3. DJIBOUTI NEEDS ANALYSIS

The first alarm signals in 2010 were sent out by a FEWSNET Food Security Alert issued in January.\(^1\) In reaction to this, the Government, UN agencies and FEWSNET conducted a Rapid Assessment of the Impact of Drought in Rural Areas in February 2010. This initiative was led and coordinated by a multi-sector Committee presided by the Executive Secretariat for Disaster Risk (SEGRC), under the direction of the Ministry of the Interior and Decentralization. The Committee included representatives of the Ministries of Agriculture (MoA) and MoH, as well as UN agencies. Local authorities (delegated Prefects and elected members of Regional Councils) were involved in the assessment and actively supported and participated in the work of the assessment.

**Seasonal calendar and critical events**

![Seasonal calendar and critical events](source)

The assessment reported on a range of data concerning the lives and livelihoods of the drought affected population.

- 120,000 people in rural areas are estimated to be victims of the current crisis. This amounts to 50% of the rural population\(^2\) and 15% of the total population.\(^3\)
- Pastoralists have lost 70-80% of their livestock over the past four or five years.
- Staple food prices remain well above pre-2008 levels in markets across the country, prices being higher the further the point of sale is from an urban area. This confirms recent findings by Emergency Food Security Assessments (EFSA) conducted by WFP (May 2010 in rural areas, October 2009 in Djibouti Ville).
- There has been a rise in communicable diseases such as diarrhoeal diseases, tuberculosis (TB) and pulmonary infections, and there is a threat of increased incidence of epidemics including acute water diarrhoea (AWD). Numerous children have not received any vaccinations.
- 20% of children under five (25,000 children) are suffering from acute malnutrition, including 6% suffering from severe acute malnutrition (SAM).\(^4\) Focus groups highlighted the reduction

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\(^2\) 240,226 total rural population, National Census, 2009.
\(^3\) 818,159 total population, National Census, 2009.
\(^4\) Nutrition surveying was done using the mid-upper-arm circumference (MUAC) method.
of food consumption to one or two meals daily, childhood illnesses, lack of hygiene and sanitation, and lack of safe drinking water, as some of the causes of this situation.

- These findings are confirmed by the results of the newly established community-based nutrition surveillance system, which reported in June 2010 that the nutritional status of children under five is of concern in six out of seven areas in the country, especially in the region of Ali Sabieh, which were placed on nutritional alert.
- The figures correspond with the findings of Médecins sans frontières (MSF)-Switzerland nutritional survey in the Balbala peri-urban neighbourhood of Djibouti Ville (July 2009).
- The assessment showed a marked increase in malnutrition rates since the most recent nutritional survey, conducted in October-November 2007 by the MoH, with support from UNICEF and WFP.

- The best remaining livestock watering/grazing sites are being over exploited in an unsustainable manner. Certain areas remain dependent on water trucking, while others now require such service, as local water sources have dried up.
- Priority sectors requiring an emergency response are food aid, health, nutrition, water (including hygiene/sanitation), animal husbandry/agriculture, in no particular order.
- Rural areas across the country, as well as peri-urban areas of Djibouti Ville where many of those fleeing the countryside have settled, are considered priority zones, with particular emphasis on the north-west (including parts of Tadjourah, Dikhil, and Obock regions) and the south-east (parts of Ali Sabieh and Arta regions).

**Food Aid**

Significantly below-average rainfall this year, and in recent years, has weakened livestock and increased their susceptibility to disease and starvation. It is estimated that pastoralist losses in livestock in the past few years are of 70% - 80%. Milk production is evidently greatly reduced and of lesser quality, and birth rates have decreased. Pastoralist households are thus deprived of their principal source of revenue and food.

At the same time, staple food prices remain well above pre-2008 levels in markets across the country, prices being higher the further the point of sale is from an urban area. Purchasing power has been severely reduced by these shocks. It has been observed that, as a result, households have reduced both the number and quality of daily meals. These findings confirm an alarming tendency towards the degradation of the living conditions of vulnerable households, as reported by the EFSA conducted by WFP in May 2009 (rural

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5 Livestock-raising activities currently generate 20-40% of the revenues of pastoralist households. Under normal conditions, these activities would represent 60-80% of household revenues. Households are seeking alternative sources of revenue but these are often insufficient, and include increasing dependence on remittances and debt accumulation. Rapid Assessment, Government-UN, February 2010.

6 The bag of flour is currently trading at a price of five goats, whereas under normal condition the ratio would be one to two. Rapid Assessment, February 2010.
areas) and in October 2009 (Djibouti Ville). The findings are also confirmed by those of the EFSA (rural areas) conducted by WFP in May 2010.

Compared to 2009, the most recent EFSA measured a significant reduction in the average household expenditure per capita on food and non-food items (NFIs). The decline in revenue indicated by the reduced expenditure, coupled with higher-than-normal prices, explains how the percentage of household expenditure allocated to food has increased from just over 60% of total expenditure in 2009 to 70% of total household expenditure in 2010. The loss of ‘own production’ foods such as milk and butter in the household diet has further increased the average households’ dependence on the market, family members living in urban areas or ‘community support’.

Reduced household income and expenditure and a greater percentage of households’ expenditure on food has led to measured declines in the average household consumption: the percentage of households having a ‘poor’ food consumption score has doubled, the percentage of ‘asset-poor’ has increased between 13% and 70%, and the average household coping strategy score has almost doubled. Consequently, the EFSA estimates that 33,000 people are acutely food-insecure, and classifies an additional 27,000 people as moderately food-insecure.

Health and Nutrition
Malnutrition and diminished water resources, combined with steadily increasing cross-border movements, have led to a rise in communicable diseases, diarrhoeal diseases, TB (465 per 100,000 population in 2009) and pulmonary infections. This is due to the difficulty of access to numerous localities, the lack of resources in terms of materials, limited capacities of the mobile health units, mobility of the rural population and cross-border population movements.

The humanitarian situation remains alarming in remote areas, particularly those that are periodically inaccessible due to the poor road conditions. The recent conflict with Eritrea has made access to border areas near the conflict zones much more difficult. As a result of these difficulties, the frequency of mobile health unit activities has been reduced. This explains the high rates of malnutrition recorded in these areas, along with incomplete vaccination coverage among children, and insufficient follow-up for pregnant and lactating women.

There is a threat of increased incidence of epidemics, such as acute watery diarrhoea (AWD), which may be brought into the country by the large numbers of migrants from neighbouring countries. As recent as August 2009, for example, the MoH confirmed a cholera outbreak in the localities of Es Eyla and Yoboki in the region of Dikhil, and Hagandé in the region of Tadjourah. In May 2010 the MoH again confirmed 90 cholera cases in several parts of the country along the migration route from Djibouti Ville in the south to Obock in the north. Children and pregnant and lactating women are particularly at risk. Djibouti is at high risk of wild polio virus (WPV) due to the virus’ epidemiological context in the sub-region and the population immunity in regions neighbouring Djibouti (Somali region of Somalia and the Afar region of Ethiopia).

The strengthening of the mobile teams through the CERF has led to a better delivery of health care services in remote areas – covering one-third of the population – and better data collection.

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7 The Coping Strategies Index (CSI) measures the frequency and severity of actions taken by households in response to perceived food shortage. A lower CSI score means less stress and potentially better food security. Comparing findings from the 2009 and 2010 Emergency Food Security Assessments, the average households’ CSI has increased from 15 to 24, indicating food security deterioration. Source WFP
Statistics from mobile units show that for the period from January to June 2010, the number of consultations for children under five has risen 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 have also risen from 375 to 851. Taking into account that the mobile teams are covering the same areas and the same population, this increase of consultations from 2009 to 2010 indicates the increasing need for health care due to the ongoing drought, the food crisis and the high risk of malnutrition and communicable diseases.

The number of children under five suffering from acute malnutrition is estimated to be 25,000, representing 20% of this category, including 6% suffering from severe acute malnutrition (SAM) according to the results of the Rapid Assessment conducted in February 2010. This appears to result from the deterioration of the diet and consumption, poor quality of water hygiene, and infection and disease (respiratory, fever and diarrhoea).

These figures show a marked increase in malnutrition rates since the most recent nutritional survey\(^8\), which reported a global acute malnutrition (GAM) rate for children under five at 16.8%, including 2.4% SAM – some areas recorded particularly high GAM rates including the north-west (25%). The figures also seem to correspond with those reported by MSF-Switzerland nutritional survey in the Balbala peri-urban neighbourhood of Djibouti City in July 2009, according to which the GAM prevalence rate is 20.8%, including 8.2% SAM.

According to the Rapid Assessment (February 2010) “20% of children under five (25,000 children) are suffering from acute malnutrition, including 6% suffering from severe acute malnutrition”. This figure has worsened from the last nutritional survey, conducted in October-November 2007 by the MoH with support from UNICEF and WFP. At that time, GAM for children under five was 16.8%, including 2.4% considered as SAM. These figures are well above the emergency threshold for malnutrition, established by WHO at 15%.

**Water**

The Rapid Assessment conducted in February 2010 indicates that, while the drought is no new challenge, the scale and seriousness of the current lack of water has overcome coping mechanisms and the internal support capacity of the affected population families. These populations, although used to recurrent insufficient access to water, are themselves experiencing a very significant impact on their herds’ and clans’ health and survival, and are thus calling for urgent external assistance. Many traditional surface and sub-surface water sources have dried up whilst the water table level of aquifers in many deep boreholes has drastically decreased.

In addition to water scarcity, its quality has also deteriorated. In many locations, the physico-chemical quality of water is clearly not up to recommended World Health Organization (WHO) standards. As people resort to digging traditional open wells in the beds of wadis, the water

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\(^8\) Nutritional survey conducted in October/November 2007 by the Ministry of Health with the support of UNICEF and WFP.
extracted carries a higher possibility of bacteriological pollution. No routine water quality monitoring/surveillance system is known to be in place so far. The most deprived populations have to travel up to 30 km (return trip) daily to collect safe drinking water.

More than 49% of people in rural areas do not have access to a protected source of drinking water. Out of these, at least 30% resort to unprotected sources that do not conform to minimum sanitary requirements. In rural areas, the EFSA highlighted that 90% of households’ average time to fetch water is estimated to be two hours or less, the remaining 10% need between two hours and one day to access a water point. Also, 60 to 90% of households do not have an alternative water point to fetch water. As mentioned in the study, the hunger gap is a period of great stress for vulnerable communities regarding the difficulties for the provision of water. Only 18% of households in rural area have latrines.

Agriculture and Livestock
Although agriculture accounts for only a small part of rural livelihoods, agricultural plots, generally situated around wadis, play an important role in diversifying sources of revenue, improving the health status of vulnerable groups and livestock, and improving food security of agro-pastoralists.

Drought has had a devastating impact on agriculture by decreasing available water for irrigation. The low level of the groundwater tables leads to the drying out of water points. Also, in the south-west region (agricultural region of Gobaab and the plain of Hanlé) gathering more than a third of all agricultural plots, the number of cultivated plots dropped from 500 to 120 in four years. The monitoring activities carried out by the MoA showed the same general negative impact of drought on other agricultural areas in the country.

Frequent monitoring carried out by the MoA over the last three years has highlighted that agro-pastoralists have lost a great share of their income. Among other factors, the cost of fuel combined with the difficulty of obtaining agricultural inputs has had a negative impact on the production level of agricultural plots.

The MoA estimates that 30,000 people (rural, peri-urban agro-pastoralists and their families) are affected directly or indirectly by the drought and its destructive impact upon agricultural plots over the last four years and need rapid assistance in order to prevent them from abandoning their agricultural plots and migrating towards the capital city.

Animal husbandry, the backbone of pastoralist livelihoods, revenues, and alimentation, has been severely affected by successive droughts over the past five years. According to the EFSA, it is estimated that pastoralist loses in livestock in the past few years are 70 - 80%. Remaining livestock are in bad health, reducing the quantity and quality of animal production (milk, etc.). Veterinary services are not sufficiently available, and lack materials. Remaining pastures are over-grazed. Increased cross-border movement to reach water sources increases the likelihood of increased disease transmission. Local authorities fear a sharp increase in migration of rural dwellers to urban areas, especially Djibouti Ville, as observed in 2008.