



**PROTRACTED RELIEF AND RECOVERY OPERATION  
DJIBOUTI N° 105441**

*“Food Assistance to Vulnerable Groups and Refugees”*

Duration:	24 months (1 October 2009 to 30 September 2011)
Beneficiaries:	99,750
WFP food tonnage:	25,485 mt
WFP food costs:	US\$ 12,788,216
Total WFP costs:	US\$ 24,938,892

### **EXECUTIVE SUMMARY**

Food security remains precarious in most areas of Djibouti, which are vulnerable to market and climatic shocks. Djibouti faces numerous health challenges related to poverty, malnutrition, poor hygiene practices and significantly high disparities in income distribution. The country also has some of the poorest social indicators in the world: recent surveys show that 42 percent of the country's population lives in absolute poverty<sup>1</sup> with the highest poverty incidence recorded in rural areas, where 83 percent live in extreme poverty.

Since 2004, there have been erratic rains and drought in all districts, which have threatened the livelihoods of the rural pastoral community. Studies further demonstrate the constant changes that have occurred in livelihoods, which are mainly influenced by recurring droughts and the impact of high global food and energy prices. A joint nutrition assessment by WFP and partners in 2007 estimated that 17 percent of children under the age of five suffer from acute malnutrition with even higher levels in vulnerable regions of the northwest, in parts of the southwest and in Djibouti city.

Under this PRRO, WFP's response strategy includes food assistance to households recovering from drought in order to restore livelihoods and reinforce resilience to future shocks; nutrition interventions to improve the nutritional status of malnourished children and pregnant and lactating women; and support for the most vulnerable people including people living with HIV and AIDS (PLHIV), orphans and vulnerable children (OVC) and Somali refugees. The overall objectives of the PRRO include; i) saving lives and protecting livelihoods in crisis situations (SO1)<sup>2</sup>, ii) prevent acute hunger and invest in disaster preparedness and mitigation measures (SO2), iii) restoring and rebuilding livelihoods of drought-affected populations (SO3), and iv) improving adherence to treatment and recovery for PLHIV and TB patients (SO4). WFP will allocate 72 percent of its resources to the relief component while 28 percent of food assistance will benefit recovery activities.

This PRRO is aligned to the Government's food security and nutrition strategy and the United Nations Development Assistance Framework (UNDAF 2008–2012). The operation addresses Millennium Development Goals (MDGs) 1 to 7. The hand-over strategy is based on a long-term approach to build national capacities in food security assessment, monitoring and response to future food security-related shocks and through building household and community resilience through asset creation.

<sup>1</sup> less than US\$ 2.0 per person per day.

<sup>2</sup> WFP's 2008-2011 Strategic Objectives: (SO1): to save lives and protect livelihoods in emergencies; (SO2): Prevent acute hunger and invest in disaster preparedness and mitigation measures (SO3): to restore and rebuild lives and livelihoods in post-conflict, post-disaster or transition situation; (SO4): to reduce chronic hunger and under nutrition; and (SO5): to build national capacities to develop their own solutions to reduce food insecurity.

## I. SITUATION ANALYSIS AND SCENARIO(S)

### a. The overall context

1. Djibouti is a least developed low-income food deficit country (LIFDC), with an estimated population of 833,000 people<sup>3</sup> and a 2.8 percent annual population growth rate. Djibouti's Human Development Index (HDI) is 0.516, which ranks the country 149<sup>th</sup> out of 177 countries.<sup>4</sup>
2. Situated on a strategic shipping route, Djibouti's location is its main economic asset. The port facilities of the capital, Djibouti city, are used by several landlocked African countries. Although the per capita income was estimated at US\$ 1,090 in 2007, the country has an extremely high level of poverty and some of the poorest social indicators in the world. Surveys show that 42 percent of the country's population live in absolute poverty (on less than US\$ 2 a day) with the highest poverty incidence in rural areas, where 83 percent live in extreme poverty.<sup>5</sup>
3. Despite recent progress in expanding access to education, the sector is still behind in attaining the MDG targets. The national primary school gross enrolment rate is 40 percent, and less than 30 percent of those enrolled complete the six years of primary education.<sup>6</sup> There are also large inequalities in access to education services across income levels, gender and regions.<sup>7</sup> The provision of take-home rations through WFP's development project in WFP-assisted schools contributed to maintaining a 10 percent gender disparity in enrolment rates.<sup>8</sup> Currently, boys represent 55 percent and girls 45 percent of students in schools. Access to education for orphans is also very limited.
4. Life expectancy was estimated at 55 years in 2007. Infant and under-5 child mortality is estimated at 84 and 127 per 1,000 live births respectively.<sup>9</sup> Maternal mortality is estimated at 740 per 100,000 live births. Djibouti has one of the world's highest tuberculosis prevalence rates at 1,104 per 100 000 inhabitants.<sup>10</sup> HIV prevalence is 2.9 percent among adults (15 - 49 years), which is equivalent to 16,000 affected people.<sup>11</sup>
5. Djibouti has limited natural resources. Approximately two-thirds of the population live in the capital; the remainder live in smaller towns or as nomadic pastoral herders in rural areas. Droughts, floods, a low water table and unreliable rainfall continue to pose serious challenges, which are increasingly linked to global climate change. Djibouti's climate is hot and dry, with most of the country receiving less than 200 mm rainfall<sup>12</sup> per year. Scanty precipitation limits crop production to irrigated fruits and vegetables while staple grains and most other food items are imported.
6. Somali asylum seekers and migrants to Djibouti from war-ravaged Somalia have continued to increase. The number of refugees in Djibouti has fluctuated significantly in

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<sup>3</sup> World Development Indicators database, April 2009

<sup>4</sup> UNDP Human Development Report, 2007/8

<sup>5</sup> UNDP Tracking the MDGs: Country Progress, 2008

<sup>6</sup> UNESCO, education statistics, 2007

<sup>7</sup> Ibid.

<sup>8</sup> Evaluation Technique De la Composante Alimentaire Scolaire Du Project Development – 2007.

<sup>9</sup> UNICEF basic indicators : “*The State of the World Children*”, 2009

<sup>10</sup> WHO/Djibouti, TB country profile.

<sup>11</sup> National Plan for Sanitary Development (2008 – 2012)

<sup>12</sup> FEWSNET Djibouti livelihood profiles, October 2004

the last two years. There are now around 9,300 refugees registered by UNHCR from south and central Somalia, Somaliland and Ethiopia, who are sheltered in the Ali Addeh camp.

## **b. The food security and nutritional situation**

7. Since 2004 to date, FEWSNET has reported erratic rains and drought in all livelihood zones, which have threatened the livelihoods of the pastoral community in rural areas. Between 2004 and 2008 the overall food security conditions deteriorated. The main shocks observed during this period were droughts and increased food and energy prices. A WFP assessment carried out in 2008 estimated that about 80,000 people<sup>13</sup> in rural areas were food insecure and in need of food assistance. Following the assessment, WFP doubled its beneficiary numbers in rural areas from 40,000 to 80,000.
8. In October 2008, WFP with partners conducted an urban assessment to measure the impact of high food prices on urban food security. The assessment estimated 7,500 households were highly food insecure requiring immediate food assistance. Through a food-for-work activity with partners, WFP provided food assistance to approximately 30,000 beneficiaries under PRRO 105440.
9. A follow-up rural EFSA in May 2009<sup>14</sup> showed some improvement in consumption patterns in all districts, attributed to the increase in food assistance,<sup>15</sup> as well as to a slight drop in prices for several commodities. FEWSNET has also reported that rains, though not sufficient, have been better resulting in improved water and pasture availability, particularly in the coastal belt.
10. The 2009 EFSA estimated that some 36,500 rural people are food insecure.<sup>16</sup> The EFSA also identified 52,000 people who, because of the fragility of their livelihoods, are at risk of becoming food insecure if another shock occurs. The EFSA reported that among rural pastoralists throughout the country, persistent drought over the last years had led to a significant reduction in available pasture land, impacting negatively on their main source of income, animal husbandry. Livestock losses have reduced the viability of pastoral livelihoods and livelihoods that use livestock as a form of saving and coping mechanisms are now more vulnerable to shocks.
11. Food insecurity in rural Djibouti can be attributed to several factors.<sup>17</sup> First, there is limited food availability in rural markets compounded by high prices, which although decreasing slightly as compared to the highest levels in 2008, remain expensive for the poor (63 percent of household expenditure on food is used to purchase cereals, sugar and oil). Second, rural households have limited incomes, making them more dependent on gifts, remittances and food assistance from family members living in urban areas (80 percent of households with members who had migrated received food assistance from migrated family members). Overall, it was estimated that 26 percent of household food consumption was from assistance. Thirdly, there are poor consumption patterns (households consume the bare minimum of cereals, oil and sugar, which is a sign of extreme household food insecurity), mainly due to limited food production and

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<sup>13</sup> WFP Rapid Emergency Food Security Assessment, 2008

<sup>14</sup> WFP Emergency Food Security Assessment, May 2009

<sup>15</sup> FEWSNET food security updates, April and May 2009

<sup>16</sup> As per EFSA, the food insecure are made up of three groups: 15,300 'food insecure', 5,600 'moderately food insecure and vulnerable'; and 15,600 'moderately food insecure'. This classification is based on an analysis of variables including food consumption, asset wealth, coping, per capita expenditure.

<sup>17</sup> WFP Emergency Food Security Assessment, May 2009

availability. Finally, households have limited access to potable or improved water sources (57 percent of households use an unprotected or non-improved water source and 60 percent use the same water source for animals and for their own consumption).

12. The 2009 EFSA survey also indicated that households that relied on the sale of firewood, gifts, handicrafts and sale of livestock tended to be the most food insecure and the number of assets (durable and livestock) that a household owned was directly related to their food security status. When identifying risks, most people cited increased food prices (27 percent), drought (26 percent) and the death of livestock (17 percent) as having the most devastating effects on their livelihoods.
13. The 2007 Joint Nutrition Survey<sup>18</sup> reported a global acute malnutrition (GAM) rate of 17 percent across the country with the highest rate of 25 percent in the northwest pastoral livelihood zone. Severe acute malnutrition (SAM) is 2.4 percent nationally with variations across regions.<sup>19</sup> According to government medical records, malnutrition is one of the three main factors for medical consultations and the hospitalization of children. In addition, diarrhoeal illnesses and Acute Respiratory Infections (ARI) are amongst the most common causes of infant mortality. While about 96 percent of Djiboutian women breastfeed their children, only 3.3 percent of children below 6 months of age are exclusively breast-fed.<sup>20</sup>
14. The 2008 nutritional survey undertaken in Ali Addeh refugee camp reported a GAM rate of 12.7 percent and a severe acute malnutrition rate of 2.9 percent.<sup>21</sup> Anaemia was present in 66.6 percent of children and 44.5 percent of non-pregnant women. The prevalence of exclusive breastfeeding for children under 6 months was 32.6 percent.<sup>22</sup> Refugees have very limited alternative sources of income, and their food security is highly dependent on the assistance provided by the international community.
15. The 2006 Multi-Indicator Cluster Survey (MICS) attributes the poor nutritional status of children under five primarily to recurrent droughts and high food prices. Malnutrition is also the result of poor access to safe water, poor hygiene and childcare practices as well as poor dietary diversity.

### c. Scenarios

16. Although there have been improvements in food security conditions for pastoralists in the coastal belt following an increase in *Diraa/Sougoum*<sup>23</sup> rains, rains have not been satisfactory in other pastoral areas. The proposed PRRO is based on the assumption that the performance of *Karma/Karan*<sup>24</sup> rains will be adequate in distribution and intensity and that food and energy prices will remain stable or decline.
17. Given the fragility of the political and security context in Somalia, the operation assumes that the current caseload of 9,300 refugees will increase slightly. The PRRO also includes the provision of a contingency food stock of 2,831 mt in the event of rapid deterioration of

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<sup>18</sup> Ministère de la Santé/UNICEF/PAM : *Enquête de nutrition – Djibouti*, Décembre 2007.

<sup>19</sup> 3.5 percent in the Northwest, 2.9 percent in Djibouti city and 2.5 percent in the Southeast

<sup>20</sup> Ministry of Health, UNICEF, MICS, 2007

<sup>21</sup> Anaemia, infant feeding and anthropometric validation survey, UNHCR, December 2008

<sup>22</sup> versus the norm of 100 percent

<sup>23</sup> March-May season

<sup>24</sup> July-September season

conditions in Somalia, resulting in a higher number of refugees (estimated at an additional 30,000 people).

## **II. POLICIES, CAPACITIES AND ACTIONS OF THE GOVERNMENT AND OTHER ACTORS**

### **a. Policies, capacities and actions of the Government**

18. Food security is a key priority for the Government of Djibouti in both the Poverty Reduction Strategic Paper (PRSP) and the National Initiative for Social Development (INSD). In February 2009, the Government established a Food Security Commission<sup>25</sup> responsible for implementing the National Food Security and Nutrition Strategy (SNSAN) which has two specific objectives: setting up appropriate hunger policies and mechanisms in support of development strategies, and building national capacities in early warning, prevention and mitigation of crises.
19. The Ministry of Health has established a national protocol for the treatment of malnutrition, which is implemented by the National Nutrition Programme (PNN).<sup>26</sup> The same ministry has also approved and is implementing national programmes focused on supporting the nutritional requirements of PLHIV and TB.
20. Djibouti is also a party to international agreements on climate change and adaptation. The lead government ministry is the *Ministère de l'Habitat, de l'Urbanisme, de l'Environnement et de l'Amenagement du Territoire*.<sup>27</sup> This provides WFP with a legal framework and partner to explore longer-term climate change adaptation activities within the Clean Development Mechanism framework and post-Copenhagen.
21. In previous emergencies of prolonged droughts and high food and fuel prices, the Government of Djibouti has used a combination of ad-hoc short-term instruments such as reducing import taxes and the prices of basic commodities. However, due to the lack of resources, the Government has relied heavily on WFP's food assistance to address these crises.

### **b. Policies, capacities and actions of other major actors**

22. United Nations and other organizations have active projects in the following sectors: UNICEF in nutrition, education, water and sanitation; UNDP and the Intergovernmental Authority on Development (IGAD)<sup>28</sup> in food security policy and climate change; and FAO and IFAD in rural development. Due to the alarming acute malnutrition rates, UNICEF, since 2008, has been providing Ready-to-Use-Therapeutic Food (RUTF) to malnourished children in Djibouti Town. Other major donors include the European Community, USAID, the French Development Agency, the World Bank, the Islamic Fund, and the African Development Bank, all of which have committed resources to health and education programmes.

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<sup>25</sup> Société Djiboutienne pour la Sécurité Alimentaire

<sup>26</sup> Programme National de Nutrition (PNN)

<sup>27</sup> Responsible unit is the Direction de l'aménagement de territoire et de l'environnement.

<sup>28</sup> The Intergovernmental Authority on Development (IGAD) in Eastern Africa was created in 1996 to supersede the Intergovernmental Authority on Drought and Development

23. In 2008, a consultative committee on food security including USAID, United Nations agencies and FEWSNET was established. The committee holds monthly meetings to discuss issues such as drought, market conditions, upcoming assessments and anticipated food security projects.
24. The international NGO presence in Djibouti is limited, and national NGOs have limited capacity and experience in the planning and implementation of interventions.

### **c. Coordination**

25. Under the leadership of the President's Office, the Food Security Adviser coordinates hunger issues between line ministries and multi- and bilateral cooperation partners. The Ministry of Interior, through its decentralized structures, coordinates the distribution of relief assistance with WFP monitors in the field.
26. The Ministry of Health has taken the leadership of the Nutrition Coordination Group, comprising United Nations agencies and other partners involved in nutrition.
27. The refugee programme is implemented in cooperation with UNHCR and the National Office for Assistance to Disaster Victims and Refugees (ONARS).

## **III. OBJECTIVES OF WFP ASSISTANCE**

28. In line with WFP's Strategic Objectives (SO), the proposed PRRO aims at providing assistance to achieve the following objectives:
  - Save lives and protect livelihoods in crisis situations through general food distributions and supplementary feeding to refugees and people affected by drought (SO1);
  - Invest in disaster preparedness and mitigation measures through strengthening national capacity to establish an early warning, food security and nutrition monitoring system (SO2).
  - Restore and rebuild the lives and livelihoods of drought-affected people, through Food for Work/Food for Assets (FFW/FFA) to improve food and nutrition security (SO3);
  - Reduce chronic hunger and undernutrition through improved adherence to treatment regimes among PLHIV (on ART treatment) and TB patients through nutrition support (SO4).

## **IV. WFP RESPONSE STRATEGY**

### **a. Nature and effectiveness of food-security related assistance to date**

29. WFP's assistance to Djibouti began in the 1980s with support to refugees and vulnerable populations through the implementation of relief, rehabilitation and development activities. Djibouti's drought-affected population has been supported by WFP since 1999 through EMOPs, while the refugee caseload has been assisted through PRROs. Since September 1990, development assistance has been focused on education, health, agriculture and infrastructure development. Two projects are currently under implementation in Djibouti, providing a total of 39,135 mt. The development project 10727.0 supports a school feeding programme in rural areas, while PRRO 105440 is

assisting refugees, malnourished children and pregnant and lactating mothers as well as rural and urban households affected by recurrent drought and high food prices.

30. Under the current PRRO 105440, WFP with partners launched a food-for-work activity to provide food assistance to 6,500 households. In September 2009, this project will be phased out and a multi-stakeholder evaluation undertaken. This will determine if a further phase of the activity is required.
31. Through the recovery component of the current PRRO 105440, WFP, in coordination with United Nations agencies and technical ministries, has supported the construction/rehabilitation of community and household assets, including small agricultural and water supply infrastructure and access roads. Relief assistance is targeted to refugees and populations affected by drought and high global food prices.
32. The proposed PRRO will build on the experience gained under earlier operations while taking into consideration the conclusions and recommendations of the 2007 Regional Bureau Programme Review<sup>29</sup>, nutrition surveys and assessments including the 2009 EFSA.<sup>30</sup>

## **b. Strategy outline**

33. WFP will continue to support government strategies by prioritising assistance to the most vulnerable and food insecure people through the relief component of the PRRO. General food distributions (GFD) and supplementary feeding will be provided to refugees and households affected by drought and global high food prices. Through the recovery component, the operation will assist communities in developing sustainable physical assets, as well as support vulnerable groups through supplementary feeding programmes, PLHIV, tuberculosis (TB) patients and orphans and vulnerable children (OVC).
34. GFD for drought-affected people: As recommended by the 2009 EFSA, GFD will be targeted to acutely food insecure households over the duration of the operation. In the first 12 months of the PRRO, GFD will also target two groups suffering from transitory food insecurity<sup>31</sup>: the first group, the 'moderately food insecure and vulnerable' will be assisted throughout the year to stabilise their food security, while a second group, the 'moderately food insecure'<sup>32</sup> will be assisted only during the lean season.
35. In collaboration with the Government and FEWSNET, the country office will continue to update the analysis of livelihoods to determine the seasonal impact of shocks on vulnerable people and refine response options and the duration of assistance. In the second year of the PRRO, the acutely food insecure group will continue to require relief assistance, while the transitory food insecure groups will transition to food for work/food for assets (FFA), except during the lean season when it is estimated that over 80 percent of the transitory food insecure groups will also require general food distributions.<sup>33</sup>

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<sup>29</sup> Djibouti Programme Review Mission, August 2007

<sup>30</sup> WFP Emergency Food Security Assessment, May 2009

<sup>31</sup> 2009 EFSA: Moderately Food Insecure and Vulnerable

<sup>32</sup> 2009 EFSA: Moderately Food Insecure

<sup>33</sup> It is estimated that by 2011, 2000, moderately food insecure households will have developed sufficient resilience through FFA activities to no longer require GFD during the lean season

36. FFW/FFA recovery programmes: During seven months of each calendar year, the ‘moderately food insecure’ group<sup>34</sup> will participate in FFW/FFA programmes aimed at building their assets and resilience. In the second year of the PRRO, FFW/FFA activities will also include the ‘moderately food insecure and vulnerable’ group. As the majority of rural Djiboutians are pastoralists WFP, in collaboration with the FAO and IFAD, will support activities for rural pastoralists aimed at restocking animals and building small-scale agro-pastoral infrastructure. Water-harvesting FFA activities will also be undertaken in collaboration with UNICEF, UNDP/GEF<sup>35</sup>, IFAD and other partners. During the lean season, FFW/FFA will not be undertaken due to the high temperatures, lack of technical partners, and pastoral migration in search of pasture and water for livestock.
37. Support to orphans and vulnerable children (OVC): This intervention is aligned with the National Initiative for Social Development (INDS) which promotes assistance to the most vulnerable strata of the population. The component, which will encourage school attendance by OVC, will continue to address the needs of this highly vulnerable group based on their food security situation.
38. Assistance to Somali refugees: WFP will assist 9,300 refugees (to be increased gradually to 10,000 refugees) in one camp with a full ration of 2,147 kcal per person per day. The UNHCR/WFP Joint Assessment mission (JAM) planned for this year<sup>36</sup> will help further refine the beneficiary figures. The take-home rations for refugee school children will be maintained in order to consolidate the educational gains obtained during previous years.<sup>37</sup> The supplementary feeding programme will also be continued.
39. Health and nutrition interventions: To cover the nutritional needs of vulnerable groups, especially those affected by drought, supplementary feeding will target moderately malnourished children under-5 and pregnant and lactating women. The findings of the upcoming Joint Nutrition Survey to be conducted towards the end of 2009 will help WFP, UNICEF, WHO and partners to further fine-tune response options. Under this PRRO, support to TB patients on treatment and PLHIV will continue to encourage adherence to treatment regimes.

### **c. Handover strategy**

40. The handover strategy is a long-term strategy that is focused on developing the capacity of the Government to lead the monitoring, situational analysis and response to future food security-related shocks. The initial steps of this strategy are to first strengthen the nascent Food Security Unit under the Office of the President, and second, to develop the technical capacity of the Government to implement food-for-asset activities that strengthen the livelihoods of rural households against shocks. The initial focus of this strategy will be based on the following two elements:
- Early warning, food security and nutrition monitoring (FSNM): According to the 2009 EFSA, half of the rural population is moderately food secure and regular food security monitoring is therefore recommended. Through the National Food Security and

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<sup>34</sup>2009 EFSA: Moderately Food Insecure

<sup>35</sup> Global Environment Facility

<sup>36</sup> The Joint Assessment Mission is foreseen for the end of September/ beginning of October 2009.

<sup>37</sup> The last JAM undertaken in 2003 recommended the introduction of this incentive to refugee girls; this will be reviewed by the upcoming UNHCR/WFP JAM.



Nutrition Strategy (SNSAN), all stakeholders<sup>38</sup> will collaborate to gradually develop the capacity of government counterparts in supporting national food security and nutrition monitoring and designing appropriate responses.

- Improved resilience generated from assets created and government technical capacity strengthened: recovery activities will be reinforced by appropriate investment in non-food items for FFW/FFA. WFP with government counterparts will invest in FFW/FFA activities where households and communities participate in the identification, design, and implementation process. The assets created are expected to be sustained and maintained by the communities themselves, providing a gradual exit strategy for WFP as communities take on the operation and maintenance of assets. The gradual consolidation of the Government's monitoring of community assets will further strengthen its capacity to support vulnerable communities.

## V. BENEFICIARIES AND TARGETING

41. The operation will reach approximately 99,750 beneficiaries, of whom 59 percent will be women. This figure includes those identified by the 2009 EFSA, the refugee population and other vulnerable groups. Geographically, the PRRO targets the most vulnerable areas of the pastoralist population in five districts (Arta, Ali Sabieh, Dickhil, Obock and Tadjoura).
42. Beneficiaries of the GFD and FFW/FFA activities are based on the 2009 EFSA findings. The assessment has guided geographic targeting and the identification and prioritization of livelihood groups that require closer food security monitoring and support. Targeting criteria, apart from livelihoods, for the most vulnerable households include: female-headed households; households hosting orphans and/or disabled members.
43. The shift of transitory food insecure groups from GFD to FFW/FFA will be refined using seasonally collected food security monitoring information and results from an annual EFSA in the affected areas. Targeting criteria and the number of beneficiaries for FFW/FFA activities in the second year of the PRRO will be updated using the assessment findings.
44. Through the National Nutrition Programme (PNN), United Nations agencies are supporting the Government's priority areas for nutrition interventions, thereby providing WFP with scope for collaboration with UNICEF, WHO and other stakeholders. The targeting of the beneficiaries of the nutrition component<sup>39</sup>, are in accordance with the PNN protocol for malnutrition care.<sup>40</sup> For PLHIV and TB, targeting will follow the national guidelines for medical care for PLHIV undergoing Anti-Retroviral (ARV) treatment as well as the National Programme to Fight against Tuberculosis for TB patients. Selection criteria will be based on a body mass index (BMI) lower than 18.5 and food insecurity criteria. The Ministry of Health is not receiving external assistance to cover the nutritional needs of TB patients and PLHIV.

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<sup>38</sup> These include : WFP, UNDP, FEWSNET, FAO and UNICEF

<sup>39</sup> Moderately malnourished children aged 6–59 months and pregnant and lactating women

<sup>40</sup> Children under-5 with weight for height (W/H) between 70 and 80 percent or mid-upper-arm circumference (MUAC) lower than 11.5 mm; children referred by national therapeutic units regardless of W/H; and women at the second trimester of pregnancy with MUAC lower than 21 cm and; lactating mothers with MUAC lower than 21 cm.

45. The refugee caseload is based on UNHCR estimations.

46. Table 1 below summarizes the planned beneficiaries by intervention.

<b>TABLE 1: BENEFICIARIES</b>								
Year	<b>2009</b>	<b>2010</b>			<b>2011</b>		<b>Total</b>	<b>Women</b>
Months	October to December	January to April	May to September	October to December	January to April	May to September		
<b>I. RELIEF</b>								
GFD (Drought)	21 000	21 000	37 000	15 500	15 500	35 000	<b>37 000</b>	20 202
<b>II. RECOVERY</b>								
FFW/FFT	16 000	16 000		21500	19500		<b>21 500</b>	11 739
OVC	500	500	500	500	500	500	<b>500</b>	273
PLHIV	4 500	4 500	4 500	4 500	4 500	4 500	<b>18 000</b>	9 828
Tuberculosis	500	500	500	500	500	500	<b>500</b>	273
Supplementary feeding - Children	4 250	4 250	4 250	4 250	4 250	4 250	<b>25 500</b>	18 564
Supplementary feeding – Pregnant & Lactating Women	2 750	2 750	2 750	2 750	2 750	2 750	<b>8 250</b>	4 505
<b>III. REFUGEE PROGRAMME</b>								

GFD (Refugees)	10 000	10 000	10 000	10 000	10 000	10 000	<b>10 000</b>	5 460
THR - Refugee Girls*	300	300	300	300	300	300	<b>300</b>	0
<b>TOTAL</b>	<b>59 500</b>	<b>59 500</b>	<b>59500</b>	<b>59 500</b>	<b>57 500</b>	<b>57 500</b>	<b>99 750**</b>	<b>59 105</b>

\* Refugee girls are members of refugee families that separately also receive GFD.

\* Total adjusted by deducting 21,500 beneficiaries covered by both GFD and FFW, and 300 refugee girls covered under by both GFD and the THR.

## VI. NUTRITIONAL CONSIDERATIONS AND RATIONS

47. Selective feeding rations are consistent with the Ministry of Health protocols. The rations for drought-affected households will be revised if there are significant changes in the food and nutrition situation and people's ability to cope.
48. The ration composition is tailored to the needs and food habits of the target population. Pulses and corn-soya blend (CSB) have been included to provide a balanced food ration. Table 2 below shows the proposed rations by component.<sup>41</sup> Table 3 shows the overall food requirements of the operation.

<sup>41</sup> The take-home ration for refugee girls consists of 3.75 litres of vegetable oil per month for girls enrolled in grades three to six and attending 80 percent of school days;

**TABLE 2: PROPOSED RATIONS (g/person/day)**

Type of interventions	Cereals	Pulses	Veg. oil	WSB	Iodized Salt	Sugar	Total	Kcal	Feed. days/benef./year	Ration type (family or individual)
<b>I. RELIEF</b>										
GFD (Drought)	400	60	30	50	0	20	560	2 147	365	Family
<b>II. RECOVERY</b>										
Food for Work / Food for Asset	400	100	30	0	0	20	550	2 081	175	Family
Safety net - OVC	400	60	30	50	0	20	560	2 147	365	Individual
PLHIV	450	80	35	50	0	20	635	2 433	180	Family
Tuberculosis	400	80	35	50	5	20	590	2 258	365	Individual
Supplementary feeding - Children	0	0	40	250	0	20	310	1 384	90	Individual
Supplementary feeding - Pregnant & Lactating Women	0	0	40	250	0	20	310	1 384	270	Individual
<b>III. REFUGEE PROGRAMME</b>										
GFD (Refugees)	400	60	30	50	5	20	565	2 147	365	Individual
THR - Refugee Girls	0	0	3.75		0	0	3.75		180	Family

Note: THR-take-home rations

**TABLE 3. FOOD REQUIREMENTS FOR THE PRRO (mt)**

	Cereals (g)	Pulses (g)	Veg. oil (g)	WSB (g)	Iodized Salt (g)	Sugar (g)	Total
Year one – 2009	1 910	350	173	322	5	107	<b>2 867</b>
Year two – 2010	7 641	1324	687	1382	19	428	<b>11 481</b>
Year three – 2011	5 515	939	489	1037	14	311	<b>8 305</b>
Contingency	1 883	327	169	343	4	106	<b>2 832</b>
<b>TOTAL</b>	<b>16 949</b>	<b>2 940</b>	<b>1 518</b>	<b>3 084</b>	<b>42</b>	<b>952</b>	<b>25 485</b>

## VII. IMPLEMENTATION ARRANGEMENTS

49. Participation: Considering the absence of reliable distribution partners, WFP in collaboration with local authorities has set up local committees in charge of beneficiary selection and distributions. WFP field monitors are present in the five districts to support these committees and to regularly monitor food distributions.

50. Gender: Gender is mainstreamed in all programme categories. Supplementary feeding, GFD and FFW/FFA will give a priority to targeting women. WFP will ensure that 50 percent of food committee members are women and that gender dimensions are

considered by WFP and partners' staff. Women will be encouraged to collect household rations.

51. Partners: The Ministry of Agriculture, Livestock and Sea, WFP, FAO, UNICEF and IFAD will strengthen their collaboration by implementing FFW/FFA projects in livestock, forestry and sustainable land and water management to increase household and community assets. The PRRO refugee component will be implemented in partnership with UNHCR and ONARS. Under the leadership of the Ministry of Health, health and nutrition interventions will be implemented in collaboration with UNICEF and MSF-Switzerland. A programming approach that gives specific consideration to protection issues in the design and implementation of the operation will be applied, relying on WFP humanitarian principles and Do-No-Harm frameworks.
52. Non-food items (NFI): WFP has budgeted for the purchase of NFIs under ODOC for health/nutrition and FFW/FFA activities. However, partners are expected to provide the majority of the material and expertise. For the refugee component, UNHCR is providing water, plastic sheeting, blankets and other basic items.
53. Logistics arrangements: The Djibouti port will be used as an entry port for all imported commodities. WFP will assume responsibility for the reception, storage and transport of commodities. A 100 percent transport and handling cost subsidy at US\$ 154/mt is planned through the LTSH budget. The LTSH rate will be reviewed regularly to reflect transportation trends. No local procurement of food is envisaged. However, depending on the availability of commodities and competitiveness of prices, regional purchases will be considered.

## **IX. PERFORMANCE MONITORING**

54. The PRRO performance monitoring system will be based on a monitoring and evaluation (M&E) matrix prepared by the country office in conformity with the corporate strategic results framework, providing all indicators for measuring results and the means for collecting data. Monitoring activities will be further reinforced under this PRRO.
55. The M&E system incorporates results-based management (RBM). Outputs, outcomes and food security indicators will be monitored by WFP. Data collection tools include nutritional surveys and the EFSA and checklists on output and process indicators. The food security outcomes will be compared to baseline information collected in the 2009 EFSA.
56. Distribution reports will be provided by cooperating partners and WFP food monitors will play a key role in the data collection and verification process. Data will be entered in the country office database and used to prepare regular monitoring reports to track progress and reorient interventions and objectives as required.

**X. RISK ASSESSMENT AND CONTINGENCY PLANNING**

**a. Risk assessment**

57. Drought and floods due to climate change will continue to affect the livelihoods of the rural pastoral communities and reduce their resilience to shocks. Asset creation interventions depend on the availability of technical expertise and financial resources from the Government, partners and donors: insufficient implementation capacity will hamper the design and implementation of these activities; lack of commitment or resources for other sectors may jeopardize the efficiency of food assistance. Continued and strengthened government leadership will be necessary to maintain coordination and cohesion in order to ensure that programme activities are sustainable in the long-term.

58. The continuing crisis in Somalia, with the potential for new refugee influxes, may increase the caseload, and will also affect the prospects of return to their country of origin.

**b. Contingency planning**

59. The UNCT is active and regularly updates the United Nations Inter-Agency contingency plan in anticipation of major shocks. The escalation of violence in Somalia would potentially increase resource requirements in order to meet the immediate humanitarian needs for an initial six months period. Therefore, the contingency plan is based on the worst case scenario - a significant escalation of the existing humanitarian crisis. Based on a joint UNHCR/WFP consultation at the country level, it is estimated that around 30,000 internally displaced persons (IDPs) and refugees could be affected.<sup>42</sup>

**XI. SECURITY CONSIDERATIONS**

60. Djibouti is in security Phase 1, except for the district of Obock which is under phase 2. There are no security concerns regarding WFP operations except in the northern part of the country. The country office closely monitors any field missions in liaison with the security FSO/UN radio room.

**XII. RECOMMENDATION**

The Executive Director is requested to approve the proposed Protracted Relief and Recovery Operation Djibouti 105441: “Food Assistance to Vulnerable Groups and Refugees”.

**APPROVAL**

Approved by:

\_\_\_\_\_  
Josette Sheeran  
Executive Director, WFP

Date: .....

<sup>42</sup> Integrated Regional Contingency Plans for the Somalia situation, May 2009 Update

## ANNEX IA

### WFP PROJECT COST BREAKDOWN

	Quantity (mt)	Average cost (US\$) per mt	Value (US \$)
<b>COSTS</b>			
<b>A. Direct operational costs</b>			
Cereals <sup>43</sup>	16,949	448.89	7,608,012
Pulses	2,940	514.9	1,513,806
Oil	1,518	1,042	1,581,756
CSB	3,084	491.87	1,516,927
Sugar	952	592.28	563,851
Salt	42	92	3,864
<b>Total commodities*</b>	<b>25,485</b>		<b>12,788,216</b>
<b>External transport</b>			<b>2,263,780</b>
<b>Landside transport</b>			
<b>ITSH</b>			<b>3,924,482</b>
<b>Total LTSH</b>			<b>3,924,482</b>
<b>Other direct operational costs</b>			<b>608,000</b>
<b>Total direct operational costs</b>			<b>19,584,479</b>
<b>B. Direct support costs</b> (see table below for details)			<b>3,722,897</b>
<b>C. Indirect support costs</b> (7 percent of total direct costs)			<b>1,631,516</b>
<b>TOTAL WFP COSTS</b>			<b>24,938,892</b>

<sup>43</sup> This is a notional food basket used for budgeting and approval purposes. The precise mix and actual quantities of commodities to be supplied to the project, as in all WFP-assisted projects, may vary over time depending on the availability of commodities to WFP and domestically within the recipient country.

**ANNEX IB****DIRECT SUPPORT REQUIREMENTS (dollars)**

<b>Staff</b>	
International professional staff	976,200
National professional officers	108,000
National general service staff	192,000
Temporary assistance	664,767
Overtime	9,600
Actual International Consultants Honoraria	14,700
Local Consultants	5,000
Staff duty travel	288,553
<b>Subtotal</b>	<b>2,258,819</b>
<b>Recurring Expenses</b>	
Rental of facility	72,000
Utilities general	64,200
Office supplies & other consumables	49,220
Communication and IT services	166,920
Equipment repair and maintenance	24,000
Vehicle running cost and maintenance	301,038
Office set-up and repairs	259,800
<b>Subtotal</b>	<b>937,178</b>
<b>Equipment and capital costs</b>	
Vehicle Leasing	193,800
TC/IT equipment	263,100
Local security costs planning	70,000
<b>Subtotal</b>	<b>526,900</b>
<b>TOTAL DIRECT SUPPORT COSTS</b>	<b>3,722,897</b>



**ANNEX II - Log Frame Djibouti PRRO No 105441**

Results-Chain (Logic Model)	Performance Indicators	Risks, Assumptions
<b>STRATEGIC OBJECTIVE 1 – Save the lives of drought affected and refugee populations</b>		
<p><b>Outcome 1.1</b> Reduced and/or stabilized acute malnutrition among the refugees living in camp and other vulnerable people.</p>	<ul style="list-style-type: none"> <li>➤ Prevalence of acute malnutrition among children under 5 in WFP intervention areas (W/H as %) (Refugee camps &lt;10%, other areas &lt;15%).</li> <li>➤ Recovery rate ≥75%, Death rate ≤3% Defaulter rate ≤15%</li> </ul>	<p><b>Assumptions:</b> Government policy will remain supportive of the refugee component; Access to basic services such as water, sanitation and healthcare;</p> <p><b>Risks:</b> Ineffective/insufficient support from health and nutrition partners.</p>
<p><b>Output 1.1.1:</b> Timely provision of food and non-food items in sufficient quantity and quality to targeted beneficiaries.</p>	<ul style="list-style-type: none"> <li>➤ Actual number of targeted beneficiaries receiving food &amp; NFIs as percent of planned by gender.</li> <li>➤ Tonnage of food distributed, by type, as percent of planned.</li> <li>➤ Quantity of fortified foods and special nutritional products distributed by type as % of planned distribution.</li> <li>➤ Quantity of NFIs distributed by type as a % of the planned distribution</li> </ul>	<p><b>Assumption:</b> Adequate and timely funding to ensure healthy pipeline;</p> <p><b>Risk:</b> Ineffective nutritional screening by partners and/or inadequate coverage by health centres.</p>
<b>STRATEGIC OBJECTIVE 2 - Prevent acute hunger and invest in disaster preparedness and mitigation measures</b>		
<p><b>Outcome 2.1:</b> Early warning, food security and nutrition monitoring systems are set up &amp; enhanced with WFP support.</p>	<ul style="list-style-type: none"> <li>➤ Disaster Preparedness index increased (≥ 5)</li> </ul>	<p><b>Assumption:</b> Adequate and timely funding is available;</p>

<p><b>Output 2.1.1:</b> Disaster mitigation measures in place with WFP capacity development</p>	<ul style="list-style-type: none"> <li>➤ Contingency plans updated</li> <li>➤ EW system in place and functional</li> <li>➤ FSM system in place and functional</li> </ul>	<p><b>Risks:</b> Activities depend on technical expertise/inputs from government and partners. ≥ ≤</p>
<p><b>STRATEGIC OBJECTIVE 3 – Restore and rebuild lives and livelihoods in post-disaster situations</b></p>		
<p><b>Outcome 3.1:</b> Targeted communities have increased access to livelihood assets and increased their ability to resist shocks in transition situations.</p>	<ul style="list-style-type: none"> <li>➤ Proportion of beneficiary household expenditures devoted to food &lt;60% for 80% of targeted community</li> <li>➤ Household asset score increases to ‘medium’ for 80% of targeted households</li> </ul>	<p><b>Assumption:</b> beneficiaries are interested in implementing activities within the modality of FFW/FFA;</p> <p><b>Risk:</b> Lack of/inadequate implementation capacity.</p>
<p><b>Output 3.1.1:</b> Livelihood assets developed, built or restored by targeted communities and participants.</p>	<ul style="list-style-type: none"> <li>➤ Number of community assets created or restored by targeted communities and participants as percent of planned;</li> <li>➤ Number of targeted households and participants benefiting of food within FFW activities as percent of planned;</li> </ul>	
<p><b>Output 3.1.2:</b> Food and NFIs are distributed in sufficient quantity and quality to targeted beneficiaries.</p>	<ul style="list-style-type: none"> <li>➤ Actual number of beneficiaries (by gender) receiving food and NFIs, as percent of planned;</li> <li>➤ Tonnage of food and quantity of NFI distributed, by type as percent of planned.</li> </ul>	

<p><b>Outcome 3.2:</b> Increase access to education for refugee girls in refugee camp schools.</p>	<ul style="list-style-type: none"> <li>➤ Percent of school age girls enrolled in WFP assisted refugee schools</li> <li>➤ Attendance rate: number of school days in which girls attend class as a % of the total number of school days (<math>\geq 90\%</math>)</li> </ul>	<p><b>Assumption:</b> Access to quality school environment including equipment, materials and teachers;</p> <p><b>Risks:</b> Ineffective/insufficient support from education partners.</p>
<p><b>Output 3.2.1:</b> Food and NFIs are distributed in sufficient quantity and quality to targeted beneficiaries.</p>	<ul style="list-style-type: none"> <li>➤ Actual number of schoolgirls receiving THR and NFIs, as percent of planned;</li> <li>➤ Actual tonnage distributed, as percent of planned.</li> </ul>	
<p><b>Outcome 3.3:</b> Increase access to education of orphans &amp; other vulnerable children.</p>	<ul style="list-style-type: none"> <li>➤ Enrolment for OVCs: average annual rate of change in number of OVCs by gender (<math>\geq 4\%</math>)</li> <li>➤ Attendance rate for OVC by gender (<math>&gt;80\%</math>).</li> </ul>	<p><b>Assumption:</b> Access to quality school environment including equipment, materials and teachers;</p> <p><b>Risks:</b> Ineffective/insufficient support from education partners.</p>
<p><b>Output 3.3.1:</b> Timely provision of food in sufficient quantity &amp; quality to OVCs.</p>	<ul style="list-style-type: none"> <li>➤ Actual number of targeted beneficiaries by gender receiving food and NFIs and as percent of planned;</li> <li>➤ Tonnage of food distributed, by type, as percent of planned.</li> </ul>	
<p><b>STRATEGIC OBJECTIVE 4 – Reduce chronic hunger and under nutrition</b></p>		
<p><b>Outcome 4.1:</b> Improved survival of adults &amp; children with HIV after 6-12 months of ART treatments.</p>	<ul style="list-style-type: none"> <li>➤ ART adherence rate</li> <li>➤ Percentage of adults &amp; children with HIV known to be on treatment 6-12 months after initiation of ART (<math>\geq 75\%</math>)</li> </ul>	<p><b>Assumption:</b> Drug supply is stable and the adherence to treatment protocol is not compromised by other factors than lack of food;</p> <p><b>Risks:</b> Partners lack human and financial resources for complementary activity.</p>

<p><b>Output 4.1.1:</b> Timely provision of food in sufficient quantity to beneficiaries.</p>	<ul style="list-style-type: none"> <li>➤ Actual number of targeted beneficiaries (by gender) receiving food and NFIs and as percent of planned;</li> <li>➤ Tonnage of food distributed, by type, as percent of planned.</li> </ul>	<p><b>Assumption:</b> food pipeline is maintained without interruption.</p>
<p><b>Outcome 4.2:</b> Improved success of TB treatments for targeted cases.</p>	<ul style="list-style-type: none"> <li>➤ Treatment adherence rate for TB patients.</li> <li>➤ Percentage of TB cases registering under DOTS programme in a given year that have successfully completed treatment (<math>\geq 85\%</math>).</li> </ul>	<p><b>Assumption:</b> Drug supply is stable and the adherence to treatment protocol is not compromised by other factors than lack of food;  <b>Risks:</b> Partners lack human and financial resources for complementary activity.</p>
<p><b>Output 4.2.1:</b> Timely provision of food in sufficient quantity to beneficiaries.</p>	<ul style="list-style-type: none"> <li>➤ Actual number of targeted beneficiaries (by gender) receiving food and NFIs as percent of planned;</li> <li>➤ Tonnage of food distributed, by type, as percent of planned.</li> </ul>	<p><b>Assumption:</b> food pipeline is maintained without interruption.</p>

## List of acronyms

ARV:	Anti-Retroviral Treatment
ARI:	Acute Respiratory Infections
BMI:	Body Mass Index
CDM	Clean Development Mechanism
CO:	Country Office
DJF:	Djibouti Franc
EFSA:	Emergency Food Security Assessment
EMOP:	Emergency Operation
FAO:	Food and Agriculture Organisation
FEWSNET:	Famine Early Warning System network
FSM:	Food Security Monitoring
FSO/UN:	UN Field Security Officer
FFW/FFA:	Food-For-Work/Food-For-Assets
GEF:	Global Environment Facility
JAM:	Joint Assessment Mission
LIFDC:	Low-income food deficit country
HDI:	Human Development Index
HIV:	Human immunodeficiency virus
IDP:	Internally displaced persons
INDS:	National Initiative for Social Development
IR-EMOP:	Immediate Response Emergency Operation
GAM:	global acute malnutrition
GDP:	Gross domestic product
GFD:	General food distributions
MCHN:	Mother and child health and nutrition
MDG:	Millennium development goals
M&E:	Monitoring and Evaluation
MICS:	Multi-Indicator Cluster Survey
MT:	metric tons
MUAC:	mid-upper-arm circumference
NGO:	Non governmental organisation
NFI:	Non food items
ONARS:	National Office for assistance to disaster victims and refugees
OVC:	orphans and vulnerable children
PLHIV:	people living with HIV
PRRO:	Protracted relief and recovery operation
PRSP:	Poverty Reduction Strategic Paper
RBM:	Results based management
SAM:	severe acute malnutrition
SNSAN:	National Food Security and Nutrition Strategy
SO:	WFP Strategic Objectives for 2008/2011
TB:	Tuberculosis
UN:	United Nations
UNCT:	United Nations Country team
UNDAF:	United Nations Development Assistance framework
UNHCR:	United Nations high commission for the refugees
UNDP:	United Nations development programme
UNICEF:	United Nations Children's Emergency fund
USAID:	United States agency for international aid
VAM:	Vulnerability analysis and mapping
WFP:	World Food Programme
W/H:	Weight for height