the promotion of safe hygiene. This has been crucial in helping to control an outbreak of diarrhoea that was the result of severe water shortages and lack of proper hygiene practices in the camp.

- The lives of pastoralists are being safeguarded through the protection of pastoralist livelihoods. This is being ensured through increased access to potable water and pasture (five underground cisterns were built), improved small scale farmers' productivity (rehabilitation of 25 small gardens, provision of seeds for forage, vegetables, farming tools, provision of 30,000 drought tolerant fodder trees and shrubs, improved irrigation systems in Dikhil region impacting 140 families indirectly), and through the rebuilding of livestock assets (distribution of 1,925 small ruminants).

- Approximately 30,000 vulnerable people were provided with improved emergency health services. Beneficiaries included people in remote areas requiring visits by mobile health units (15 per month per region on average). Procurement of 10 interagency health kits (IHEK) ensured mobile health units had improved stocks of essential medicines, basic equipment, supplies, vaccines, and malaria components. The procurement of three diarrhoeal disease kits provided treatment materials for 300 cholera cases. Support to mobile health units also led to improved data collection. Reproductive health kits, birth delivery kits, treatment kits for cases of rape and STIs, and contraceptives were distributed to vulnerable pregnant women and female victims of violence in drought-affected areas in the five regions via the mobile health units and the Ali Addeh refugee camp medical team. Mobile Health Unit staff also received training in delivering services to drought-affected pregnant women.

The process of sector prioritization and CERF project implementation proved useful in bringing together key actors and determining priorities for humanitarian action that would later inform the drafting of the Humanitarian Appeal.

Country Level Humanitarian Coordination

CERF funding helped to improve in-country humanitarian coordination by bringing together sector focal points, who in collaboration with their interlocutors in line ministries and NGOs, used the opportunity to discuss sector prioritization and harmonize project implementation plans, particularly in sectors with multiple agencies.

As regards sector prioritization, sector focal points recommended that the UNCT be guided by the results of the Rapid Assessment conducted in February 2010, which identified the following sectors: food aid, health, nutrition, water (including hygiene/sanitation) and animal husbandry/agriculture. The same Assessment identified priority zones: rural areas across the country, with particular emphasis on the North West and the South East, as well as peri-urban areas of Djibouti Ville.

As regards project implementation, the prioritization process ensured that sector focal points were able to share details of proposed activities, specific geographical zones, implementing partners, and time frames for execution. This provided focal points with a basis for understanding the needs and actions required in each sector, which they were able to build upon and follow-up on during project implementation. It also allowed focal points to harmonize their activities, linking activities to increase the impact on the beneficiaries, and avoiding unnecessary and wasteful duplication.

III. Results

Sector/ Cluster	CERF project number and title (If applicable, please provide CAP/Flash Project Code)	Amount disbursed from CERF (US$)	Total Project Budget (US$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
Food Aid	10-WFP-050 Food Assistance to Vulnerable Groups and Refugees - Protracted Relief and Recovery Operation (PRRO 10544.1)	875,000	26,137,293	33,000 general food distribution beneficiaries	▪ Result: Maintain and improve nutritional status of vulnerable groups unable to satisfy their daily food requirements in rural areas, and prevent a further deterioration in food security. ▪ Outcome 1: Reduced and/or stabilized acute malnutrition among children under five in identified population: ▪ Indicator 1.1: Prevalence of acute malnutrition <15 per cent (assessed using weight-for-height and disaggregated by gender)Base value (2007): national GAM: 16.8 per cent, SAM 2.4 per cent; North-western zone: GAM 24.8 per cent, SAM 3.5 per cent ▪ Outcome 2: Improved food consumption during assistance period for targeted drought-affected households: ▪ Indicator 2.1: Actual number of targeted beneficiaries reached on time (by sex and age). ▪ Indicator 2.2: Timely provision of food in sufficient quantity distributed.	▪ The CERF contribution was approved in July 2010. ▪ 1,021 MT of mixed food commodities was purchased on the international market (381 MT of rice, 365 MT of wheat flour, 67 MT of Wheat Soya Blend, 107 MT of split peas, 55 MT of vegetable oil and 46 MT of sugar) and arrived in Djibouti between 7th October and the 15th December 2010. ▪ Distribution will be completed by February/March 2011 (270 MT distributed as of February 2011)	CERF funds allowed the project to avoid breaks in distributing rations to vulnerable drought-affected people.	▪ Monitoring is ensured by regular visits/reports of 10 WFP food aid monitors based in the districts. A Food Security Monitoring System (FSMS) is in place since December 2010. Finally, WFP and partners carry out regular Emergency Food Security Assessments (EFSA).	▪ The Country Office improved gender equality through community sensitization by WFP food aid monitors and the active role of women in food management committees (targeting and distribution).

Food Aid	10-WFP-060 Food Assistance to Vulnerable Groups and Refugees - Protracted Relief and Recovery Operation (PRRO 10544.1)	50,000	26,137,293	2,500 general food distribution beneficiaries	▪ Result: Maintain and improve nutritional status of vulnerable groups unable to satisfy their daily food requirements in rural areas, and prevent a further deterioration in food security. ▪ Outcome 1: Reduced and/or stabilized acute malnutrition among children under five in identified population: ▪ Indicator 1.1: Prevalence of acute malnutrition <15 per cent (assessed using weight-for-height disaggregated by gender) ▪ Base value (2007): national GAM: 16.8 per cent, SAM 2.4 per cent; North-western zone: GAM 24.8 per cent, SAM 3.5 per cent ▪ Outcome 2: Improved food consumption over assistance period for targeted drought-affected households: ▪ Indicator 2.1: Actual number of targeted beneficiaries reached on time (disaggregated by sex and age). ▪ Indicator 2.2: Timely provision of food in sufficient quantity distributed.	▪ The CERF contribution was approved in August 2010. ▪ 60 MT of mixed food commodities were purchased on the international market (24 MT of rice, 21 MT of wheat flour, 10 MT of Wheat Soya Blend and 5 MT of split peas) and arrived in Djibouti between 25 November and 15 December 2010. ▪ Distribution will be completed by February/March 2011 (14 MT distributed as of February 2011)	CERF funds allowed the project to avoid breaks in distributing rations to vulnerable drought-affected people	▪ Monitoring is ensured by regular visits/reports of 10 WFP food aid monitors based in the districts. A Food Security Monitoring System (FSMS) is in place since December 2010. Finally, WFP and partners carry out regular Emergency Food Security Assessments (EFSA).	▪ The Country Office improved gender equality through community sensitization by WFP food aid monitors and the active role of women in food management committees (targeting and distribution).

Nutrition	10-CEF-039 A Acute Malnutrition Case Management	288,465	1,444,500	21,000 children 6-59 months old 20,000 pregnant women	▪ The expected outcomes are: o To increase malnutrition case management coverage to over 80 per cent o To keep the case fatality rate of severe acute malnutrition less than 5 per cent o To increase the recovery rate of malnourished children to over 70 per cent and o To decrease the default rate to below 10 per cent.	▪ The achieved outcomes: o Coverage of case management: 70 per cent o Case fatality rate of severe acute malnutrition: 1,8 per cent o Recovery rate: 68 per cent o Default rate: 23 per cent o Total beneficiaries: 21,000 children 6-59 months old o 20,000 pregnant women	CERF funding complemented funding from other sources and contributed to: Increase the coverage over 70 per cent of under five children severely malnourished treated at health facility and community levels; Keep severe acute malnutrition case fatality rates below 5 per cent and raise the recovery rate from 60 per cent to 68 per cent; Improve infant and young child feeding through the promotion of early initiation and exclusive breastfeeding in the first 6 months of life and timely introduction of adequate complementary feeding; Improve the micronutrient status for children and pregnant and lactating women: the coverage of vitamin A supplementation is over 80 per cent for both under fives and pregnant women while the coverage of iron-folic acid supplementation is over 60 per cent among pregnant women	▪ Monitoring of activities took place through supervision activities in vulnerable areas countrywide. Supervision was jointly conducted by national and regional teams. Regional nutrition focal points were appointed to improve the implementation and monitoring of nutrition interventions at peripheral and regional levels.	▪ Both males and females benefited from the project. Malnourished girls and boys were equally treated.

Water and Sanitation	09-CEF-045-B WASH response in vulnerable areas	249,952	3,825,250	60,000 people	▪ 60,000 people will be provided with a safe water supply and hygiene education, including 25,000 through regular water trucking.	▪ NB: Results achieved through activities in 2010 ▪ Access to safe drinking water and information on safer hygiene practices for about 65,000 people countrywide with greater focus on the northern and western regions. People now have access to safe water supplies, rehabilitated pumping stations, and information on hygiene.	CERF funding enabled UNICEF to support the Djibouti Government's vision for a strong water strategy, particularly in rural areas. It is hoped that renewed interest and commitment from the Djiboutian Government will be supported with financial support from the donor community.	▪ Monitoring of activities took place through supervision of activities in vulnerable areas countrywide. Supervision was conducted jointly by central and regional staff of the water directorate as well as the UNICEF technical team. ▪ Supervision enabled UNICEF to give Government counterparts impetus through selective on the job training.	▪ Efforts were centred on specific strategies to address gender equity.
Water and Sanitation	10-CEF-039-B WASH response in vulnerable areas	386,270	3,825,250	60,000 people	▪ 60,000 people will be provided with a safe water supply and hygiene education, including 25,000 through regular water trucking.	▪ Access to safe drinking water and information on safer hygiene practices for about 65,000 people countrywide with greater focus on the northern and western regions. People now have access to safe water supplies, rehabilitated pumping stations, and information on hygiene.		▪ Monitoring of activities took place through supervision of activities in vulnerable areas countrywide. Supervision was conducted jointly by central and regional staff of the water directorate as well as the UNICEF technical team. ▪ Supervision enabled UNICEF to give Government counterparts impetus through selective on the job training.	▪ Efforts were centered on specific strategies to address gender equity.

Agriculture and Livestock	10-FAO-031 Emergency Livelihoods support to drought-affected communities in pastoral areas	400,134	7,234,000	60,000 agro pastoralists	▪ Increase access to drinking water (for both humans and animals) and grazing ▪ Improve small scale farmers' production and productivity ▪ Rebuild livestock assets of drought-affected communities	▪ Five underground cisterns were built to ensure increased access to water to 2,000 individuals in Arta and Tadjourah. ▪ 25 small gardens were rehabilitated through the provision of inputs packages as well as water management-related trainings. ▪ Agricultural inputs such as forage seeds, vegetable seeds and small agricultural tools will be provided early in May to 100 rural families. ▪ Production of 30,000 fodder trees and shrubs is underway and will be followed by the provision of drought tolerant plants in May. ▪ Irrigation system improved in two agro-pastoral units in Dikhil Region (Bondora and Daoudowya sites) to directly benefit 14 families and 140 families of their communities. Availability of fodder and hay will increase. ▪ Distribution of 1,925 small ruminants is planned for September 2011. This period corresponds to the Karma inland rainy season.	Rapid allocation of funds allowed the Organization to launch the intervention rapidly.	▪ In close collaboration with the Ministry of Agriculture and local authorities, the targeted beneficiaries are followed on a monthly basis. ▪ A monitoring mechanism is established with the auxiliary veterinary and the focal point in the field to fill index card to assess the outcomes.	▪ Beneficiary groups comprise vulnerable agro pastoralists, who are selected by communities against set criteria, which insist on a minimum of 50 per cent membership of women

	09-FAO-028 Emergency Assistance to agro-pastoral and peri-urban groups suffering from malnutrition and threatened with the destruction of their livelihoods as a result of successive seasons of drought and lacking means of adaptation	200,000	6,500,000	45,000 vulnerable nomadic pastoralists, including 23,310 men and 21,690 women, as well as 9,450 children under five	▪ Improved access to water for livestock and pastoralists, and for agricultural perimeters and small market gardens ▪ Food and nutritional security for 45,000 pastoralist nomads is reinforced and stabilized. ▪ Increased survival rates and productivity of livestock ▪ Decreased risk of migration of pastoralists to peri-urban areas.	▪ Improvement and repairing of agro-pastoral perimeters including water pumped fueled by solar panels with a capacity of the water pump of 20 m^3/h. The selected PK 48 site will serve a population of at least 10 000 nomads of the neighboring administrative centers and/or transients, meeting a daily need of 100m^3. ▪ Production of plants and fruits trees in three plant nurseries created in Obock, Ali Sabieh and Dikhil, with a production capacity of 3,000 plants per nursery.	Allocation of CERF funds allowed underfunded projects essential drought response to continue.	▪ A monitoring system is ensured by regular visits of a joint mission with the National partner from the Directors of Agriculture and livestock.	▪ Vulnerable households led by women targeted.

Health	10-WHO-047 Emergency health response to the food security crisis in Djibouti 09-WHO-050 Emergency health response to the food security crisis in Djibouti	500,000 200,000	1,330,000 1,330,000	30,000 50 000	▪ 10-WHO-047 o Improved health conditions of vulnerable population in the five regions of Tadjourah, Obock, Ali Sabieh, Dikhil and Arta. Reduced risk among vulnerable population in peri-urban areas as well as improving nutritional status for vulnerable groups, especially children, women of reproductive age, and most nutritionally deprived people. o Increased access to primary health care (PHC) services through extension of mobile team activities to provide the population out of reach of public health facilities with services including: Emergency Obstetric and Newborn Care (EmONC) services, prenatal care, Vaccination services (Expanded Programme on Immunization – EPI – to children under five). o Screened and initial treatment and/or referral of children under 5 years of age suffering from severe and moderate acute malnutrition to specialized nutritional programmes (moderate and uncomplicated severe malnutrition to ambulatory feeding programs and complicated severe acute malnutrition cases to adequate and equipped health facilities).	▪ Currently, the Ministry of Health (MoH) is making efforts to provide health assistance to the affected population through fixed health facilities, mobile units and community health workers. The mobile units are delivering a basic health package in the rural areas of each region with an approximate 15 visits per month per region. The community health workers and NGO staff are playing an active role in their respective communities in case detection and referral of malnourished cases (as well as diseases). ▪ Limited information available from the mobile clinics has shown that they managed to reach more children and vaccinate them in larger numbers than several health posts in the region. ▪ 3,095 children were examined and treated, and 3,175 were vaccinated.	The rapid approval and disbursement of CERF funding allowed the quick launching of project implementation to reach beneficiaries. In addition, CERF funding allows for projects to target urgent needs directly, while allowing a measure of flexibility as regards the updating of the analysis of the humanitarian needs of target groups, based on the evolution of the situation and new data that becomes available periodically.	▪ Joint assessments and community malnutrition surveillance systems	▪ Interventions targeted mainly women among the vulnerable populations. In addition, WHO contracted the National Women's Union (UNFD) to conduct interventions tackling malnutrition.

					o Improved case management of urgent cases including nutritional cases at health and referral centres. o Documented, monitored and evaluated quality of critical care services among Primary Health Centres and mobile teams. o Strengthened national capacity in responding to priority health concerns, including malnutrition of the affected population by providing support for detection, investigation and response to outbreaks of communicable diseases including vaccine preventable diseases, and reinforcement of the national regional and local capacity to mitigate health emergencies and coordinate relevant actors. o Strengthened capacity of local NGOs, Community Health Workers and local communities to detect and refer health problems among the vulnerable population.	▪ The strengthening of the mobile teams through the CERF (09-WHO-050) has led to a better delivery of health care services in remote areas – covering one-third of the population – and better data collection. Statistics from mobile units show that for the period from January to June 2010, the number of consultations for children under five rose to 3,095 compared to 1,938 consultations from January to November 2009. The same trend is seen for adults, with consultations rising from 2,978 to 5,285 for the same period. The number of women presenting for post-natal consultation has also risen from 375 to 851. ▪ In order to tackle the alarming nutritional situation that prevails in rural zones across the country, the increasing obstetric risk for pregnant women, as well as the marked spread of communicable diseases including cholera, acute watery diarrhea (AWD), pulmonary infections, tuberculosis, and wild polio virus, the MoH, with the support of WHO, UNFPA and UNICEF, have provided medicines (10-WHO-047) for essential emergency services in affected urban and rural areas. They also have intensified the activities of the mobile health units (10-WHO-047), which offer integrated health services, ensuring increased frequency of visits to the most isolated areas.			

					▪ (2) For 09-WHO-050 o Capacity, performance and functioning of mobile units enhanced o Capacity and functioning of health facilities (HFs) at district level enhanced: HFs are able to respond to outbreaks or severe malnourishment. o Most remote areas accessed and basic health services brought to the most vulnerable groups (pastoralists, semi pastoralists, cross-border population) by the mobile team and the community health workers, who will provide essential care to the vulnerable population, detect and refer diarrhoea and child malnutrition cases. o Management of acute malnutrition improved. o Concomitant impact of communicable and epidemic-prone diseases on the nutritional status and overall mortality and morbidity among pastoral, semi-pastoral and suburb population mitigated.	▪ WHO(09-WHO-050) procured ten interagency health kits (IHEK) of which five have malaria components, ensuring essential medicines for more than 30,000 people for three months and provision of health facilities and mobile clinics with medicines, basic equipment, supplies and vaccines. ▪ To respond to cholera outbreaks, WHO ensured the procurement of three diarrhoeal disease kits (10-WHO-047) containing treatments for up to 300 cholera cases during an outbreak. WHO contributed to the operating costs of the mobile clinics (10-WHO-047) and funding has also ensured that remote and nomadic populations are vaccinated (10-WHO-047). ▪ WHO contracted the National Women's Union (UNFD) (10-WHO-047) to monitor and evaluate activities to tackle malnutrition among children under five. Activities were implemented by community representatives whose role was to ensure early detection and referral of malnutrition cases, and raise nutrition awareness. Benefited 700 children. ▪ WHO provided support for the national immunization campaign (10-WHO-047). ▪ WHO supported the implementation of the Basic Development Needs Programme (BDN) (10-WHO-047), which operates in synergy with the community based initiatives aimed at tackling nutrition problems as part of the CERF project. The BDN programme is established in 29 sites.			

lth	10-FPA-031 Essential Reproductive Health interventions in drought-affected areas and Ali Addeh refugee camp	149,998	399,000	5,000 pregnant women in drought affected areas 1,500 female refugees	▪ Rape treatment available in refugee camp health facilities for victims of sexual violence (75 per cent of cases of rape reported in camp referred for medical treatment). ▪ Referral mechanism in place to refer pregnant women to health facilities and mobile clinics (25 per cent increase in the number of women in labor referred to health facilities in the identified sites). ▪ Increased number of mobile clinic interventions (30 per cent increase in consultations conducted by mobile clinics compared with pre-project period in the identified sites).	▪ After approval of funds in September 2010, reproductive health kits were been ordered and delivered in January 2011. ▪ Kits for delivery, kits for medical care of rape cases, treatment of STIs and contraceptives were provided to five mobile health unit teams in the regions and the medical team of the refugee camp for case management of pregnant women and female victims of violence. ▪ Training was conducted for 15 persons mobile health unit teams and for five outreach workers (coordinators) to support the affected population (particularly pregnant women) with the support of MoH staff. ▪ A schedule of visits by mobile teams to affected areas established and implemented. ▪ Field coordinator hired.	By strengthening the capacities of mobile teams, CERF funds allowed a wider coverage of the most drought-affected areas. CERF funds also enabled UNHCR to support refugees in areas not covered by UNHCR, including health care for pregnant women and female victims of violence.	▪ A rapid needs assessment in affected areas and the refugee camp was carried out by teams from the MoH and UNFPA. ▪ Tools for data collection to monitor CERF funded activities (for the mobile teams and for the coordinators) developed, validated and used. ▪ These data cover reproductive health services to pregnant women (pre and post natal care, deliveries, FP) and female victims of violence (rape, physical abuse, etc.).	▪ The participation of women in affected areas and the identification of pregnant women, their orientation and sensitization of communities has been improved through training and awareness sessions conducted by UNFPA and its partners. The capacity of women's groups has been strengthened.

Mutisectoral	09-HCR-034 Assistance to refugees in Ali Addeh	150,014	4,949,658	12,000	▪ Increase water per person per day from seven to 20 litres. ▪ Rehabilitation and extension of water network in the camp. ▪ Providing the required micro-nutritional supplements. ▪ Improve infant and young children feeding programme and strengthen child health.	NB: Results achieved through activities in 2010 ▪ Two trainings were organised for hygiene promoters in the camp. ▪ Training on use of water filters was undertaken. ▪ Distribution of aqua tabs to families was organised. ▪ Both the supplementary feeding programme and outpatient therapeutic programme continued to be implemented. ▪ A stabilisation award for severely malnourish children has been organised in the new health centre facilities.	Allocation of CERF funds allowed underfunded projects essential to emergency response to drought to continue	▪ UNHCR has been monitoring its nutrition partners AMDA from field office at Ali Sabieh. Medical/nutrition coordinator is in charge of activities monitoring and financial verification is carried out every three months according to UNHCR rules and regulations.	▪ For nutrition project most beneficiaries are women and children under five ▪ For water all population in Ali Adeh (including the local population) benefit

Multisectoral	10-HCR-026 Protection and multi-sectoral assistance for refugees and asylum seekers with mixed migrants in Djibouti	349,890	17,800,000	15,000	▪ Improvement of water delivery by extending water network in the camp. ▪ Installation of water system inside the new health centre and maternity centre. ▪ Implement hygiene promotion and water operating training. ▪ Increase the quantity and quality of water by means of self-chlorination system.	▪ The health centre has running water services provided. ▪ Four hygiene promoters have been trained and nine big sign boards providing hygiene behavioural change messages were installed. ▪ One borehole has been rehabilitated and water pumps have been procured. ▪ Works to extend 2,600 meters of pipeline are ongoing. ▪ The installation of a self-chlorination system is ongoing. ▪ Furthermore, 2,500 water filters were procured and distributed in the camp along with 5,000,000 aqua tabs.	The CERF funds allowed UNHCR to quickly initiate works in order to improve the quality and quantity of water in Ali Addeh camp. This quick intervention was necessary in order to control diarrhoea outbreaks caused by lack of water and proper hygiene.	▪ UNHCR has been monitoring works undertaken by a private constructor from the Ali Sabieh office where a WASH expert is based. ▪ All constructors are being hired following a public bid process and in accordance with UNHCR regulations.	▪ The entire refugee population in the camp plus an important part of the local population benefits from the increased quantity and quality of water.

Annex 1: NGOS and CERF Funds Forwarded to Each Implementing NGO Partner

NGO Partner	Sector	Project Number	Amount Forwarded (US$)	Date Funds Forwarded
UNFD	Health	10-WHO-047	10,017 (1,773,000 FDJ)	November 2010

Annex 2: Acronyms and Abbreviations

AWD	Acute Watery Diarrhoea
BDN	Basic Development Needs Programme
EFSA	Emergency Food Security Assessment
EmONC	Emergency Obstetric and Newborn Care
EPI	Expanded Program on Immunization
FCS	Food Consumption Score
FEWSNET	Famine Early Warning System Network
FSMS	Food Security Monitoring System
GAM	Global Acute Malnutrition
IHEK	Interagency health kit
MoH	Ministry of Health
MSF	Médecins sans frontiers (Doctors without Borders)
MT	Metric Ton
PHC	Primary Health Care
PRRO	Protracted Relief and Recovery Operation
SAM	Severe Acute Malnutrition
UNCT	United Nations Country Team
UNFD	Union nationale des femmes djiboutiennes (National Women's Union)
WASH	Water, sanitation and hygiene