

Protracted Relief and Recovery Operation
DJIBOUTI - 200293
Assistance to Vulnerable Groups Including Refugees

DJIBOUT PRRO 200293	
Number of beneficiaries	96,130 yearly maximum
Duration of project	Two years; 1 October 2011 – 30 September 2013
WFP food tonnage	35,772 mt
Cost (United States dollars)	
WFP food cost	US\$ 18,666,854
Total cost to WFP	US\$ 33,419,260

EXECUTIVE SUMMARY

Though the Gross National Income per capita is US\$ 1,280, the Djiboutian population of 818,159¹, with a 2.8 percent annual growth rate continues to experience high incidences of poverty². Djibouti is also disaster prone and has been experiencing less rain for the last five years. The most recent shock being the 2011 Horn of Africa drought that has led to famine threatening over 12 million lives in parts of Ethiopia, Somalia, Kenya, Djibouti, and Uganda. In addition an increased influx of refugees into Djibouti due to the catastrophic conditions and increased incidence of insecurity in Somalia. These shocks continue to place the country in a situation requiring urgent and increased relief and early recovery support.

According to the WFP led Rural EFSA carried out in 2011, the food security situation remain critical with 42 percent of the rural sedentary population being food insecure and 27 percent moderately food insecure, estimated at about 36,200 and 24,500 people respectively. Income level, based on total expenditures as measured in a recent survey, is extremely low, at less than 0.65 US\$ per person per day.

WFP aims to reduce short term hunger among communities affected by recurrent drought emergencies and increasing food prices through targeted relief and early recovery interventions while building government and community capacity through training. It will also include assistance to the refugee population.

Assistance will target a yearly maximum of 96,130 beneficiaries and will ensure achievement of the following specific objectives;

- a. Supporting the poorest and most food insecure populations including refugees through improved food access; (SO1) Enhancing Government, partners and communities capacity in disaster preparedness through training (SO2) Improved nutrition status of refugees and other vulnerable groups in Djibouti (SO3)
- b. Increase enrolment of refugee girls in WFP assisted refugee schools (SO3) Promoting resilience and self reliance among most food insecure households and communities, affected by shocks; (SO3)

PRRO 200293 will enable WFP support the Government of Djibouti in particularly addressing MDG 1, 3 and 7. The PRRO is aligned to the national initiative for social development, food and nutrition strategy and the United National Development Assistance Framework.

¹ DISED, 2ème Recensement Général de la Population et de l'Habitat (RGPH) de Djibouti, 2009

² UNDP 2010, "Tracking MDGs Progress". ,Djibouti.

SITUATION ANALYSIS AND SCENARIO

The Overall Context

1. Although Djibouti's human development index (HDI) increased by 5 percent from 2005 to 2010, it ranks the country, 147th out of 169 countries, as a low income country³. Its strategic location, in the Horn of Africa, is conducive to the service industry owing to the port of Djibouti that contributes 79 percent of the Gross Domestic Product (GDP). Industry contributes 18 percent and remaining 3 percent is from agriculture⁴. The land area of 23,200 sq. km is a coastal dessert with a volcanic mountainous terrain leaving only 10 percent as agricultural land.
2. Agricultural production, through small irrigated fruit and vegetable gardens, yields around 6,000 mt per year, covering only 10 percent of the national needs. Consequently Djibouti remains highly dependent on imports (90 percent) for its food needs⁵, increasing its vulnerability to global price fluctuations.
3. Though the Gross National Income (GNI) per capita is US\$ 1,280, the Djiboutian population of 818,159⁶, with a 2.8 percent annual growth rate continues to experience high incidences of poverty⁷. The percentage of poor people based on the multi-dimensional poverty index (MPI) is 29.3 and intensity of deprivation is 47.3 percent⁸. Approximately 41 percent of the population are absolutely poor, living on less than US\$ 2 a day, 18.4 percent live below the income poverty line of US\$ 1.25 a day⁹. Rural poverty incidence is high, as 83 percent live in extreme poverty.¹⁰
4. The majority of the population (71 percent) live in urban areas, and 58 percent are in the capital. Unemployment rate remains high at over 60 percent¹¹, with a bias on the active female population, experiencing an unemployment rate of 68.8 percent compared to 54.6 percent for active males¹². Literacy levels were low at 42 percent in 2002¹³. Only 14.2 percent of rural women aged 15 to 24 years are literate compared to 48.4 percent in the urban areas. In addition, representation of women in government and national assembly is low at 9.5 and 14 percent respectively.
5. Albeit the Government of Djibouti's efforts to improve the education sector, its indicators are among those rated poorly in Africa¹⁴. According to the Ministry of Education,

³ UNDP 2010. "*The Human Development Report, Statistical Annex*"; New York.

⁴ Human Rights Watch; 2009

⁵ Min. of Agriculture, Livestock and Sea, 2008, "*Assessment of Development Efforts in the Primary Sector*", Djibouti.

⁶ DISED, 2ème Recensement Général de la Population et de l'Habitat (RGPH) de Djibouti, 2009

⁷ UNDP 2010, "*Tracking MDGs Progress*". Djibouti.

⁸ Oxford University, July 2010, "*Oxford Poverty and Human Development Initiative*".

⁹ Ibid,

¹⁰ Ibid;

¹¹ International Monetary Fund., Press Releases 2011

¹² Ministry of the promotion of women, family well being and social affairs, October 2009

¹³ ibid

¹⁴ USAID Assistance to Education Evaluation, 2009

in 2009 the gross enrolment rate was 80 percent while completion and repetition rate were 72.2 and 7.3 percent respectively. Girls represent 46 percent of the pupils in primary school however, a decline is observed as they progress into secondary level (38 percent). Life expectancy at birth is 56.1 years¹⁵. Infant and under five child mortality are estimated at 75 and 94 deaths per 1,000 live births respectively¹⁶. However the under five mortality rate for urban areas is 95 compared to 73 per 1000 live births for rural areas¹⁷. Maternal mortality is 300 per 100,000 live births¹⁸. Djibouti has one of the world's highest tuberculosis prevalence rates at 868 per 100 000 people.¹⁹ HIV prevalence is 2.7 percent among adults (15 - 49 years), equivalent to 12,216 people.²⁰ Treatment coverage for HIV/AIDS remains low at 21.6 percent.

6. Compared to its neighbours Djibouti has continued to enjoy political stability and security. It currently hosts 16,700 refugees from Somalia, Ethiopia and Eritrea comprising 92.9, 6.9 and 0.2 percent respectively. 51 percent of the refugees are females²¹. According to the 2009 Joint Assessment Mission Report, there is no mention of voluntary repatriation. Though the report mentions UNHCR Djibouti plans to submit close to 4,000 refugees to the Government of Djibouti to be considered for resettlement within the duration of this operation.

The Food Security and Nutrition Situation

7. FEWSNET food security outlook for May 2011 warns of significant and continued food deficits in pastoral livelihood zones due to two failed rainy seasons²² and high international food prices. WFP emergency food security assessment (EFSA) carried out jointly with the Government of Djibouti, UNICEF and FEWSNET in 2011 had similar findings.
8. According to the preliminary results of the 2011 rural EFSA, the food security situation remain critical with 42 percent of the rural sedentary population being food insecure and 27 percent moderately food insecure, estimated at about 36,200 and 24,500 people respectively.
9. Average rural total Expenditure is extremely low about 0.68 US\$ per person per day. Expenditures of the food insecure is even lower estimated at 0.45 US\$ per person per day. Approximately 42 percent of the population had a poor consumption and have difficulties feeding their family all year around. 15 percent of the borderline consumption group are more stressed during the lean season (from April to October). The rural areas of Djibouti are affected by low productive and non productive asset holdings, low income levels and absence of job opportunities in rural areas. The lack of access to services such as education and health aggravate this situation. Only 17 percent of the population relies on livestock and livestock products as a source of income. Sales of charcoal, gifts, daily work and salary are some of the major sources of income in rural areas, although none hold more than 15 percent of the population. 10 percent households that made distress livestock sales in order to

¹⁵ UNDP, 2010, "Human Development Report", *Country Profile, Human Development Indicators New York*

¹⁶ UNICEF 2011 "The State of the World Children", New York.

¹⁷ WHO, 2009, *Djibouti Health Profile, Djibouti*

¹⁸ Ibid

¹⁹ Ibid.

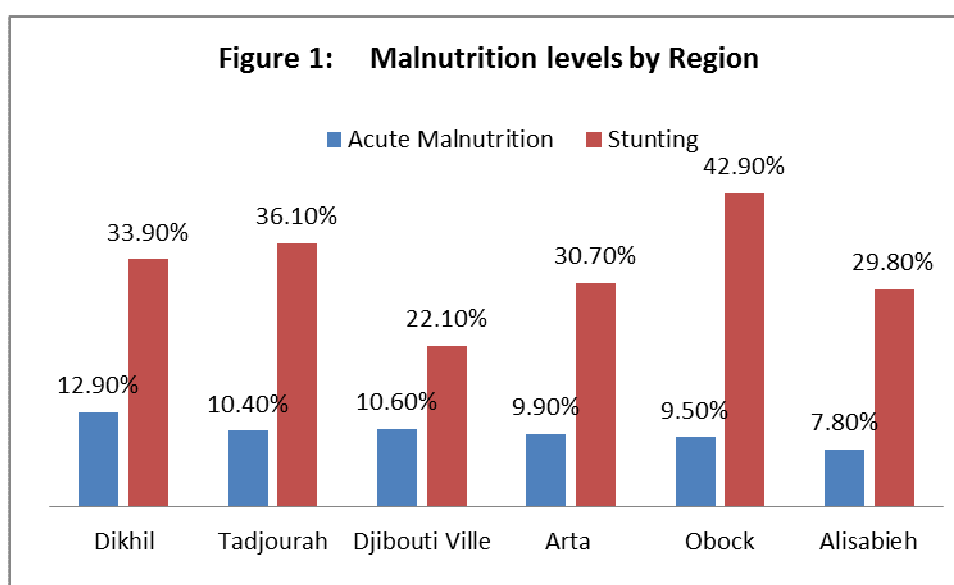
²⁰ National Plan for Sanitary Development (2008 – 2012)

²¹ UNHCR/WFP; 2010, Joint Assessment Mission, Djibouti

²² The failed rains are Heys / Dada coastal rains (October – March) and Diraa/Sorgoum inland rains (March – June).

purchase food, most (75 percent) were food insecure or moderately food insecure. Food assistance will aim to increase access to food as well as prevent critical losses of productive assets.

10. High food prices and drought are the two main shocks in 2011.
11. According to the 2010, Ministry of Health/UNICEF SMART nutrition survey, the national Global Acute Malnutrition (GAM) rate was 10 percent, with 1.2 percent of children being severely malnourished (SAM). The nutrition situation was slightly more serious in rural areas with GAM of 11.4 percent and SAM of 1.3 percent²³. When disaggregated by district, GAM rates varied between 7.8 percent in Alisabieh to 12.9 percent in Obock district as illustrated in the figure 1 below.



Source : Ministry of Health,/ UNICEF 2010: SMART Nutrition Survey

12. However, reports of deteriorated nutrition status through the 2011 Horn of Africa drought alert, resulted in joint rapid assessment carried out in August 2011 by Government of Djibouti, UNICEF and WFP. Screening results of this rapid assessment report increased malnutrition levels; SAM and MAM in Obock among children under age 5 being 7 and 14 percent respectively, in Tadjourah SAM and MAM were 4 and 18 percent respectively. While around Djibouti City, MSF reported SAM and MAM of 7 and 23 percent respectively.
13. Chronic malnutrition levels in the rural areas are much higher than in urban areas with stunting and underweight figures at 37.3 and 27.3 percent respectively while urban areas recorded 24.2 and 18.4 percent respectively²⁴. Exclusive breastfeeding figures and vitamin A coverage are low at 24.5 and 36 percent respectively.
14. For the refugee camp, though the 2009 JAM highlighted improvements in Ali Addeh camp since the 2008 assessment. The anthropometric study in 2010 reported nutrition levels of GAM at 16.7 percent (above emergency threshold established at 15 percent) and SAM at 3.1 percent. The prevalence of chronic malnutrition in children aged 6 - 59 was estimated at

²³ Ministry of Health/UNICEF 2010: *SMART Nutrition Survey*. Djibouti.

²⁴ Ibid

33.8 percent (above critical threshold at greater 30). The 2010 survey estimated anemia at 42.4 percent for 6 – 59 months children and at 37.9 percent among women of the reproductive age. Refugee conditions are likely to deteriorate with increased influx from Somalia.

15. The 2009 JAM recommends the need for continued food assistance to refugees through GFD, supplementary feeding and take home rations, gender equality in food management committees, provision of fuel efficient stoves and expansion of warehouse for improved food storage.
16. Since 2009, prices have remained high and there were a few good rains in Djibouti. The current high prices will continue to worsen the already critical food security situation of the local population. An urban market study carried out jointly by WFP in partnership with the Government of Djibouti, FEWSNET and UNICEF, indicated fragmented oligopolistic markets that favor collusion due to limited competitiveness. The main regional supplier for the market has for long been Ethiopia for sorghum, pulses, fruits and vegetables while wheat and rice are imported. Wheat flour and rice experienced price increases of 31 and 12 percent respectively in the last few months

Scenarios

17. The failure of the *Heys/Dada* rains²⁵, coupled with below normal rainfall during the *Diraa/Sougoum* season has resulted in significant water deficit particularly in grazing areas and livestock deaths (FEWSNET May 2011). Since the rains in Djibouti have been poor for the last 5 years, this is a going to be a long term recovery situation
18. High food prices will continue to result in deteriorated livelihoods for a segment of the poor, affecting their food security. The PRRO is based on addressing the negative effects on food access of the most vulnerable with the assumption that poor rainfall and high food price trends will persist in the next 12 months.
19. Refugee numbers are based on the June 2011 caseload of 16,700 registered by UNHCR plus an increase of 500 persons per month. In case UNHCR resettles the 4,000 refugees as planned, beneficiary numbers will be revised as appropriate through a budget revision.

POLICIES, CAPACITIES AND ACTIONS OF THE GOVERNMENT(S) AND OTHERS

Policies, Capacities and Actions of the Government(s)

20. The National Initiative for Social Development 2008-2012 (INDS), launched in 2007, is a second generation national poverty reduction strategy. The INDS is built around 4 pillars: i) economic growth, stability and competitiveness; ii) human resources development and promotion of access to basic social services; iii) fight against extreme poverty, vulnerability and regional inequalities; and iv) improve governance and strengthen public sector

²⁵ See foot note 23.

management. The INDS is under revision and additional strategic priorities²⁶ will be included to cover the 2011-2015 period. Food security is a key national priority in both the current INDS and the new strategic orientations informing its revision.

21. The Government of Djibouti provides management support facilitating operational activities. The refugee camp is under the jurisdiction of the Ali Sabieh Commissioner and the National Office of Assistance to Refugees and Disaster Victims (ONARS). ONARS administers distribution of food and non-food items. Operations for the drought affected are administered by the Local Government representatives in the respective districts. They coordinate Food For Assets interventions with IFAD.
22. In previous emergencies of prolonged droughts and high food and fuel prices, the Government of Djibouti used a combination of ad-hoc short-term instruments such as reducing import taxes and the prices of basic commodities. In the medium-term, the government is planning to increase agricultural production through overseas farms established in Ethiopia and Sudan.
23. While food transfers are preferred by the Government in rural areas and districts, vouchers would represent a valid alternative to provide assistance to vulnerable groups in the capital.

Policies, Capacities and Actions of other Major Actors

24. United Nations and other organizations have active projects in the following sectors: UNICEF in nutrition, education, water and sanitation; FAO, IGAD and World Bank in disaster risk reduction and emergency preparedness; UNHCR is responsible for the protection and humanitarian assistance programmes in the camp. IFAD in rural development and water; UNDP in climate change and decentralisation. Other major donors include the European Community, USAID, the French Development Agency, and the African Development Bank, all of which have committed resources to health and education programmes. World Bank is also supporting a social safety net pilot project with the Djiboutian Agency of Social Development (ADDS) targeting 45,000 people.

Coordination

25. Since 2011, WFP and FAO are chairing a joint UN food security technical working group. The Emergency Food Security Assessment (EFSA) steering committee, chaired by WFP, although focusing on food security assessments, represent an active discussion forum on broader food security issues. Participants include representatives from all main government line ministries, UN agencies, NGOs and FEWSNET. UNICEF chairs the sectorial group for health and education.

OBJECTIVES OF WFP ASSISTANCE

26. The PRRO aims to reduce short term hunger among communities affected by recurrent drought emergencies and increasing food prices through targeted relief and early recovery interventions while building government and community capacity. It will ensure achievement of the following specific objectives;

²⁶ IOG Président 2011, Des idées nouvelles pour l'avenir.

- a. Supporting the poorest and most food insecure populations including refugees through improved food access; (SO1)
- b. Enhancing Government, partners and communities capacity in disaster preparedness through training. (SO2)
- c. Improved nutrition status of refugees and other vulnerable groups in Djibouti(SO3)
- d. Increase enrolment of refugee girls in WFP assisted refugee schools (SO3)
- e. Promoting resilience and self reliance among households and communities most food insecure, affected by shocks; (SO3)

WFP RESPONSE STRATEGY

Nature and Effectiveness of Food Security-Related Assistance to Date

27. WFP has supported both refugees and drought affected populations in Djibouti in the last three decades through implementation of relief, recovery and development interventions. WFP interventions support the government of Djibouti's plan to improved food access as stipulated in the National Initiative for Social Development (INSD), the food and nutrition security strategy as well as the UNDAF. WFP is currently implementing a development programme supporting 12,000 rural children's access to primary schools supporting the country in advancing towards the MDG 2 target. And a PRRO, 105441 that enables WFP provide for the relief and recovery needs of the most food insecure through General Food Distributions for refugees and host communities, Food For work, supplementary feeding interventions for the moderately malnourished and HIV/AIDS affected people. Though the PRRO began with GFD distributions only during the lean period, food security among the most food insecure group deteriorated prompting WFP to expand distributions to the whole year.
28. WFP has proactively engaged and trained government and NGO staff at national and decentralized levels in food and nutrition security assessments enabling the formation of the Emergency Food Security Assessment Steering Committee. Members of the steering committee participate actively in designing tools, surveys and contribute to the activity orientation sessions.

Strategy Outline

29. Guided by assessment findings and reviews, the programme will focus on strengthened strategic partnerships through engaging governments, UN agencies, both local and international organizations and communities. The programme will also focus on capacity building through formal and informal training of partners including government, NGOs and communities. PRRO 200293 will comprise mainly, relief and early recovery components. The relief intervention will consist of general food distribution activities to households with compromised food security due to drought and increased food prices, refugees and supplementary feeding for the moderately malnourished refugees in the camps and the local population. While the PRRO will be supporting treatment programmes, WFP will explore any opportunities for preventing stunting through discussions with government and partners. A budget revision to incorporate this activity will be pursued as soon as the role of WFP in preventing stunting becomes clear.

Relief Component

General Food Distribution (GFD)

30. **Local Population:** During the first year of the PRRO food insecure households will receive GFD rations throughout the year. The moderately food insecure will receive GFD during the lean season from May to September. Targeted households in the rural areas will receive food rations while in the urban areas WFP will explore the possibility of using vouchers if assessed to be feasible through a study planned for September 2011 through a budget revision. In the meantime WFP will continue advocating to the Government of Djibouti for the establishment of a safety net programme to support the most food insecure populations in the urban areas.
31. GFD is perceived to result in high levels of dependency. CO has therefore planned for annual reductions of 10 percent in the number of GFD beneficiaries in the second year. Those exiting from general food assistance will be targeted through Food For Assets (FFA) depending on availability of technical capacity.
32. **Refugees:** Registered refugees in camps will receive GFD rations throughout the year.

Supplementary feeding

33. **Local population:** To treat acute malnutrition, supplementary food rations will be provided to moderately malnourished children, children discharged from therapeutic feeding centers, pregnant and lactating women (PLW) and malnourished individuals on ART or TB treatment programmes. Malnourished children below 5 years will receive a ration of Supercereal plus (WSB++) 200g, and adults will receive Supercereal (WSB+), 40g oil and 25g sugar. For treatment programme for children under 5 years, Supercereal will be used in the interim awaiting the availability of Supercereal plus. Food rations will be provided every two weeks for the first two months and then once a month. Children's weight and height will be measured at every visit and will be discharged if they attain a z score above -2 on two consecutive measurements. To improve the effectiveness of this intervention, WFP will collaborate with community health workers to actively screen, refer and follow up on malnourished children in the community.
34. **Refugees:** Malnourished refugee children under five years and pregnant and lactating women, children discharged from therapeutic feeding centres will receive supplementary feeding rations as outlined in the above section. Other vulnerable groups (OVGs) to be supported through supplementary feeding rations include tuberculosis patients, people Living with HIV and the elderly.

Early Recovery Component

35. The early recovery interventions will target the local vulnerable populations through Food For Assets, refugee girls take-home rations and Capacity Building interventions.
36. **Food For Assets:** From October to April, moderately food insecure people will be encouraged to participate in low tech – low risk FFA interventions²⁷ that will help build

²⁷ These are simple soil and water conservation techniques that donot require specialized knowledge for adoption and will not result in high household risks such as losses in resources.

resilience and at the same time improve preparedness for disasters. These may include activities such as rehabilitating and protecting water catchments areas, roads, establishing soil and water conservation structures for pastures rejuvenation and tree planting²⁸. The Ministry of Agriculture and livestock, the Ministry of Energy and water, FAO, IFAD, UNICEF and ADDS will jointly with WFP and the community identify and prioritize activities based on availability of resources and technical support.

37. **School Feeding:** refugee girls attending at least 80 percent of school days will receive take-home rations to encourage their families to send them to primary school. WFP is also supporting school feeding through its development project 107270 assisting all primary schools in rural areas of Djibouti.

Capacity Building

38. In the absence of a food security cluster, the EFSA steering committee will continue to engage in food security training and analysis as well as food and nutrition security monitoring. Hence strengthening national capacity in disaster preparedness. Besides, in partnership with FAO, WFP envisages an opportunity to introduce Integrated Phase Classification (IPC) for food security in an effort to promote national adoption of globally recognized terminologies and food security analysis methodologies.
39. Through establishment of a regional hub, WFP will support Government of Djibouti to establish a national strategic food reserve. The Government of Djibouti is willing to establish a national strategic food reserve. The country office will assist them in the management of the warehouse and the development of a strategy on the management of a national food reserve.

Hand-Over Strategy

40. Though Food security is a central theme in the UNDAF (2008 – 2012) and a national food and nutrition strategy has been developed stating appropriate initiatives that will promote national food security. The Government lacks effective coordination measures to ensure systematic and technical design, monitoring, implementation and management of these initiatives. Through this PRRO WFP will continue developing capacity of partners more specifically Government and communities in accessing, analyzing and monitoring food security trends. Efforts will also be made to ensure government funding of related activities. Once sufficient expertise is developed a progressive approach will be designed to facilitate and promote handover of food security analysis and monitoring. This will be succeeded by capacity development in the design of food security initiatives, implementation and management, including discussion around the implementation of a national safety net programme and longer term solution to address hunger. However based on previous trends the latter set of activities may not be feasible within the timeframe of this PRRO.

²⁸ Under PRRO 105441 the following achievements were made through implementation of the FFA interventions; rehabilitation of 604 km of feeder roads, establishment of 1000 tree seedlings, 700 cubic meters of check dam and gully rehabilitation.

BENEFICIARIES AND TARGETING

41. Geographical targeting for GFD and food for work is based on assessment findings and studies and the food insecure and moderately food insecure will specifically be targeted. Beneficiary figures for all categories are based on previous trends bearing in mind birth and mortality rates. While selecting areas to be targeted priority will be given to the northwest region and regions identified through the nutrition survey had having higher prevalence of acute malnutrition such as Dikhil, Tadjourah and Djibouti ville.
42. Household targeting is carried out with community involvement through a committee comprising local leaders and community members. The selection criteria will include characteristics of food insecure households outlined in the EFSAs.

TABLE 1: BENEFICIARIES BY ACTIVITY*(totals are without double counting)												
	Oct 2011 - April 2012			May – Sept. 2012			Oct. 2012 – April 2013			May 2012 – Sept' 2013		
Activity	M	F	Total	M	F	Total	M	F	Total	M	F	Total
Relief - Refugees												
GFD	9 588	9,912	19,500	10,353	10,897	21,250	11,654	12,046	23,700	12,514	12,936	25,450
SFP	199	1,010	1,209	218	1,100	1, 318	243	1,226	1,469	261	1,317	1,578
PLHIV	2070	2430	4500	2070	2430	4500	2070	2430	4500	2070	2430	4500
TB	227	273	500	227	273	500	227	273	500	227	273	500
OVG	227	273	500	227	273	500	227	273	500	227	273	500
Relief Local Population												
GFD	18,100	18,100	36,200	30,350	30,350	60,700	16,300	16,300	32,600	27,540	27,540	55,080
SFP	1955	5045	7000	1955	5045	7000	1955	5045	7000	1955	5045	7000
Early – Recovery Local Population												
FFA	12,250	12,250	24,500				14,050	14,050	28, 100			
Refugee School feeding THR		500	500		580	580		580	580		580	580
TOTAL	44417	48283	92700	45182	49358	94450	46483	50417	94900	44533	48497	93030

*Maximum beneficiary numbers for period are considered.

43. The refugee numbers are based on previous trends of refugee migration and registration at Ali Addeh Camp. Based on the current influx of 500 refugees per month it is projected that within two years the refugee population will have increased by about 30 percent²⁹. UNHCR plans to establish a second refugee camp in September 2011 to accommodate increasing refugee numbers. The number of host populations affected by drought targeted for GFD and FFA are estimated based on EFSA findings. The supplementary feeding and take home rations are based on nutrition survey results and previous trends. The Supplementary feeding beneficiaries category include moderately malnourished children and pregnant and lactating women identified based on MUAC screening results, tuberculosis patients and people living with HIV. For moderately malnourished children aged 6–59 months, underweight pregnant and lactating women, the inclusion criteria are defined in

²⁹ UNHCR, 2011, Projected Refugee Trends

accordance with the Health Ministry's National Nutrition Program protocol for management of malnutrition: children under-5 with weight for height (W/H) z score above -3 but less than -2 or mid-upper-arm circumference (MUAC) between 11.5-12.5 cm; women at the third term of pregnancy with MUAC lower than 21 cm and; lactating women with MUAC lower than 21 cm and a child under-5. For activities related to PLHIV, targeting will follow the Global Fund's guidelines for medical care for PLHIV undergoing Anti-Retroviral treatment and TB patients. The selection criteria will be based on a body mass index (BMI) lower than 18.5. All registered refugees will receive food assistance as they have limited livelihood options.

NUTRITIONAL CONSIDERATIONS AND RATIONS

44. Ration composition is based on nutrient content, local diet and refugee preferences. The food rations are micronutrient fortified to meet the micronutrient needs of the targeted population. Fortified blended foods have been included in GFD rations to meet the micronutrient needs of the targeted population as well as the needs of infant and young child feeding.

TABLE 2: FOOD RATION/TRANSFER BY ACTIVITY (g/person/day)									
	GFD - Refugees	GFD Drought *	THR *	FFA**	SFP adults ***	SFP children < 5	PLHIV	TB	OVG
Cereals	400	400	0	400	0	0	450	400	400
Pulses	60	60	0	100	0	0	80	80	60
Veg Oil	30	30	3.75	30	40	0	35	35	30
WSB+	50	50	0	0	250	0	50	50	50
WSB++	0	0	0	0	0	200			
Iodized Salt	5	0	0	0	0	0		5	
Sugar	20	20	0	20	20	0	20	20	20
TOTAL	565	560	3.75	550	310	200	635	590	560
Total kcal/day	2,150	2,150		2,081	1,359	820	2,483	2,303	2,147
% Kcal from protein ³⁰	13.2%	13.2%		13.5 %	13.9%		9.9%	10%	9.6%
% Kcal from fat	16.6%	16.6%		16.0%	34.5%		14.9%	16.0 %	14.7%

³⁰ A GFD ration should provide a basket of food commodities that covers the 'recommended mean daily per capita nutrient intake' (WHO, 1995). The GFD ration should therefore provide 10 to 12 percent of its Kcal (energy) from protein and at least 17 percent from fat (Food and Nutrition Handbook. Page 65, table 8.1).

Number of feeding days per year	365	365	180	90**	90	90	180	365	365
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*Represent family rations and THR quantity is in litres per family per month.

**Though the FFW activity is run for 7 months, Duration of FFA feeding depends on the kind of activity based on work norms that range from a 30 day to 90 day activities.

*** SFP rations are in line with the national nutrition protocols.

TABLE 3: TOTAL FOOD REQUIREMENTS BY ACTIVITY (mt)

	GFD Refugees	GFD Drought	THR	FFA	SFP -	HIV/TB/O VG	Total
Cereals	6,170	12,748	0.0	3,682	0.0	1758	24,358
Pulses	926	1912	0.0	921	0.0	311	4,070.
V. Oil	463	956	29	276	124	138	1,985
WSB+	771	1,593	0.0	0.0	764	200	3,328
WSB++	0	0	0	0	709		709
Iodized Salt	77	0.0	0.0	0.0	0.0	2	79
Sugar	309	608	0.0	184	62	79	1,242.
TOTAL	8,716	17,817	29	5,063	1659	2488	35,772

IMPLEMENTATION ARRANGEMENTS

Participation

45. WFP has Food Aid Monitors (FAM) in all regions and regularly monitor food distributions. Due to the lack of reliable distribution partners, WFP in collaboration with local authorities have engaged community leaders to set up food distribution committees who are responsible for beneficiary selection and distributions. As in the current programme, women will be proactively encouraged to participate in these committees and food entitlements will be made in the names of the women.

Partners

46. WFP identifies private transporters to deliver the food. The local authority and local government participate in the selection of beneficiaries and distribution of food for the drought affected populations. Strategic Partnerships will be strengthened with the Ministry of Agriculture, Livestock and Sea, FAO, IFAD, UNDP, UNICEF, IFAD and ADDS while providing support to the GFD and FFA beneficiaries. UNHCR and ONARS register refugees and overall camp management is carried out by ONARS. Both WFP and UNHCR monitor camp activities. Other partners that ensure smooth operations at the camp are Asian of Medical Doctors of Asia (AMDA) and APEF who provide health, nutrition sanitation

support of the camp. Some local partners and non-governmental organisations act as implementing partners for WFP interventions. Government health facilities will implement treatment programmes for malnourished individuals with support from nutrition partners.

Transfer Modalities

47. Food transfers will be used for all the interventions. However the CO plans to carry out a feasibility study in September 2011 to determine the feasibility of using vouchers to target the urban food insecure and borderline food insecure populations.

Non-Food Inputs

48. UNHCR is responsible for the provision of non food items in the camps that include kerosene, cooking equipment and soap. WFP provides non-food items for implementation of FFA activities. Ministry of health will ensure provision of drugs and other complementary inputs at the health facilities implementing treatment programmes.

Environmental Impact

49. The FFA interventions will to an extent reduce the negative effects on the environment. In addition FAO, IGAD and the World Bank will support programmes that promote disaster preparedness. UNHCR is expected to effectively distribute Non Food Items to reduce impact of deforestation caused by refugees.

Logistics

50. WFP will receive food commodities at the port of Djibouti, ensure clearance, transport and storage in WFP managed houses. The commodities corresponding to the refugee component will be handed over ex WFP managed warehouse to ONARS. The remaining consignments if not under specific in the FLA contracts with humanitarian partners will be under WFP responsibility to transport, store at intermediary warehouses and distribute directly to the beneficiaries.
51. LTSH subsidy by CO for actual expenses (storage and transport costs) incurred by the Government IP (ONARS) will be based on specific commodities/tonnages allocated as per table 3. However, such subsidies will have to be approved beforehand by CO.
52. CO shall work with local and international non-governmental organizations (“NGOs”) and other UN Agencies in the implementation of the Operation. In such an event, a Field Level Agreement (FLA) will be signed between CO and the concerned INGO and/or national NGO. In case a LTSH subsidy is applicable, payments will be done following the same criteria stipulated in the para 42 above.

Procurement

53. The operation will follow WFP procedures and make the most cost effective purchase. Given that Djibouti is a food deficit country, no local procurement is envisaged.

PERFORMANCE MONITORING

54. The M&E system which was initiated in 2006, will continue to be used. The system has been upgraded in compliance with the regional output database, Automated output

monitoring system, (ATOMS). Monthly monitoring data is collected by the FAM. Programme staff, including the M&E officer, who makes follow-up visits to the field on a quarterly basis.

55. Food security and nutrition monitoring data is collected on a quarterly basis through the food security and nutrition monitoring system. Data on the food consumption score, sources, expense on food and non food items and coping strategies is being collected by WFP staff and partners including Government Officials. EFSAs are carried out annually and the programme will also carry out annual self reviews of its operations.

RISK ASSESSMENT AND CONTINGENCY PLANNING

Contingency Planning

56. As of the recent developments, WFP will ensure disaster preparedness measures are integrated in its programming. WFP also supports the Government of Djibouti in preparing and updating the Government of Djibouti's contingency plan.

SECURITY CONSIDERATIONS

57. WFP Djibouti is 90 percent MOSS compliant. Additional improvements to the office are in process in order to reach 100 percent of compliance.

APPROVAL

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Josette Sheeran

Executive Director

Date:.....

ANNEX I-A

PROJECT COST BREAKDOWN			
Food ³¹	Quantity (mt)	Value (US\$)	Value (US\$)
Cereals	24,358	9,859,058	
Pulses	4,070	1,966,421	
Oil and fats	1,985	2,620,332	
Mixed and blended food	4,037	3,212,906	
Others	1,321	1,008,138	
Total food	35,772	18,666,854	
Cash transfers		0	
Voucher transfers		0	
Subtotal food and transfers			18,666,854
External transport			2,591,390
Landside transport, storage and handling			5,835,094
Other direct operational costs			644,923
Direct support costs ³² (see Annex I-B)			3,494,692
Total WFP direct costs			31,232,953
Indirect support costs (7.0 percent) ³³			2,186,307
TOTAL WFP COSTS			33,419,260

³¹ This is a notional food basket for budgeting and approval. The contents may vary.

³² Indicative figure for information purposes. The direct support costs allotment is reviewed annually.

³³ The indirect support cost rate may be amended by the Board during the project.

DIRECT SUPPORT REQUIREMENTS (US\$)	
Staff and staff-related costs	
International professional staff	579,586
International general service staff	0
Local staff - national officers	0
Local staff - general service	757,347
Local staff - temporary assistance	704,620
Local staff - overtime	0
Hazard pay and hardship allowance	0
International consultants	59,000
Local consultants	0
United Nations volunteers	0
Commercial consultancy services	0
Staff duty travel	146,018
Subtotal	2,246,571
Recurring expenses	
Rental of facility	72,000
Utilities	77,040
Office supplies and other consumables	51,360
Communications services	166,920
Equipment repair and maintenance	36,000
Vehicle running costs and maintenance	353,181
Office set-up and repairs	179,800
United Nations organization services	76,250
Subtotal	1,012,551
Equipment and capital costs	
Vehicle leasing	163,200
Communications equipment	29,320
Local security costs	43,050
Subtotal	235,570
TOTAL DIRECT SUPPORT COSTS	3,494,692

ANNEX I-B

Annex II

Summary of Log Frame Djibouti: PRRO No. 200293

Strategic Objective 2: Prevent Acute hunger and invest in Disaster Preparedness and Mitigation Measures		
PRRO Objective 2 : Enhancing government staff and community knowledge in disaster preparedness		
Outcome 2.1 Early-warning systems, contingency plans ; food security monitoring systems set in place and enhanced with WFP capacity development support	➤ Disaster Preparedness Index (Target:7)	EFSA Steering Committees remains active and engages in planned disaster preparedness activities
Outcome 2.2 Hazard risk reduced at community level in targeted communities.	➤ Percentage of Households with increased asset score. Target: 35%.	
Output 2.1.1 Disaster mitigation measures set in place with WFP capacity development support	➤ Risk reduction and disaster preparedness and mitigation systems set in place, by type.	
Output 2.1.2 Food distributed in sufficient quantity and quality to target groups.	➤ Tonnage of food distributed by type as percentage of planned. ➤ Number of beneficiaries by sex as a percentage of planned.	



Output 2.2 Disaster-mitigation assets built or restored by targeted communities.	➤ Number of risk-reduction and disaster-mitigation assets created or restored, by type and unit (number or planned assets).	
Strategic Objective 3: Restore and rebuild lives and livelihoods in post-conflict situation PRRO Objective 3: Improved nutrition status of refugees other vulnerable groups in Djibouti. (SO3)		
Outcome 3.1 Improved nutritional recovery and adherence to treatment of ART and TB treatment clients	➤ Nutritional recovery rate ➤ Adherence rate for ART ➤ Adherence rate for TB	



Outcome 3.2 Stabilized acute malnutrition among targeted beneficiaries in rural and urban areas	<ul style="list-style-type: none"> ➤ Prevalence of acute malnutrition targeted under five children and pregnant and lactating women, by gender (weight-for-height as %) (baseline 2010: 8.7 target: <x%) ➤ Prevalence of acute malnutrition targeted pregnant and lactating women, by gender (weight-for-height as %) (baseline 2010: target: %); ➤ Supplementary feeding for rural and urban area , recovery, deaths and defaulters. Targets: recovery rate (target: >75%), death (target: <3%), default and non response rate (target: <15%). 	
Outcome 3.3 Stabilized acute malnutrition among targeted children under 5 in refugee camp	<ul style="list-style-type: none"> ➤ Prevalence of global acute malnutrition targeted populations, by gender (weight-for-height as %) (baseline: 16.7% target: <10%); ➤ Supplementary feeding, recovery, deaths and defaulters. Targets: recovery rate (target: >75%), death (target: <3%), default and non response rate (target: <15%). 	Other underlying causes of malnutrition – aggravating factors like, parasitic infections - are addressed by relevant agencies, and health services, water, sanitation and social services are available.



<p>Output 3.1</p> <p>Distribution of food and non-food items in sufficient quantity and quality to targeted women, men, girls and boys.</p>	<ul style="list-style-type: none"> ➤ Number of people receiving food and non-food assistance by activity and as % of planned beneficiaries. ➤ Tonnage of food distributed, by type, as % of planned distribution. ➤ Quantity of fortified foods, complementary foods and special nutritional products distributed, by type, as % of planned distribution. . 	
<p>Output 3.2</p> <p>Distribution of adequate food in sufficient quantities and qualities to target moderate malnourished children (under five) and pregnant/lactating women in rural and urban area</p>	<ul style="list-style-type: none"> ➤ Quantity of fortified foods, complementary foods distributed, as % of actual distribution ➤ Quantity of fortified foods complementary food distributed, as% of planned distribution ➤ Number of beneficiaries (by gender /age groupe and type) receiving food assistance as % of planned beneficiaries ➤ Number of health centres/post assisted 	<p>Sensitizing is done in order to acknowledge the population of this specific program</p> <p>Supplementary feeding centres have adequate medical personnel, equipment, supplements and services</p>



<p>Output 3.3</p> <p>Distribution of adequate food in sufficient quantities and qualities to target moderate malnourished children in refugees camp</p>	<ul style="list-style-type: none"> ➤ Quantity of fortified foods, complementary foods distributed, as % of actual distribution ➤ Quantity of fortified foods complementary food distributed, as% of planned distribution ➤ Number of under 5 beneficiaries (by gender) receiving food assistance as % of planned beneficiaries ➤ Number of health centres/post assisted 	<p>Supplementary feeding centres have adequate medical personnel, equipment, supplements and services</p>
<p>PRRO Objective 4: Promoting resilience and self reliance among households and communities most food insecure, affected by recurrent shocks</p>		
<p>Outcome 4.1</p> <p>Increased access to assets in fragile transition communities.</p>	<ul style="list-style-type: none"> ➤ Percentage of increase of Community Asset Score 	



Outcome 4.2: Increase enrolment of refugee girls in WFP assisted refugee schools.	➤ % of school age girls enrolled in WFP assisted refugee schools;	
Output 4.1 Food distributed in sufficient quantity and quality to target group.	➤ Tonnage of food distributed by type as percentage of planned. ➤ Number of beneficiaries by sex as a percentage of planned.	
Output 4.2 Food is distributed in sufficient quantity and quality to targeted beneficiaries.	➤ Actual number of schoolgirls receiving THR and NFIs, as % of planned; ➤ Actual tonnage distributed, as % of planned.	



ANNEX III - List of Acronyms Used in the Document

GAM – Global Acute Malnutrition

SAM – Severe Acute Malnutrition

GDP - Gross Domestic Product

MDG - Millennium Development Goal

FEWSNET – Famine Early Warning Systems Network

HDI – Human Development Index

GNI – Gross national income

MPI – Multi-dimensional poverty index

UNDP – United Nations Development Programme

ADDS – Djiboutian Agency for Social Development

IFAD – International Fund for Agricultural Development

IGAD – Inter-Governmental Authority on Development

FAO – Food and Agricultural

ANNEX IV – Map

