

Protracted Relief and Recovery Operation - Djibouti 200824

..

Title: “Enhancing the resilience of chronically vulnerable rural, urban and refugee populations and reducing undernutrition in Djibouti”	
Number of beneficiaries	75,600
Duration of project (starting date – end date)	01 May 2015 – 31 December 2017
Gender Marker Code * ¹	2A
WFP food tonnage	31,317

Cost (United States dollars)	
Food and Related Costs	24,420,605
Cash and Vouchers and Related Costs	4,796,680
Capacity Development & Augmentation	31,500
DSC	7,517,671
ISC	2,573,652
Total cost to WFP	39,340,108

* For the coding criteria, refer to <https://www.humanitarianresponse.info/system/files/documents/files/gm-overview-en.pdf>.

EXECUTIVE SUMMARY

- Despite Djibouti’s classification as a middle income country, food insecurity affects 60 percent of the rural population². Agricultural production is minimal: only 4 percent of the land is arable and imports represent 90 percent of the national food source.
- The root causes of food insecurity and undernutrition in Djibouti include insufficient access to water for agro-pastoral activities, exacerbated by climate change and lack of basic services such as health and education. Djibouti has a national wasting rate of 18 percent and stunting of 33 percent, with over 40 percent children stunted in the rural areas.
- Consistent with the Djibouti Country Strategic Plan (2015-2017), WFP aims to achieve the following strategic results by 2017: i) Vulnerable refugees targeted by WFP for food assistance have adequate daily caloric intake and dietary diversity, ii) Access to adequate

¹ See WFP Gender Marker Guide, http://pgm.wfp.org/index.php/Topics:Gender_Marker.

² WFP CFSVA June 2014

food of communities supported by WFP is improved and iii) Reduced undernutrition rates in the most vulnerable areas targeted by government social safety nets.

- Complementary partnerships are at the heart of WFP's vision and strategy in Djibouti and will optimize WFP's added value and impact. WFP will work closely with the Rome-based agencies to increase resilience to shocks of rural food insecure populations and in moving forward the resilience agenda. Partnerships with UNICEF, UNHCR and others will also be key to improving nutrition, safety net interventions in urban areas, and increasing self-sufficiency in refugee populations.
- The PRRO is aligned with the timing of the Djibouti Country Strategy, the UNDAF (2013-2017), and WFP's corporate Strategic Plan, which all run through the end of 2017. The PRRO programme components will help to make progress towards the targets of the SDG 2 to end hunger, framed around the Zero Hunger Challenge - primarily the pillars on food access and nutrition.
- This PRRO is also aligned with the Millennium Development Goals 1, 2, 4 and 5³ and WFP Strategic Plan (2014–2017).

³ Millennium Development Goals: 1) Eradicate extreme poverty and hunger, 2) achieve universal primary education, 4) Reduce child mortality and 5) improve maternal health.

SITUATION ANALYSIS

Context

1. Djibouti is classified as a low middle income country⁴. With a fast growing economy⁵, Djibouti has significant socioeconomic impact on the neighbouring states due to its geo-strategic location. Yet, the 2012 national poverty survey estimates that 79 percent of the population live in relative poverty. Djibouti ranked 170 out of 187⁶ countries included in the 2014 Human Development Index⁷.
2. Approximately 80 percent of the population in Djibouti live in urban areas.⁸The climate of Djibouti is hot and arid and is subject to natural disasters including multiyear droughts, flash flooding and periodic earthquakes. Since 2006, recurrent and continuous droughts have eroded grazing areas resulting in massive loss of livestock and other livelihood support systems. This has prompted urban migration and increased urban poverty.
3. With economic growth primarily resulting from foreign direct investments and port activities, Djibouti's main challenge will be to maintain a high growth rate that is inclusive and more diverse and that leads to job creation. The backbone of the economy is transport and logistics: the sectors with highest potentials for growth.
4. Djibouti hosts approximately 13,000 refugees (46.7 percent women⁹), mostly from Somalia. Due to threats of attacks by Al-Shabaab, in 2013 the Government introduced restrictions of refugees' movements outside Ali Addeh camp, hosting the majority of the refugees, limiting their self-reliance opportunities.
5. Durable solutions include a strategy for Somali refugees that incorporates facilitated repatriation to South/Central Somalia once security and stability allows. Voluntary return is not a foreseeable option now.

The Food Security and Nutrition Situation

6. Food insecurity affects 60 percent of the rural population. Agricultural production is minimal – only 4 percent of the land is arable- and imports represent 90 percent of the national food source.
7. Poverty is one of the main drivers of food insecurity in Djibouti. Approximately 96 percent of the severely food insecure households are poor. The arid climate and the increasingly frequent droughts have eroded the resilience of the agro-pastoralist communities, often resorting to extraordinary sales of livestock which undermine their ability to recover. The region of Obock is the most food insecure (58.1 percent of households), followed by Dikhil (42.3), Arta (32.5), Tadjoura (25.6) and Ali Sabieh (23.8).
8. Insufficient livelihood opportunities and vulnerability to international prices exposes urban dwellers to food insecurity. Households headed by women are slightly more exposed to food insecurity in urban areas than households headed by men (8.9% vs 7.1%) due to their limited access to formal employment and their heavy reliance on the markets. Many women resort to informal jobs as street vendors and khat¹⁰ redistributors.

⁴ World Bank Djibouti Overview. <http://data.worldbank.org/country/djibouti>. Accessed 20 June 2014

⁵ Djibouti's economy grew at a 4.7 percent average between 2009 and 2013. The Economist Intelligence Unit (2014).

⁶ Ibid

⁷ No Gender Inequality Index figures available due to lack of data.

⁸ Therefore approximately 690,000 people live in urban areas and approximately 170,000 people live in rural areas

⁹ JAM 2013

¹⁰ Khat is a plant native to the Horn of Africa and the Arabian Peninsula. Its fresh leaves and tops are chewed or, less frequently, dried and consumed as tea, to achieve a state of euphoria and stimulation.

9. The nutrition situation in Djibouti is of a serious concern. The national GAM rate has increased from 10 percent in 2010 to 18 percent in 2013 (19.3 percent for boys and 14.6 percent for girls) and stunting affects 33 percent of all children under five (36.4 percent for boys and 31.6 percent for girls), with over 40 percent children stunted in the rural areas (44.8 percent for boys and 37.9 percent for girls). Both indicators show a higher incidence of under-nutrition in boys¹¹ than girls.
10. Micronutrient deficiency, especially anaemia, is a concern in Djibouti, given the poor dietary diversity, the high levels of malaria and helminthes, and the lack of iron-rich food sources. Over two-thirds of children under five and pregnant and lactating women (PLW) are anaemic, while other micronutrient deficiencies including Vitamin A and zinc are also endemic.
11. Despite continued food assistance to the refugees, 42 percent of the households in Ali Addeh and 37 percent in Holl Holl are food insecure, with households headed by women more likely to be food insecure. Refugees sell a portion of their rations to pay for loans and buy other preferred/needed items, so food only lasts for 21 days on average. Dietary diversity is very poor and highly dependent on the monthly ration given.
12. Significant decreasing trends in chronic malnutrition and anaemia are observed for both camps. On average, stunting decreased from 45.2 percent in 2012 to 36.4 percent in 2013 (37 percent boys and 35.8 percent girls) while anaemia reduced from 37.3 to 29.6 percent. However, the global acute malnutrition (GAM) for children under five increased from 9.9 percent in 2012 to 17.7 percent in 2014 in Ali Addeh camp (19.4 percent boys and 15.9 percent girls). Contributing factors to the increased GAM rate include¹²: high prevalence of disease among children, the discontinuation of blanket supplementary feeding to children 6-23 months in March 2013¹³, poor nutrition status of mothers and problems with children's screening at the nutrition centre which delay their enrolment in treatment programmes.

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

Policies, Capacities and Actions of the Government(s)

13. Djibouti's Vision 2035 promotes a food security and nutrition strategy under the pillar "Strengthening Human Capital", and the National Initiative for Social Development (INDS). The INDS (2008 – 2015) has four core pillars: 1) economic growth, stability and competitiveness; 2) human capital development through greater access to basic care; 3) reduction of extreme poverty and inequalities; and 4) good governance. The Government further adopted a National Food Security and Nutrition Strategy (NFSNS), an Emergency Nutrition Plan of Action and National HIV Strategic Plan and National Strategy to Fight TB.
14. WFP works with the Government to consider and support the development of food, cash and/or voucher transfer modalities. Food transfers are preferred in the rural areas, given the poor market infrastructure, while cash and/or voucher transfers are appropriate for the urban and refugee settlements.

Policies, Capacities and Actions of other Major Actors

15. UN agencies have aligned their activities with the INDS. The United Nations Development Assistance Framework (2013 – 2017) in Djibouti has three pillars: 1) governance and economic development; 2) access to better basic social services; and 3) building resilience for food security. The UN Consolidated Appeal Process (2014 – 2015) is geared towards: 1) building resilience for food security; 2) minimizing risks of epidemics and reduce impacts on drought-

¹¹ The underlying causes of the higher incidence of under-nutrition in boys is not well documented. WFP will work with the Ministry of Health and UNICEF to study this further and provide an appropriate response.

¹² Joint Assessment Mission (JAM) November 2013.

¹³ The blanket supplementary feeding was implemented by UNHCR; however it was discontinued due to lack of funding.

affected populations and livestock; and 3) sustaining support to refugees and migrants with a focus on self-sufficiency and return.

16. Other actors include the EU, USAID, World Bank, Canada and “Agence Francaise au Development” all of which have committed resources to support Djibouti’s vision¹⁴.

Coordination

17. Assistance to refugees is coordinated by the National Office for Assistance to Refugees (ONARS) and UNHCR. The 2013 resilience roadmap will converge efforts to build the eroded resilience in the country. The food security cluster and the Intergovernmental Authority on Development (IGAD) will foster synergy around the resilience roadmap.

OBJECTIVES OF WFP ASSISTANCE

18. The strategy and objectives of this PRRO are formulated under the Zero Hunger Challenge (ZHC) framework. More specifically, this operation will focus on three key pillars 1) zero children less than two years are stunted, 2) 100 percent access to adequate food all year round and 4) 100 percent increase in smallholder productivity and income.
19. This PRRO is also aligned with the Millennium Development Goals 1, 2, 4 and 5¹⁵ and WFP Strategic Plan (2014–2017). The specific objectives are to :
 - Meet the food and nutritional needs of refugees and the most food insecure populations in Djibouti (Strategic Objective 1 – Save lives and protect livelihoods in emergencies and ZHC pillar 2).
 - Enhance the resilience of rural populations to chronic shocks related to climate change through social service delivery and asset creation (Strategic Objective 3 – Reduce risk and enable people, communities and countries to meet their own food and nutrition needs and ZHC pillars 2 and 4).
 - Support the National Nutrition Programme with interventions to prevent and treat acute and chronic malnutrition among vulnerable populations, in particular women and children (Strategic Objective 4: Reduce undernutrition and break the intergenerational cycle of hunger and ZHC pillar 1).

WFP RESPONSE STRATEGY

Nature and Effectiveness of Food Security-Related Assistance to Date

20. Over the past ten years, WFP has responded to emergency and protracted needs of refugee and rural populations of Djibouti through humanitarian and development operations. Currently, WFP implements a PRRO to address food needs of refugees, urban poor and drought-affected populations, and a five year development programme with a school feeding activity.
21. WFP programmes in Djibouti build on a number of reviews and project evaluations. The 2013 food security, livelihood and markets survey in refugee camps and host communities, and the 2013 Joint Assessment Mission (JAM) recommended the introduction of a cash component in the camps to improve diet diversity and reduce the sale of food rations. A 2012 evaluation of the Djibouti voucher pilot programme that targeted mostly female headed households demonstrated improved food security in 80 percent of households and highlighted the cost

¹⁴ The priority areas for EU are WASH, food security and support measures to tackle: lack of water, energy needs and highly unemployment. USAID focuses on the quality of teaching and learning in primary schools, support global health to control TB, polio and HIV/AIDS, building resilience and providing humanitarian assistance and supporting the development of Djibouti’s labor force. Canada has provided WFP support for the construction of WFP’s logistics hub. France targets three priority sectors: education, health and urban development.

¹⁵ Millennium Development Goals: 1) Eradicate extreme poverty and hunger, 2) achieve universal primary education, 4) Reduce child mortality and 5) improve maternal health.

effectiveness of the voucher modality. This pilot successfully facilitated the partnership with the State Secretariat for National Solidarity (SESN) and positioned WFP as a key partner for urban programming initiatives.

22. WFP has also enhanced the Government's capacity to establish national early warning systems and has contributed to the development of the resilience road map.

Strategy Outline

23. This PRRO serves to operationalize the Djibouti Country Strategic Plan (2015-2017) and lays out the foundation to improve food and nutrition security in Djibouti, in line with Government's priorities.
24. WFP Djibouti has successfully developed collaborative and strategic partnerships with a focus on building the capacity of the Government to effectively manage food security and nutrition programmes. Building on these efforts, the new PRRO boosts Djibouti's resilience focus and the development of safety nets, while still meeting the humanitarian needs of the most vulnerable populations. The activities are formulated around three main strategic results:

WFP Strategic Result 1: Vulnerable refugees targeted by WFP have adequate food consumption

25. Refugees are the priority group in this PRRO, being fully dependant on WFP assistance for their survival. WFP will continue to provide general food distributions to all registered refugees in Ali Addeh and Holl Holl camps. Since October 2014, general distributions include a cash component to help diversify refugee's diet, increase their purchasing power, and stimulate local markets.
26. To address poor nutrition in the camps, WFP will continue the treatment of moderate acute malnutrition, and will include a blanket supplementary feeding programme to address the high levels of stunting and micronutrient deficiencies and prevent a deterioration in the nutrition status of children under five years of age. Supplementary rations are provided to other vulnerable groups, including tuberculosis (TB) patients, people living with HIV and the elderly.
27. As recommended by the JAM, WFP will continue to provide a take home ration of vegetable oil for girls to prevent drop outs¹⁶ related to early marriages.
28. WFP will advocate with UNHCR and donors for the inclusion of an energy saving strategy to reduce women's exposure to gender based violence when they collect firewood and also to reduce environmental degradation.

WFP Strategic Result 2: Access to adequate food for rural and urban communities supported by WFP is improved

29. Building on the resilience roadmap¹⁷ and WFP's partnership with the Government and FAO, WFP will expand its collaboration with IFAD and the World Bank on asset creation, focusing on water catchment, soil fertility and anti-erosion enhancement measures for forage and grazing systems. WFP will select the specific activities based on a consultative approach which includes integrated context analysis, seasonal livelihood programming and community based participatory planning ensuring women's full participation at all stages.
30. Unconditional relief assistance including nutrition programmes remains necessary for food insecure households in remote communities where resilience activities are not feasible.

¹⁶ Drop-out rates in Ali Addeh are 16% for both boys and girls. In Holl Holl, drop-out rate for girls is 25% and 6% for boys.

¹⁷ The resilience road map was endorsed in 2013 following a national resilience workshop. The document facilitates a convergence of efforts, especially on issues that have contributed to eroded resilience in the country, namely lack of access to water and under-nutrition.

Geographic and vulnerability targeting prioritize Obock and Dikhil¹⁸, the areas with highest food insecurity and under-nutrition prevalence.

31. As a seasonal safety-net, mobile cash transfers will be implemented during the lean-season (July-September) in urban populations. This activity will mostly target female headed households and considers their preference for mobile money distributions which reduce the waiting time and the exposure to safety issues.
32. Capitalizing on WFP's strong logistics capacity and linking with the private sector, WFP will continue to conduct trainings in transport and logistics and will establish a professional driving institute, facilitating much needed employment in a growing sector. Noting that in the first phase of the training only six of the 200 trainees were women, WFP will strongly encourage women's participation in the next phases¹⁹.

WFP Strategic result 3: Reduced under-nutrition/improved nutrition of women and children in most vulnerable areas targeted by government social safety nets

33. Recognizing the need for a multi-sectoral approach to address the underlying causes of malnutrition in Djibouti, WFP will work with the Government and through the Nutrition Alliance in Djibouti (Government, UNICEF, WHO, FAO, UNHCR, WFP, and NGOs) to develop an integrated response. Seizing on its programmatic presence in remote rural areas, WFP will facilitate children's access to nutrition prevention services in areas with weak health infrastructures, complementing UNICEF prevention programmes in other areas of the country. The prevention component will focus first in areas with the highest food insecurity and malnutrition prevalence, allowing lessons learned to be incorporated before its expansion. Additionally, in urban areas, WFP will partner with the Djibouti Agency for Social Development (ADDS) to enhance the delivery of nutrition prevention services through social safety-net programmes.
34. WFP will work with UNICEF and the Ministry of Health to conduct a gender analysis and develop a Behavior Change Communication (BCC) strategy to promote appropriate infant and young child feeding (IYCF) practices and hygiene. Furthermore, WFP will work with UNICEF and WHO to improve the quality of the community nutrition service, with a focus on gender-based messaging design. WFP will also engage with UN partners and the Government to discuss how the Scaling Up Nutrition (SUN) movement can be integrated as a priority in the Government's agenda.
35. WFP will continue to provide treatment for moderate acute malnourished children and PLW in rural and urban areas. This is part of a package that includes nutrition education and the provision of specialized nutritious foods to treat severe acute malnutrition supported by UNICEF. Nutrition support will be extended for people living with HIV/AIDS and TB clients, as well as support to their families.

Hand-Over Strategy

36. WFP Djibouti will work with the Government to progressively handover fiscal, management and implementation responsibilities of the PRRO components to the Government. WFP, FAO and IFAD will continue working with the Ministry of Agriculture to coordinate and implement the resilience roadmap. WFP will also work with the Government to implement sustainable preventative nutrition interventions, including community based programmes linked to social safety nets.

¹⁸ Additional sub-districts from other regions with very high levels of severe and moderate food insecurity such as Ali Addeh (Ali Sabieh region), Dorra (Tadjourah region) and Arta ville et Wea (Arta region) shall be also considered eligible for assistance.

¹⁹ WFP has started the second phase of the logistics training in November 2014, which will run until the end of 2015, and will start a new phase in 2016.

BENEFICIARIES AND TARGETING

37. *Relief*: Registered refugees residing in the camps will receive monthly combined food and cash transfers, in coordination with UNHCR and ONARS.
38. The findings of the 2014 CFSVA will be the primary basis for geographic and beneficiary targeting outside the camps. Regions where food insecurity prevalence is greater than 30 percent and where GAM rates exceed 15 percent will be prioritized. Household targeting will be conducted by the local authorities and communities using the CFSVA criteria²⁰ for very severely food insecure people. Households will be assisted for three months, extendable upon re-assessment of their vulnerability.
39. For the urban safety-net WFP will work closely with the government counterpart and the World Bank to use the unified poverty register as a targeting tool.
40. *Asset creation*: Communities in rural districts with convergence of recurring food insecurity and shocks will be prioritized for asset creation activities. To maximize the impact²¹, geographic targeting will focus in areas where FAO, IFAD and the World Bank have presence. The length of the activities will be between four and six months and coinciding with the lean season. Following initial discussions with IFAD, a C&V transfer will be piloted within the first year of this PRRO and may be scaled up subject to positive reviews.
41. *Prevention of malnutrition*: All children aged 6-23 months and PLW residing in the camps will be targeted for BSFP throughout the year. Children 24-59 months will also be targeted for BSFP while the GAM rate remains above 15 percent. In Obock and Dikhil, children 6-23 months and PLW will be targeted during the 1,000 days window of opportunity to prevent stunting. In areas where GAM is above 15 percent, children aged 24-59 months will be included in the BSFP throughout the year to prevent a deterioration in their nutrition status.
42. *Treatment of moderate acute malnutrition*: Beneficiaries will be estimated based on national and provincial GAM rates and operational reach determined in consultation with the Ministry of Health and UNICEF. The screening for admission will be done at health centres using mid-upper arm circumference (MUAC) and WHZ measurements²². In the refugee camps, WFP partners are responsible for the screening and the management of TSFP through the health centres.
43. *Support to HIV/AIDS and TB affected individuals*: Nutritional support will be provided to TB hospitalized clients and outpatients, as well as people living with HIV/AIDS based on their nutritional status²³.
44. *Vocational training*: WFP is supporting a training center in the capital for economically poor female headed households to facilitate their access to formal employment opportunities and reduce their vulnerability to food insecurity.
45. *Take home rations for refugee girls*²⁴: School girls from grade three to eight attending 80 percent of the school days will receive a take home ration of vegetable oil. Oil is a high value commodity, fortified, and not readily available in the market.

²⁰ Criteria includes: the head of household is illiterate, child headed households and households headed by individuals with disability or households with disabled family members.

²¹ WFP will prioritize geographical locations where Rome-Based Agencies collaboration is strong (through PROMES-GDT) and PRAREV, as well as where strong operational links exist with the World Bank (through PRODERMO)

²² MAM children will be discharged from the programme once they reach a MUAC of >125 mm or three months in the TSFP, and acutely malnourished PLW with a MUAC of >230mm will exit once their infant is six months of age.

²³ BMI<18.5

²⁴ WFP is working with the Ministry of Health to implement deworming at the national level. Once this is done at the national level in the DEV 200498, refugee schools will be included in the plan.

TABLE 1: BENEFICIARIES BY ACTIVITY			
Activity	Boys/Men	Girls/Women	Total
<i>General Rations</i>			
Drought affected populations – Food	10,107	10,393	20,500
Refugees – Food	6,370	6,630	13,000
Refugees – Cash	6,370	6,630	13,000
Economically-stressed urban populations - Cash/Voucher	8,628	8,872	17,500
<i>Nutrition Interventions</i>			
Targeted SFP MAM children 6-59 months – Host population	2,983	3,067	6,050
Targeted SFP MAM children 6-59 months – Refugees	200	205	405
Targeted SFP acutely malnourished PLW - Host population	0	3,630	3,630
Targeted SFP acutely malnourished PLW - Refugees	0	170	170
Preventive of Chronic Malnutrition children 6-23 months – Refugees	416	434	850
Preventive of Chronic Malnutrition children 24-59 months – Refugees	823	857	1,680
Preventive of Chronic Malnutrition for PLW – Refugees	0	1,050	1,050
Preventive of Chronic Malnutrition children 6-23 months – Host population	480	495	975
Preventive of Acute Malnutrition children 24-59 months – Host population	961	989	1,950
Preventive of Chronic Malnutrition for PLW – Host population	0	1,300	1,300
Targeted nutritional assistance to HIV/AIDS clients under treatment	740	760	1,500
Targeted nutritional assistance to PLW HIV/AIDS	247	253	500
Targeted nutritional assistance to TB clients under DOT	480	520	1,000
Targeted nutritional assistance to ambulatory TB clients under DOT	370	380	750
<i>Training</i>			
Vocational Training – Food	0	400	400
Take Home Ration			
Take Home Ration; Refugee Girls grades 3-8	0	700	700
<i>Physical and Natural Assets Creation</i>			
Assets Creation - Food	13,115	13,485	26,600
Assets Creation - Cash/voucher	986	1,014	2,000
TOTAL FOOD	31,429	32,821	64,250
TOTAL CASH&VOUCHER	15,925	16,575	32,500
Total without overlapping	36,968	38,632	75,600²⁵

NUTRITIONAL CONSIDERATIONS AND RATIONS / VALUE OF CASH / VOUCHER TRANSFERS

46. Relief rations for refugees and drought affected populations provide the daily energy requirement of 2,100 kcal. Since October 2014, refugees receive the equivalent of three kilograms of the cereal ration in cash, so they can purchase other preferred commodities²⁶. The value of the cash transfer is regularly reviewed to accommodate price fluctuations in the local market.

²⁵ The maximum number of beneficiaries reached over the period of the PRRO

²⁶ The cash transfer was determined based on JAM findings which showed that on average, households sold 3 kg of cereals to buy other preferred commodities (pasta and rice for example). The CO will monitor the commodities that refugees actually purchase with the cash transfer to determine whether they access other food groups like fruits and vegetables.

47. Recognizing their access to other food sources, urban households will receive 50 percent of their daily food requirements through mobile money transfers. The transfer value will be based on the local market cost of the in-kind food basket, currently equivalent to USD 1.5 per day. Beneficiaries can purchase directly their choice of foods from the shops. Sensitization and education on the nutrition value of different food groups is simultaneously carried out during the programme.
48. On average, MAM children aged 6-59 months will be treated with Supercereal + for a maximum of 90 days along with counselling, monitoring of recovery and cooking demonstrations, while PLW with MAM will receive a take-home ration of Supercereal, sugar and oil from the point where the pregnancy is recognized at a health centre through six months of lactation. The PLW food supplement provides micronutrients to reduce the nutrient gap and treat acute malnutrition. For the prevention of stunting and acute malnutrition, children will receive Supercereal + while PLW will receive a Supercereal premix.
49. The asset creation transfer value is linked to local labour rates, corresponding approximately with the local market cost of the food basket for a family of five. The current in-kind modality will continue in remote areas with poor market accessibility. Jointly with IFAD, WFP will pilot cash or voucher transfers in areas where markets are functional. The choice between cash or vouchers will be based on cost efficiency and effectiveness²⁷ criteria, including expected gains in food security and nutrition outcomes.

²⁷ The CO will use the new corporate Omega tool to estimate ex-ante effectiveness of the different transfer modalities; in-kind, cash, vouchers or a combination.

TABLE 2: DAILY FOOD RATION / TRANSFER BY ACTIVITY (gm/person/day)

Activity	Relief			Nutrition								Asset Creation		School Feeding	Vocational Training
	Drought affected rural population	Refugees	Economically-stressed urban & rural (US\$)	Targeted Supplementary Feeding MAM children 6-59 months	Targeted Supplementary Feeding Malnourished PLW	PL-HIV/AIDS	TB Hospitalized	TB Ambulatory	Preventive (chronic and acute) Refugee & High stunting rate areas PLW	Preventive (chronic and acute) 6-23 months Refugee & High GAM rate areas	Preventive (chronic and acute) 24-59 months Refugee & High GAM rate areas	Livelihood recovery (C&V)	Livelihood recovery (Food)	Take-home rations Refugee Girls	Vocational Training
Cereals	400	300	-	-	-	450	400	-	-	-	-	-	400	-	400
Pulses	80	60	-	-	-	80	80	-	-	-	-	-	100	-	60
Veg. Oil	40	30	-	-	40	35	35	15	40	-	-	-	30	3.75	35
Sugar	20	20	-	-	20	20	20	50	20	-	-	-	20	-	20
Salt	-	5	-	-	-	-	5	-	-	-	-	-	-	-	-
WSB+	-	-	-	-	250	50	50	150	200	-	-	-	-	-	50
WSB++	-	-	-	200	-	-	-	-	-	200	200	-	-	-	-
Cash/Voucher (US\$/person/day)	-	2.82	0.3	-	-	-	-	-	-	-	-	2.54	-	-	-
Total	540	415	-	200	310	635	585	215	260	200	200	-	550	3.75	565
Total kcal/day	2,105	1,642	-	802	1,381	2,490	2,308	901	1192	802	802	-	2,085	2	2,182
Percent Kcal from protein	10.6	11.1	-	18.1	12.6	11.2	10.9	11.6	11.7	18.1	18.1	-	11.6	0	10.9
Percent Kcal from fat	20.5	18.4	-	22.4	36	15.4	16.4	24.2	39.5	22.4	22.4	-	16.5	101.7	18.9
Days/year	365	365	90	90	90	180	365	365	365	365	365	365	365	180	365

TABLE 3: TOTAL FOOD/CASH AND VOUCHER REQUIREMENTS BY ACTIVITY (MT/\$)

Activity	Relief			Nutrition								Asset Creation		School Feeding	Vocational Training
	Drought affected rural population	Refugees	Economically-stressed urban & rural (US\$)	Targeted Supplementary Feeding MAM children 6-59 months	Targeted Supplementary Feeding Malnourished PLW	PL-HIV/AIDS	TB Hospitalized	TB Ambulatory	Preventive (chronic and acute) Refugee & High stunting rate areas PLW	Preventive (chronic and acute) 6-23 months Refugee & High GAM rate areas	Preventive (chronic and acute) 24-59 months Refugee & High GAM rate areas	Livelihood recovery (C&V)	Livelihood recovery (Food)	Take-home rations Refugee Girls	Vocational Training
Cereals	6,209	3,737	-	-	-	862	190	-	-	-	-	-	8,895	-	154
Pulses	1,238	743	-	-	-	150	36	-	-	-	-	-	2,194	-	23
Veg. Oil	619	371	-	-	132	65	16	11	69	-	-	-	656	84	13
Sugar	308	247	-	-	65	37	10	36	33	-	-	-	436	-	8
Salt	-	61	-	-	-	-	2	-	-	-	-	-	-	-	-
WSB+	-	-	-	-	842	94	23	108	442	-	-	-	-	-	19
WSB++	-	-	-	1,147	-	-	-	-	-	344	686	-	-	-	-
Total food (mt)	8,374	5,159	-	1,147	1,041	1,208	277	155	544	344	686	-	12,081	84	217
Cash/voucher (USD)	-	1,173,120	1,417,500	-	-	-	-	-	-	-	-	975,360	-	-	-

IMPLEMENTATION ARRANGEMENTS

Participation

50. The PRRO is informed by stakeholder consultations involving government, donors, UN agencies, NGOs, refugees and the host communities.
51. Gender and protection are taken into consideration during programme design, choice of transfer modality, targeting, implementation arrangements, and monitoring. Food management committees, which have gender parity, will manage the distribution process. These committees will benefit from gender sensitization trainings as well as adequate nutritional practices and will be equipped and skilled to hold responsibilities and leadership roles. They will share advance information on the food basket and distribution dates, ensure separate queues for vulnerable groups (with priority to pregnant women, women with small children, elderly and disabled), and manage complaints. During participatory processes, separate focus groups discussions with women only, men only and mixed groups will ensure a safe space for voicing opinions.
52. Programming for enhanced resilience will use participatory approaches, ensuring that asset creation also addresses practical gender needs.

Partners and capacities

53. WFP will collaborate with the following partners:
 - ONARS and UNHCR who oversee refugee camp management, security, water and food distribution.
 - The Rome Based Agencies (IFAD, FAO and WFP) and the Ministry of Agriculture in increasing resilience to shocks of rural food insecure populations.
 - The Nutrition Alliance (the Government, UNICEF, WHO, FAO, UNHCR, WFP, and NGOs) and the Ministry of Health to develop a well targeted and comprehensive curative and preventive nutrition approach for rural and urban food insecure and refugees.
 - Government's SESN and ADDS and the World Bank for the urban nutrition safety net programming.
 - The Prime Minister's office and the private sector to develop skilled labour in the logistics sector, and the National Disaster Management Authority to increase government capacity in emergency preparedness and response.

Procurement

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

Logistics

55. Food commodities will be received at the port of Djibouti. At the port, WFP will ensure clearance, transportation and storage in WFP managed warehouses. Transportation to the WFP extended delivery points (EDPs) and final delivery points shall be done by road. The food for the refugee component will be handed over to ONARS.
56. The landside transport, storage and handling subsidy for actual expenses incurred by the government or cooperating partners will be based on specific commodities/tonnages allocated and approved by WFP.

Transfer Modalities

57. The choice between in-kind, cash, vouchers (or a combination), will take into account various operational and programmatic aspects including: market and macro-risk assessments, the capacity of traders and financial service providers, cost efficiency, anticipated gains in terms of food security and nutrition outcomes as well as beneficiary preferences. In particular, the choice between cash or vouchers will consider the potential of vouchers to improve the dietary diversity of beneficiaries as well as the development of trader capacities and the value chain of staple commodities.

Non-Food Inputs

58. An estimation of non-food items (NFIs) required for FFA activities and the consultative process has been incorporated in the budget. UNICEF and FAO will co-fund production of Information Education Communication (IEC) materials about behaviour change and training in nutrition, skills development and income-generating activities.

PERFORMANCE MONITORING

59. In 2014, the Food Security and Monitoring System (FSMS) was converted into a Food Security Outcome Monitoring (FSOM) system, allowing the CO to collect representative data for the cross-cutting indicators and key corporate outcome indicators for FFA and relief distributions for food insecure households and refugees. The FSOM will be carried out twice a year to monitor changes in outcome results, while process monitoring will be carried out on a monthly basis.
60. A recent innovation includes the use of tablets to carry out all future data collection electronically, reducing cost and increasing efficiency and timeliness of results.
61. A formal mid-term operational evaluation of the next PRRO is planned at the end of 2016 which will inform further future strategies and programmes.
62. Complaints and Feedback Mechanisms (CFM) at distribution site will allow beneficiaries to be engaged in performance monitoring. WFP closely monitors the CFM to ensure that beneficiaries can register complaints and get feedback without any risks.

RISK MANAGEMENT

63. Contextual risks include insecurity in the region that may result in greater influx of refugees into Djibouti. The repositioning of supplies in WFP's logistics hub, expected to be completed in the second half of 2015, will help mitigate any disruptions to port activities in getting food into Djibouti, as well as to respond to surges in refugees or other humanitarian response.
64. Regarding the C&V modalities, risks associated with inflationary pressures, limited supplier capacity, information technology failure, opportunistic behavior among traders will be mitigated by ensuring regular market reviews and price adjustments of transfer value if necessary, and sensitization/education campaigns.

Security Risk Management

65. WFP offices, warehouses and vehicles comply with Minimum Operating Security Standards (MOSS) and minimum security telecommunications standards. WFP collaborates with the United Nations Department of Safety and Security (UNDSS) to ensure regular updates for staff on security risks, precautionary and mitigation measures.

APPROVAL

.....

Date:.....

Ertharin Cousin

Executive Director

Drafted by: [Djibouti] Country Office
Cleared by: [Jacques Higgins] Country Office
Reviewed by: [Kenya] Regional Bureau
Cleared by: [Valerie Guarnieri] Regional Bureau
Reviewed by: [name] Regional Bureau Support (OMO)

ANNEX I-A

PROJECT COST BREAKDOWN			
	Quantity (<i>mt</i>)	Value (<i>US\$</i>)	Value (<i>US\$</i>)
<i>Food Transfers</i>			
Cereals	19,974	7,456,563	
Pulses	4,408	2,153,386	
Oil and fats	1,986	1,717,509	
Mixed and blended food	3,716	3,817,631	
Others	1,233	608,738	
Total Food Transfers	31,317	15,753,827	
External Transport		1,474,840	
LTSH		5,156,969	
ODOC Food		2,034,969	
Food and Related Costs²⁸		24,420,605	
C&V Transfers		3,565,980	
C&V Related costs		1,230,700	
Cash and Vouchers and Related Costs		4,796,680	
Capacity Development & Augmentation		31,500	
<i>Direct Operational Costs</i>			29,248,785
Direct support costs (see Annex I-B)			7,517,671
Total Direct Project Costs			36,766,456
Indirect support costs (7.0 percent) ²⁹			2,573,652
TOTAL WFP COSTS			39,340,108

²⁸ This is a notional food basket for budgeting and approval. The contents may vary.

²⁹ The indirect support cost rate may be amended by the Board during the project.

ANNEX I-B

DIRECT SUPPORT REQUIREMENTS (US\$)	
WFP Staff and Staff-Related	
Professional staff *	946,850
General service staff **	2,365,357
Danger pay and local allowances	-
Subtotal	3,312,207
Recurring and Other	1,270,700
Capital Equipment	188,333
Security	449,600
Travel and transportation	1,316,832
Assessments, Evaluations and Monitoring³⁰	979,999
TOTAL DIRECT SUPPORT COSTS	7,517,671

* Costs to be included in this line are under the following cost elements: International Professional Staff (P1 to D2), Local Staff - National Officer, International Consultants, Local Consultants, UNV

** Costs to be included in this line are under the following cost elements: International GS Staff, Local Staff - General Service, Local Staff - Temporary Assist. (SC, SSA, Other), Overtime

³⁰ Reflects estimated costs when these activities are performed by third parties. If WFP Country Office staff perform these activities, the costs are included in Staff and Staff Related and Travel and Transportation.

Annex II: Summary of Logical Framework of (name the country) EMOP or PRRO (WINGS project number)

Results	Performance indicators	Assumptions
Gender: Gender equality and empowerment improved	<i>[For each cross-cutting result, present associated indicators from the SRF, as applicable]</i> ➤ Target:	<i>[What are the conditions required in order to achieve the intended results?]</i>
Protection and accountability to affected populations: WFP assistance delivered and utilized in safe, accountable and dignified conditions	<i>[For each cross-cutting result, present associated indicators from the SRF, as applicable]</i> ➤ Target:	<i>[What are the conditions required in order to achieve the intended results?]</i>
Partnership: Food assistance interventions coordinated and partnerships developed and maintained	<i>[For each cross-cutting result, present associated indicators from the SRF, as applicable]</i> ➤ Target:	<i>[What are the conditions required in order to achieve the intended results?]</i>
Strategic Objective # <i>[specify the WFP Strategic Objective, from the 2014-2017 Strategic Plan]</i>		
Outcome 1 <i>[Statement of the intended outcome should be clearly linked to the WFP related SRF Outcome]</i>	<i>[For each outcome, present associated outcome indicators from the SRF]</i> ➤ Target: ➤ Baseline:	<i>[What are the conditions required in order to achieve the intended project outcome?]</i>
Output 1.1 <i>[Statement of the project outputs should be clearly linked to the WFP related SRF Outputs]</i>	<i>[For each output, present associated output indicators from the SRF]</i>	<i>[What are the conditions required in order to achieve the intended project output?]</i>
Output 1.2 <i>[Statement of the project outputs should be clearly linked to the WFP related SRF Outputs]</i>	<i>[For each output, present associated output indicators from the SRF]</i>	<i>[What are the conditions required in order to achieve the intended project output?]</i>
Outcome 2 <i>[Statement of the intended outcome should be clearly linked to the WFP related SRF Outcome]</i>	<i>[For each outcome, present associated outcome indicators from the SRF]</i> ➤ Target: ➤ Baseline:	<i>[What are the conditions required in order to achieve the intended project outcome?]</i>

Results	Performance indicators	Assumptions
Output 2.1 <i>[Statement of the project outputs should be clearly linked to the WFP related SRF Outputs]</i>	<i>[For each output, present associated output indicators from the SRF]</i>	<i>[What are the conditions required in order to achieve the intended project output?]</i>
Strategic Objective # [specify the WFP Strategic Objective, from the 2014-2017 Strategic Plan]		
Outcome 3 <i>[Statement of the intended outcome should be clearly linked to the WFP related SRF Outcome]</i>	<i>[For each outcome, present associated outcome indicators from the SRF]</i> ➤ Target: ➤ Baseline:	<i>[What are the conditions required in order to achieve the intended project outcome?]</i>
Output 3.1 <i>[Statement of the project outputs should be clearly linked to the WFP related SRF Outputs]</i>	<i>[For each output, present associated output indicators from the SRF]</i>	<i>[What are the conditions required in order to achieve the intended project output?]</i>
Output 3.2 <i>[Statement of the project outputs should be clearly linked to the WFP related SRF Outputs]</i>	<i>[For each output, present associated output indicators from the SRF]</i>	<i>[What are the conditions required in order to achieve the intended project output?]</i>

Check consistency with strategic objectives and appropriateness of indicators (confirm with M&E unit if needed).

<http://docustore.wfp.org/stellent/groups/public/documents/forms/wfp022350.doc>

ACRONYMS USED IN THE DOCUMENT

ADDS	Agency for Social Development
BCC	Behaviour Change Communication
CFM	Complaints and Feedback Mechanisms
DSC	Direct Support Costs
FAO	Food and Agriculture Organization
GAM	Global Acute Malnutrition
GFD	General Food Distribution
HIV	Human Immunodeficiency Virus
IEC	Information, Education, Communication
IFAD	International Fund for Agricultural Development
INDS	National Initiative for Social Development
ISC	Indirect Support Costs
IYCF	Infant and young child feeding
JAM	Joint Assessment Mission
LTSH	Landside transport, storage and handling
MAM	Moderate Acute Malnutrition
MOSS	Minimum Operating Security Standards
ODOC	Other Direct Operational Costs
ONARS	Office National d'Assistance aux Réfugiés et Sinistres
PLW	Pregnant and Lactating Women
PRRO	Protracted Relief and Recovery Operation
SESN	State Secretariat for National Solidarity
SUN	Scaling Up Nutrition
UNDSS	United Nations Department of Safety and Security
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WFP	United Nations World Food Programme
WHO	World Health Organizations

