

Djibouti

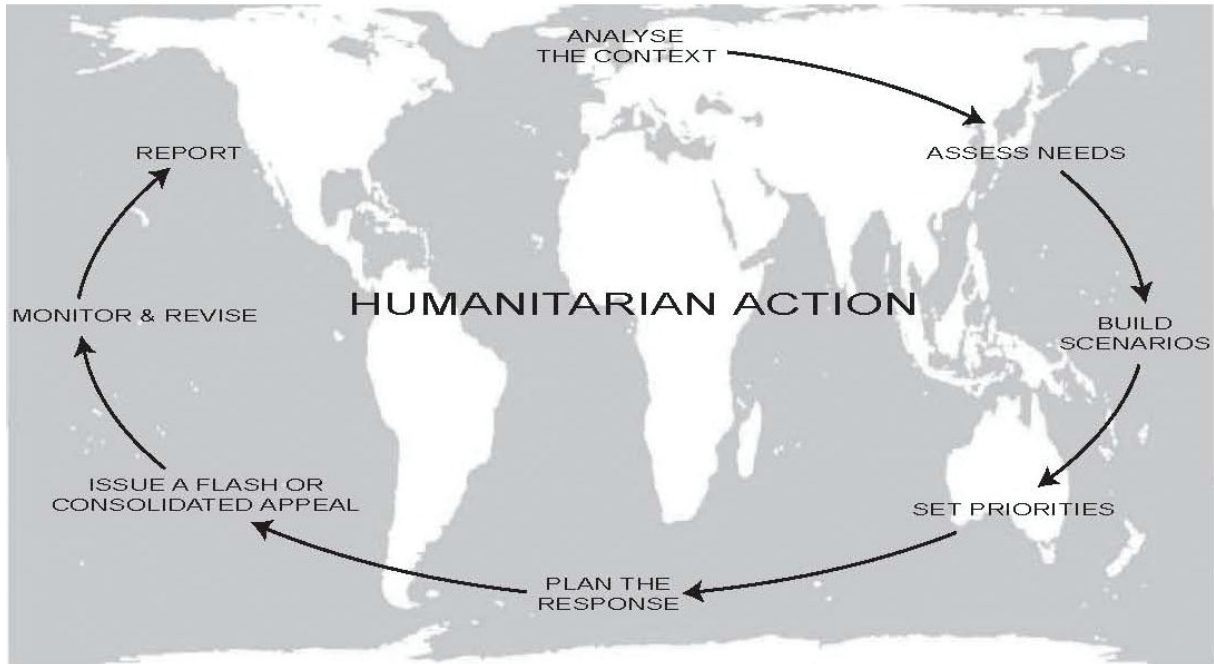


Drought Appeal

2010



Consolidated Appeals Process (CAP) Aid agencies working together to:



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SAMPLE OF ORGANIZATIONS PARTICIPATING IN CONSOLIDATED APPEALS

| | | | | |
|---------------------|------------------------|--------------------|--------------------|---------------|
| AARREC | COSV | HT | MDM | TGH |
| ACF | CRS | Humedica | MEDAIR | UMCOR |
| ACTED | CWS | IA | MENTOR | UNAIDS |
| ADRA | Danchurchaid | ILO | MERLIN | UNDP |
| Africare | DDG | IMC | NCA | UNDSS |
| AMI-France | Diakonie Emergency Aid | INTERMON | NPA | UNEP |
| ARC | DRC | Internews | NRC | UNESCO |
| ASB | EM-DH | INTERMOS | OCHA | UNFPA |
| ASI | FAO | IOM | OHCHR | UN-HABITAT |
| AVSI | FAR | IPHD | OXFAM | UNHCR |
| CARE | FHI | IR | PA (formerly ITDG) | UNICEF |
| CARITAS | Finnchurchaid | IRC | PACT | UNIFEM |
| CEMIR INTERNATIONAL | FSD | IRD | PAI | UNJLC |
| CESVI | GAA | IRIN | Plan | UNMAS |
| CFA | GOAL | IRW | PMU-I | UNOPS |
| CHF | GTZ | Islamic RW | PU | UNRWA |
| CHFI | GVC | JOIN | RCO | VIS |
| CISV | Handicap International | JRS | Samaritan's Purse | WFP |
| CMA | HealthNet TPO | LWF | Save the Children | WHO |
| CONCERN | HELP | Malaria Consortium | SECADEV | World Concern |
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| COOPI | HKI | Mercy Corps | SUDO | WV |
| CORDAID | Horn Relief | MDA | TEARFUND | ZOA |

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Full project details, continually updated, can be viewed, downloaded and printed from <http://fts.unocha.org>

1. EXECUTIVE SUMMARY

Fluctuating rainfall and the occurrence of drought are intrinsic features of arid and semi-arid lands such as the territory of Djibouti. However, the current drought exceeds normal fluctuations. Insufficient rainfall since 2005 (less than 50% of the normal average recorded since September 2007) has had a direct and life-threatening impact upon the most vulnerable, particularly pastoralists and rural dwellers. This year's drought – the fourth consecutive year of failed rainfall in terms of its quantity and regularity – has led to the depletion of water reserves, deterioration of livestock health and milk production, massive loss of livestock and the resulting destruction of livelihoods and sources of income, increased malnutrition especially among children under five and associated health problems. The global acute malnutrition (GAM) rate among children under five is 20%, according to a rapid assessment in 2010 by the United Nations and the Government of Djibouti. These consequences of drought are inter-related and mutually reinforcing.

In addition to these effects of drought, two separate phenomena affect vulnerable people. First, the increasing violence and instability in south-central Somalia has resulted in increasing numbers of asylum-seekers entering into Djibouti. Since the end of 2009, the number of refugees in the country has risen from 12,083 to 14,490. Second, prices of food staples have remained significantly higher than pre-2008 levels, when international food staple prices soared, though some modest decreases were recorded. The country's resistance to international food price fluctuations is weak as 80% of food products are imported. All these elements have harmed the health of the population and increased the level of malnutrition with reports of outbreaks especially of water-borne diseases such as cholera.

| Drought Appeal for Djibouti: Key parameters | |
|--|--|
| Duration | 12 months (October 2010 - October 2011) |
| Targeted areas | Rural areas of Ali Sabieh, Arta, Dikhil, Obock and Tadjourah regions |
| Key milestones in 2010-2011 | Inland dry season: October-March Presidential elections: April 2011 |
| Target direct beneficiaries | 120,000 vulnerable people |
| Total funding requested | \$38,999,338 |

In light of this alarming situation, the present appeal targets the following priority actions for humanitarian assistance over the following twelve months:

- Distribution of food assistance;
- Improvement of access to potable water;
- Rebuilding of essential animal husbandry and agricultural activities;
- Access to basic health services, including those related to prevention and management of cases of acute malnutrition;
- Strengthening the capacities of national institutions in the implementation and coordination of emergency humanitarian relief.

Through the Djibouti Drought Appeal, five agencies seek a total of **US\$38,999,338¹** to work with Governmental partners and targeted communities in addressing emergency humanitarian needs and mitigating further impacts of the drought on some **120,000 people of the most vulnerable groups** affected by successive years of worsening drought, coupled with the high food prices on the global market, reduced purchasing powers and the resulting inability of the population to feed itself.

¹ All dollar signs in this document denote United States dollars. Funding for this appeal should be reported to the Financial Tracking Service (FTS, fts@reliefweb.int), which will display its requirements and funding on the current appeals page.

Basic Humanitarian and Development Indicators For Djibouti

| | | Most recent data |
|------------------------------------|---|--|
| Demographics | Population | 818,159 people (National Census, 2009) |
| Economic Status | Gross domestic product per capita | \$1,139 in 2010 (Central Bank of Development, International Monetary Fund) |
| | Percentage of population living on less than \$1.25 per day | 18.8% (UNDP HDR 2009, figures from 2007) |
| | Percentage of population living on less than \$2 per day | 41.2% (UNDP HDR 2009, figures from 2007) |
| Health | Adult mortality | Female: 305/1,000 Male: 380/1,000 (WHO, 2006) |
| | Maternal mortality | 546/100,000 live births (PAPFAM, 2002) |
| | Under-five mortality | 45 / 1,000 live births (neo-natal mortality, 0-28 days) (PAPFAM, 2002) 67 / 1,000 live births (infant mortality, 0-11 months) 94 / 1,000 live births (juvenile mortality, 12-59 months) (EDAM-IS2, 2002) |
| | Life expectancy | 55.1 years (UNDP HDR 2009, figures from 2007) |
| Food & Nutrition | Prevalence of under-nourishment in total population | 31% (FAO, 2006 <i>Enquete Djiboutienne a Indicateurs Multiples</i> [Djibouti Multiple Indicator Survey - EDIM]) |
| | Under-five global acute malnutrition (GAM) rate | 20% (Rapid Assessment, Government of Djibouti – UN, 2010 estimate) |
| | Food security indicator | 20.9 (The IFPRI Global Hunger Index) |
| WASH | Proportion of population without sustainable access to an improved drinking water source | 8% (UNDP HDR 2009, figures from 2006) |
| Population Movements | Refugees in-country | 14,490 (UNHCR Office) |
| Other Vulnerability Indices | ECHO Vulnerability and Crisis Index score | Vulnerability Index: 3 Crisis Index: 3 (ECHO Global Needs Assessment 2010) |
| | UNDP Human Development Index score | 0.520, ranked 155/182, Medium human development country |
| | IASC Early Warning - Early Action rating (Projections for July-November 2010) | Orange: Increased level of preparedness and response is recommended in light of deteriorating food insecurity, potential increase in malnutrition levels and water shortages, displacement, potential refugees and threats to Djibouti's political stability. |
| Also | <ul style="list-style-type: none"> • Unemployment is high, estimated at 60% in the capital • The primary sector only accounts for 3-4% of GDP making the country a large net importer (80% of food commodities are imported, mainly from Ethiopia) • 74% of the population lives in relative poverty, on less than \$3 per day • 2.9% of the population is living with HIV/AIDS | |

Table I: Summary of requirements grouped by cluster

| |
|---|
| <p>Djibouti Drought Appeal 2010 as of 27 October 2010 http://fts.unocha.org</p> |
|---|

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

| Cluster | Requirements (\$) |
|-------------------------------------|--------------------------|
| Agriculture and Livestock | 6,540,918 |
| Emergency Preparedness and Response | 6,438,700 |
| Food Aid | 16,230,614 |
| Health and Nutrition | 7,407,500 |
| Water and Sanitation | 2,381,606 |
| Grand Total | 38,999,338 |

Table II: Summary of requirements grouped by appealing organization

| |
|---|
| <p>Djibouti Drought Appeal 2010 as of 27 October 2010 http://fts.unocha.org</p> |
|---|

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

| Appealing Organization | Requirements (\$) |
|-------------------------------|--------------------------|
| FAO | 6,540,918 |
| UNDP | 438,700 |
| UNICEF | 4,789,106 |
| WFP | 22,230,614 |
| WHO | 5,000,000 |
| Grand Total | 38,999,338 |

DJIBOUTI DROUGHT APPEAL

Table III: List of projects (grouped by cluster)

| |
|--|
| Djibouti Drought Appeal 2010 as of 27 October 2010 http://fts.unocha.org |
|--|

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

| Project code <small>(click on hyperlinked project code to open full project details)</small> | Title | Appealing agency | Requirements (\$) |
|--|---|-------------------------|--------------------------|
| Agriculture and Livestock | | | |
| DJI-10/A/34246/123 | Mitigation response against drought: livestock activities | FAO | 4,630,446 |
| DJI-10/A/34247/123 | Drought emergency response in the pastoral livelihood zone, Djibouti | FAO | 1,910,472 |
| Sub total for Agriculture and Livestock | | | 6,540,918 |
| Emergency Preparedness and Response | | | |
| DJI-10/CSS/34189/776 | Strengthening national capacity in disaster management | UNDP | 438,700 |
| DJI-10/CSS/34207/561 | Humanitarian Logistics Hub | WFP | 6,000,000 |
| Sub total for Emergency Preparedness and Response | | | 6,438,700 |
| Food Aid | | | |
| DJI-10/F/34203/561 | Food Assistance to Vulnerable Groups and Refugees - Protracted Relief and Recovery Operation (PRRO 10544.1) | WFP | 14,812,333 |
| DJI-10/F/34205/561 | Food For Education in Rural Djibouti | WFP | 1,418,281 |
| Sub total for Food Aid | | | 16,230,614 |
| Health and Nutrition | | | |
| DJI-10/H/34198/122 | Mitigation of the effects of drought on the health of the vulnerable population in Djibouti | WHO | 5,000,000 |
| DJI-10/H/34245/124 | Response to Nutrition Crisis in a context of Long lasting drought in Djibouti and Horn of Africa | UNICEF | 2,407,500 |
| Sub total for Health and Nutrition | | | 7,407,500 |
| Water and Sanitation | | | |
| DJI-10/WS/34244/124 | WASH response in vulnerable areas | UNICEF | 2,381,606 |
| Sub total for Water and Sanitation | | | 2,381,606 |
| Grand Total | | | 38,999,338 |

2. CAUSES OF THE SITUATION, AND RESPONSE TO DATE

2.1 Context

Fluctuating rainfall and the occurrence of drought are intrinsic features of arid and semi-arid lands such as the territory of Djibouti. The country is very arid with only 3% of the land suitable for farming. With increasingly low annual rainfall – between 50 and 300 mm per year – the past decades have witnessed an increase in the frequency of drought with shorter recovery periods, resulting in a more severe impact on vulnerable populations.

The Djibouti Drought Appeal is the second funding request launched since 2008 in response to the protracted drought that has affected the country for the last four years. This year's drought – the fourth consecutive year of failed rainfall in terms of its quantity and regularity – has affected an estimated 120,000 people in rural areas. It has led to the near-exhaustion of the affected population's coping mechanisms causing decreased food intake, destruction of rural livelihoods, massive loss of livestock, continuing high food prices, increased malnutrition and associated health problems especially among children under five and migration to towns.

Over the last three years rainfall, although normally very limited, has been 5-50% below average in Djibouti. This situation has had a devastating impact on livelihoods of the 240,000 people, especially small-scale farmers and herders, living in rural areas, particularly in the Ali Sabieh, Arta, Dikhil, Obock and Tadjourah regions which were already severely affected by previous drought. The recent waves of drought have destroyed the crops of small-scale farmers for two consecutive years.

The decrease in the surface and production of pasture lands as well as limited access to water has led households to migrate within their region or through neighbouring regions and principally towards the capital Djibouti Ville. Households that could not afford to migrate suffered a loss of 70 - 100% of their livestock. On top of those losses, food prices increased by 50% between 2006 and 2009. The loss of income combined with the food price crisis has forced vulnerable households to allocate a larger share of their income to purchase food at the expense of other sectors such as health or education.

Out of a total of 240,000 people living in rural areas, **120,000 vulnerable people** have been severely affected by the drought due to a substantial loss of assets, destruction of livelihoods, and degradation of fields and pastures. Out of the severely affected population, approximately 50%, or **60,000** people, may be considered as **highly vulnerable**. This group, according to mission findings, consists of women-headed households, the sick and handicapped, children, elderly people, and families with large numbers of children.

Ongoing developmental measures to reduce vulnerability

In January 2007, the President of the Republic, Ismail Omar Guelleh, launched the National Initiative for Social Development (INDS), a second-generation Poverty Reduction Strategic Paper. The priority areas of the INDS are: (a) to improve accessibility to basic social services; (b) to restructure the national production apparatus; (c) and to bring assistance to the most vulnerable groups. A State Secretariat for National Solidarity (SESN) was created to coordinate the concrete elaboration and implementation of the INDS.

In 2007, following the launch of the INDS, the Government of Djibouti adopted a comprehensive, multi-sector **National Food Security Strategy**, in order to work towards long-term solutions to the challenges of food security faced by the country, particularly the most vulnerable groups. The Strategy is piloted by the SESN. The adoption of the Strategy was followed by that of a Primary Sector Action Plan, covering the period 2010-2020, with funding requirements totalling \$104 million. The Action Plan, though multi-sectoral in nature, is implemented under the general direction of the Ministry of Agriculture, Livestock and Sea, in charge of Hydraulic Resources (MAEM-RH).

2.2 Humanitarian achievements

In order to bring rapid and life-saving assistance to the worst-affected groups, in July 2008 the Government and United Nations Country Team (UNCT) Djibouti launched a Joint Appeal calling for \$31.7 million for six months. Thanks to the rapid intervention of donors, including the Central Emergency Response Fund (CERF), \$10.9 million was raised by the end of 2008. However, this represented only a third of needs, meaning that projects could not achieve their intended results. As such, the UNCT continued to seek funding in 2009 to ensure the full implementation of projects as climactic conditions did not improve.

Response to 2008 Djibouti Drought Appeal

| Sector | Requirements (\$) | Funding received (\$) | % Funded | Unmet requirements (\$) |
|---|--------------------------|------------------------------|-----------------|--------------------------------|
| Agriculture | 6,479,270 | 255,711 | 4% | 6,223,559 |
| Coordination and Support Services | 3,113,700 | 0 | 0% | 3,113,700 |
| Economic Recovery and Infrastructure | 1,498,000 | 246,100 | 16% | 1,251,900 |
| Food | 11,106,162 | 8,353,281 | 75% | 2,752,881 |
| Health | 1,330,000 | 758,644 | 57% | 571,356 |
| Nutrition | 1,395,280 | 429,177 | 30% | 965,823 |
| Protection/Human Rights/Rule of Law | 2,514,622 | 230,000 | 9% | 2,284,622 |
| Water And Sanitation | 4,253,348 | 695,500 | 16% | 3,557,848 |
| Total | 31,690,382 | 10,968,413 | 35% | 20,721,969 |

Source: donors and recipients organizations as reported to the Financial Tracking Service as of 27 October 2010

Funds raised in support of the Joint Appeal of 2008 allowed the World Food Programme (WFP) to reinforce its **food assistance**, by increasing the number of beneficiaries from 48,000 to 80,000. 6,400 metric tons (MTs) of food staples were distributed in 2008 to affected people in rural areas. Furthermore, following up on an urban food security study in October 2008, rations were also distributed via the food-for-work (FFW) modality to 7500 of the worst-affected families living in the Balbala peri-urban neighbourhood of Djibouti Ville.

In terms of **health and nutrition**, measures taken since 2008 include training for medical and paramedical staff in regional health centres, primary health centres free of charge for patients, construction of health clinics in most areas where access is possible, mobile health units targeting groups in areas of difficult access as well as mobile population groups, training and deployment of 100 community health agents to complement mobile unit activities. These community health workers (CHWs) reached 10,018 people with awareness campaigns on several themes such as: importance of pre and post-natal consultations, utility of exclusive maternal breastfeeding, tuberculosis prevention, promotion of hygiene and control of diarrheal disease.

Among other services, mobile units have allowed for wider-ranging vaccination campaigns. In spite of these efforts, access of isolated groups to health services remains insufficient, notably in terms of nutritional support, as malnutrition remains the single most important health condition threatening the lives of rural inhabitants. Sustaining these interventions in view of the worsening in the drought situation is crucial to maintain the life-saving activities especially for the most vulnerable.

The Ministry of Health (MoH), with the assistance of the United Nations Children's Fund (UNICEF), has put in place community-based nutrition surveillance system. The results of the first collection of data in June 2010 confirmed that the nutritional status of children under five years is of concern in all regions: six out of seven areas are placed on nutritional alert, especially in the region of Ali Sabieh. Given the increases in malnutrition at the community level, monitoring should be intensified in all regions in the country. On the other hand, to confirm the extent of this alarming nutritional situation, an anthropometric survey and mortality tracking is necessary.

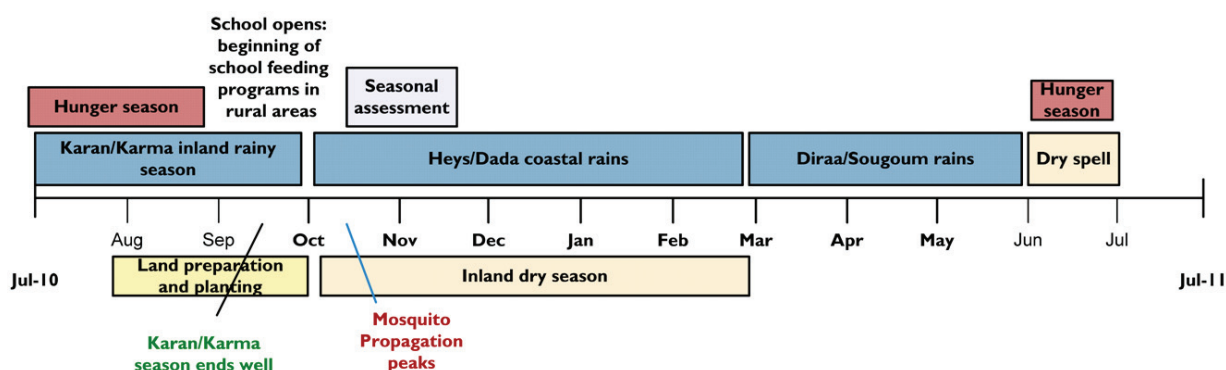
DJIBOUTI DROUGHT APPEAL

In 2010, support for the response to this emergency situation has thus far been limited. A \$500,000 donation has been made by the Government of Japan to support nutrition and water-sanitation emergency relief activities and \$1,000,000 has been contributed from the same donor to support food-aid operations. Aside from a \$2.9 million contribution from the CERF, no other funds have been received. This in itself is not extraordinary given the small size of Djibouti, along with its situation amidst large countries either in conflict or in great need of humanitarian assistance, such as Somalia and Ethiopia. As a result, Djibouti tends to have significant difficulty mobilizing resources, in spite of its great humanitarian needs.

3. NEEDS ANALYSIS

The first alarm signals in 2010 were sent out by a FEWSNET Food Security Alert issued in January.² In reaction to this, the Government, UN agencies and FEWSNET conducted a Rapid Assessment of the Impact of Drought in Rural Areas in February 2010. This initiative was led and coordinated by a multi-sector Committee presided by the Executive Secretariat for Disaster Risk (SEGRC), under the direction of the Ministry of the Interior and Decentralization. The Committee included representatives of the Ministries of Agriculture (MoA) and MoH, as well as UN agencies. Local authorities (delegated Prefects and elected members of Regional Councils) were involved in the assessment and actively supported and participated in the work of the assessment.

Seasonal calendar and critical events



Source: FEWS NET

Source: East Africa Regional Seasonal Calendar, FEWS NET

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

- 120,000 people in rural areas are estimated to be victims of the current crisis. This amounts to 50% of the rural population³ and 15% of the total population.⁴
- Pastoralists have lost 70-80% of their livestock over the past four or five years.
- Staple food prices remain well above pre-2008 levels in markets across the country, prices being higher the further the point of sale is from an urban area. This confirms recent findings by Emergency Food Security Assessments (EFSA) conducted by WFP (May 2010 in rural areas, October 2009 in Djibouti Ville).
- There has been a rise in communicable diseases such as diarrhoeal diseases, tuberculosis (TB) and pulmonary infections, and there is a threat of increased incidence of epidemics including acute water diarrhoea (AWD). Numerous children have not received any vaccinations.
- 20% of children under five (25,000 children) are suffering from acute malnutrition, including 6% suffering from severe acute malnutrition (SAM).⁵ Focus groups highlighted the reduction of food consumption to one or two meals daily, childhood illnesses, lack of hygiene and sanitation, and lack of safe drinking water, as some of the causes of this situation.
 - These findings are confirmed by the results of the newly established community-based nutrition surveillance system, which reported in June 2010 that the nutritional status of children under five is of concern in six out of seven areas in the country, especially in the region of Ali Sabieh, which were placed on nutritional alert.
 - The figures correspond with the findings of *Médecins sans frontières* (MSF)-Switzerland nutritional survey in the Balbala peri-urban neighbourhood of Djibouti Ville (July 2009).

² Djibouti Food Security Alert, January 11 2010; http://www.fews.net/docs/Publications/Djibouti%20Alert%20Jan_2010_final.pdf

³ 240,226 total rural population, National Census, 2009.

⁴ 818,159 total population, National Census, 2009.

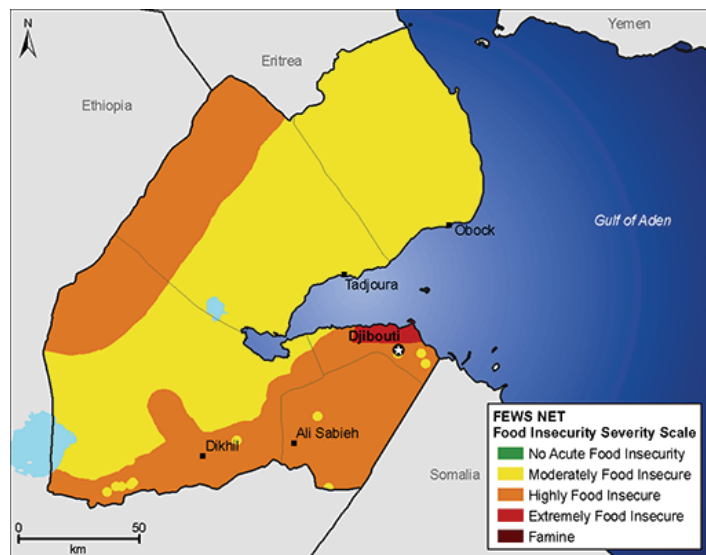
⁵ Nutrition surveying was done using the mid-upper-arm circumference (MUAC) method.

- The assessment showed a marked increase in malnutrition rates since the most recent nutritional survey, conducted in October-November 2007 by the MoH, with support from UNICEF and WFP.
- The best remaining livestock watering/grazing sites are being over exploited in an unsustainable manner. Certain areas remain dependent on water trucking, while others now require such service, as local water sources have dried up.
- Priority sectors requiring an emergency response are food aid, health, nutrition, water (including hygiene/sanitation), animal husbandry/agriculture, in no particular order.
- Rural areas across the country, as well as peri-urban areas of Djibouti Ville where many of those fleeing the countryside have settled, are considered priority zones, with particular emphasis on the north-west (including parts of Tadjourah, Dikhil, and Obock regions) and the south-east (parts of Ali Sabieh and Arta regions).

Food Aid

Significantly below-average rainfall this year, and in recent years, has weakened livestock and increased their susceptibility to disease and starvation. It is estimated that pastoralist losses in livestock in the past few years are of 70% - 80%. Milk production is evidently greatly reduced and of lesser quality, and birth rates have decreased. Pastoralist households are thus deprived of their principal source of revenue⁶ and food.

At the same time, staple food prices remain well above pre-2008 levels in markets across the country, prices being higher the further the point of sale is from an urban area. Purchasing power has been severely reduced by these shocks.⁷ It has been observed that, as a result, households have reduced both the number and quality of daily meals. These findings confirm an alarming tendency towards the degradation of the living conditions of vulnerable households, as reported by the EFSA conducted by WFP in May 2009 (rural areas) and in October 2009 (Djibouti Ville). The findings are also confirmed by those of the EFSA (rural areas) conducted by WFP in May 2010.



Source: FEWS NET, August 2010

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

Reduced household income and expenditure and a greater percentage of households' expenditure on food has led to measured declines in the average household consumption: the percentage of

⁶ Livestock-raising activities currently generate 20-40% of the revenues of pastoralist households. Under normal conditions, these activities would represent 60-80% of household revenues. Households are seeking alternative sources of revenue but these are often insufficient, and include increasing dependence on remittances and debt accumulation. *Rapid Assessment*, Government-UN, February 2010.

⁷ The bag of flour is currently trading at a price of five goats, whereas under normal condition the ratio would be one to two. *Rapid Assessment*, February 2010.

households having a 'poor' food consumption score has doubled, the percentage of 'asset-poor' has increased between 13% and 70%, and the average household coping strategy score has almost doubled.⁸ Consequently, the EFSA estimates that 33,000 people are acutely food-insecure, and classifies an additional 27,000 people as moderately food-insecure.

Health and Nutrition

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

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

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

The strengthening of the mobile teams through the CERF has led to a better delivery of health care services in remote areas – covering one-third of the population – and better data collection. Statistics from mobile units show that for the period from January to June 2010, the number of consultations for children under five has risen to 3,095 compared to 1,938 consultations from January to November 2009. The same trend is seen for adults, with consultations rising from 2,978 to 5,285 for the same period. The number of women presenting for post-natal consultation have also risen from 375 to 851. Taking into account that the mobile teams are covering the same areas and the same population, this increase of consultations from 2009 to 2010 indicates the increasing need for health care due to the ongoing drought, the food crisis and the high risk of malnutrition and communicable diseases.

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

These figures show a marked increase in malnutrition rates since the most recent nutritional survey⁹, which reported a global acute malnutrition (GAM) rate for children under five at 16.8%, including 2.4% SAM – some areas recorded particularly high GAM rates including the north-west (25%). The figures also seem to correspond with those reported by MSF-Switzerland nutritional survey in the Balbala peri-urban neighbourhood of Djibouti City in July 2009, according to which the GAM prevalence rate is 20.8%, including 8.2% SAM.

⁸ The Coping Strategies Index (CSI) measures the frequency and severity of actions taken by households in response to perceived food shortage. A lower CSI score means less stress and potentially better food security. Comparing findings from the 2009 and 2010 Emergency Food Security Assessments, the average households' CSI has increased from 15 to 24, indicating food security deterioration. Source WFP

⁹ Nutritional survey conducted in October/November 2007 by the Ministry of Health with the support of UNICEF and WFP.

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

Water

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

In addition to water scarcity, its quality has also deteriorated. In many locations, the physico-chemical quality of water is clearly not up to recommended World Health Organization (WHO) standards. As people resort to digging traditional open wells in the beds of wadis, the water extracted carries a higher possibility of bacteriological pollution. No routine water quality monitoring/surveillance system is known to be in place so far. The most deprived populations have to travel up to 30 km (return trip) daily to collect safe drinking water.



Source: Ministry of Agriculture, Livestock and Sea, in charge of Hydraulic Resources (MAEM-RH)

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

Agriculture and Livestock

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

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

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

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

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

4. THE 2010 COMMON HUMANITARIAN ACTION PLAN

4.1 Scenarios

To facilitate the planning of humanitarian operations for 2010-2011, humanitarian organizations have developed three scenarios. Contingency planning is based on the worst possible scenario; the objectives and actions proposed for each sector in this Appeal respond to the scenario that humanitarian organizations believe is most likely during 2010-2011.

| | <i>Most likely scenario</i> | <i>Worst-case scenario</i> | <i>Best-case scenario</i> |
|-------------------------------------|--|---|--|
| Assumptions | <ul style="list-style-type: none"> • La Niña events are usually associated with drier-than-normal conditions during the October-December rainy season in the eastern sector of East Africa, including Djibouti. La Niña events can also cause poor March-May rains in the same sector | <ul style="list-style-type: none"> • Very low rainfall during several cycles in all the country • No interest from funding agencies | <ul style="list-style-type: none"> • Rainfall improves • Positive and rapid response from funding agencies |
| Impact on needs and response | <ul style="list-style-type: none"> • Erosion of pastureland • Deterioration of livestock health • Water points dry out • Animal production decreases • Agricultural production decreases • Destruction of livelihoods • High malnutrition rate among vulnerable groups • Health situation worsens • Moderately food-insecure groups become acutely food-insecure • General vulnerability increases • Rural depopulation | <ul style="list-style-type: none"> • Water points dry out • Low fodder production • Health deteriorates and outbreak of diseases • Widespread loss of pasture • Massive loss of livestock and depletion of productive assets • Animal production greatly decreases • Agricultural production wiped out • Significant loss of income • Increasing malnutrition rate among vulnerable groups and less vulnerable ones • Mortality among vulnerable groups increases • Rural depopulation and migration towards water points • Food prices increase • Social unrest | <ul style="list-style-type: none"> • Pasture production increases • Water resources increase • Improvement of animal care and health • Incomes increase • Hygiene and health improve • Agricultural production increases • Agro-pastoralists become autonomous • Nutrition situation improves • Women's conditions improve • Number of national non-governmental organizations (NGOs) increases • Strengthening of national capacities in disaster management • Resilience to future drought increases • Investment in large structural projects (dams, irrigation systems) |

In all cases, those in rural areas, and vulnerable groups including children under five, youth, women, the elderly, and people living with HIV/AIDS would experience the most change.

4.2 Strategic objectives for humanitarian action in 2010

The strategic priorities have been agreed upon by the Djibouti Drought Appeal Technical Committee in close consultation with the Government of Djibouti, donors and agencies involved in relief and early recovery activities. They take into account current humanitarian needs as well as likely developments during 2010-11 based on the main potential scenarios. The strategies and key indicators determined by these priorities are further detailed in the sector response plans that follow in section 4.5.

Programmes will aim at ensuring that all people affected by the crisis are acknowledged, participate in discussions on their needs, and have their vulnerabilities taken into account during planning and implementation. Activities will support the needs and concerns of women, girls, boys and men. The regular collection and analysis of age and sex-disaggregated data will aim at measuring the impact of the humanitarian response upon different groups.

The Djibouti Drought Appeal is based on three main strategic priorities identified by the UNCT in consultation with the Technical Committee, and the Government of Djibouti:

- a) **Provide humanitarian assistance to the severely drought-affected population in Djibouti rural areas and to the population affected by the consequences of the drought in peri-urban areas, in support of measures undertaken by the Government of Djibouti;**
- b) **Provide assistance to the drought-affected population in helping ensure their socio-economic stability, and;**
- c) **Strengthen the resilience of the drought-affected communities and the preparedness and response capacity of communities and national authorities to future drought.**

The Djibouti Drought Appeal focuses predominantly on ensuring sustainability of assistance and enhancing the resilience and adaptive capacities of the population and the national authorities against drought. The latter component is important in ensuring that in case of recurrent drought, communities will be less vulnerable than in 2007-2009 and the need for emergency assistance will be minimized.

The response plan is aimed at supporting the measures benefiting the drought-affected population put in place by the Government, which is the leading and main provider of assistance and public services in response to this emergency. Projects put forward in this response plan are tuned to the implementation capacity of the UNCT in Djibouti, which will assist the Government in addressing the time-critical needs of the most vulnerable inhabitants of drought-affected areas. Given the very limited number of international NGOs active in Djibouti, the humanitarian projects included in this Response Plan will be implemented by the UN agencies, and governmental counterparts.

4.3 Strategic monitoring plan

A. Strategic Indicators and data collection system

Members of the UNCT and their partners will monitor progress and refine objectives and indicators for the identified goals on a regular basis throughout 2010-11. The Resident Coordinator (RC) and the Djibouti Drought Appeal Technical Committee will furthermore undertake a mid-year review of the Appeal around March/April 2011. Updates will be incorporated into the Drought Appeal following the mid-year review or through periodic reviews should the exigencies demand so. The RC Office will support the Technical Committee and sector leads with monitoring through the consistent centralization of information.

Each sector will further implement sector-specific monitoring mechanisms and if needed revise the sector objectives in the priority area identified. Continuous inter-sector collaborative monitoring on thematic and operational issues will bolster the overall monitoring plan by agencies.

The RC Office will distribute all relevant and available information, including financial data, to NGO partners, Government, donors, UN agencies and other humanitarian stakeholders.

On the basis of progress achieved and further evolution of the humanitarian context, the UNCT and the Technical Committee will adjust the common humanitarian action plan as necessary.

The monitoring of the strategic objectives will be carried out through field reports and individual assessments from UN agencies and NGOs, Government data, livelihood surveys, nutritional surveillance data and working group and sector updates when relevant.

The appeal is also aligned with the country's second-generation Poverty Reduction Strategy Paper, entitled the National Initiative for Social Development (INDS), launched in January 2007 by President

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Ismail Omar Guelleh. The Appeal is especially aligned with the INDS' pillar (2) urban and rural development with focus on health and education, food security and access to water and pillar (3) poverty reduction and assistance to highly vulnerable people. The aim of aligning strategies in the humanitarian, recovery and development sectors is to ensure that programmes reinforce, rather than hinder each other. This goal is also reflected in the third strategic priority of this coordinated aid programme.

B. Logical Framework for the Humanitarian Response

| STRATEGIC FRAMEWORK FOR HUMANITARIAN RESPONSE | | | | |
|---|--|---|---|--|
| Strategic Priority | Key Indicators | Corresponding Response Plan Objectives | | Associated Projects |
| 1. Provide humanitarian assistance to the severely drought-affected population in Djibouti rural areas and to the population affected by the consequences of the drought in peri-urban areas, in support of measures undertaken by the Government of Djibouti | <ul style="list-style-type: none"> • Number of vulnerable people reached with emergency assistance • Number of food-insecure people in September 2011 compared to September 2010 • Level of malnutrition in traditionally food-insecure districts in September 2011 compared to September 2010 • Change in health service coverage for vulnerable populations comparable to the rest of the population in 2010-11 (Baseline: 2009) • Percentage of population having access to water points regularly qualitatively monitored | Food Aid | Maintain and improve nutritional status of vulnerable groups in rural areas, unable to satisfy their daily food requirements and prevent a further deterioration of the food security of the vulnerable groups. | <p>Food assistance to vulnerable groups and refugees, WFP</p> <p>Food for education in Rural Djibouti</p> |
| | | Water, Sanitation and Hygiene | To assist the affected men, women and children in vulnerable areas through provision of safe water supply, adequate sanitation and hygiene education. | WASH response in vulnerable areas, UNICEF |
| | | Agriculture and Livestock | To provide emergency assistance to the most vulnerable household by ensuring the survival of livestock and reducing depletion of productive assets. | <p>Mitigation response against drought: livestock activities, FAO</p> <p>Drought emergency response in the pastoral livelihood zone, Djibouti, FAO</p> |
| | | Health and Nutrition | <ol style="list-style-type: none"> 1. Improve the health conditions of vulnerable population in the five regions of Tadjourah, Obock, Ali Sabieh, Dikhil and Arta, and to reduce the risk among vulnerable population in peri-urban areas 2. Improve the nutritional status for vulnerable groups, especially children, women in the reproductive age, and the most nutritionally deprived people | <p>Mitigation of the effects of drought on the health of the vulnerable population in Djibouti, WHO</p> <p>Essential reproductive health interventions in drought-affected areas and Ali Addeh refugee camp, UNFPA</p> <p>Response to nutrition crisis in a context of long-lasting drought in Djibouti and Horn of Africa, UNICEF</p> |

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| | | | | |
|--|---|--|--|--|
| <p>2. Provide assistance to the drought-affected population in helping ensure their socio-economic stability</p> | <ul style="list-style-type: none"> • Number of households assisted through agricultural/livelihood projects • Number of vulnerable people reached with livelihood assistance • Percentage of children attending school | <p>Food Aid</p> | <p>Increase enrolment, attendance and reduce drop out and gender disparity in basic education as well as support the nutritional status of school children</p> | <p>Food for education in Rural Djibouti, WFP</p> |
| | | <p>Agriculture and Livestock</p> | <p>To promote alternative income generation means while encouraging environmental protection.</p> | <p>Mitigation response against drought: livestock activities, FAO</p> <p>Drought emergency response in the pastoral livelihood zone, Djibouti, FAO</p> |
| | | <p>Health and Nutrition</p> | <p>1. Improve the health conditions of vulnerable population in the five regions of Tadjourah, Obock, Ali Sabieh, Dikhil and Arta, and to reduce the risk among vulnerable population in peri-urban areas</p> <p>2. Improve the nutritional status for vulnerable groups, especially children, women in the reproductive age, and the most nutritionally deprived people</p> | <p>Mitigation of the effects of drought on the health of the vulnerable population in Djibouti, WHO</p> <p>Essential reproductive health interventions in drought-affected areas and Ali Addeh refugee camp, UNFPA</p> <p>Response to nutrition crisis in a context of long lasting drought in Djibouti and Horn of Africa, UNICEF</p> |
| <p>3. Strengthen the resilience of the drought-affected communities and the preparedness and response capacity of communities and national authorities to future drought</p> | <ul style="list-style-type: none"> • Number of beneficiary households by intervention type (seeds, animal feeds...) • Response time following sudden-onset and new drought emergencies • Percentage reduction in the number of people affected by floods/drought in 2009 compared to the baseline in 2008 • Drought Early Warning system put in place | <p>Emergency Preparedness and Response</p> | <p>1. To strengthen national and regional capacities for disaster risk management and response to disasters</p> <p>2. To deliver humanitarian services and goods to the region</p> | <p>Humanitarian Logistics Hub, WFP</p> <p>Strengthening disaster risk management structures, UNDP</p> |
| | | <p>Agriculture and Livestock</p> | <p>To enhance resilience of the drought-affected communities through improved access to water and grazing, and safeguarded livestock.</p> | <p>Mitigation response against drought: livestock activities, FAO</p> <p>Drought emergency response in the pastoral livelihood zone, Djibouti, FAO</p> |

4.4 Criteria for selection of projects

The selection of the projects included in this Appeal was based on criteria developed and agreed upon by the UNCT and the Technical Committee. Projects have been selected through a three-stage process: initial vetting by the sectors, then by the Technical Committee, and finally endorsement by the RC.

Specific criteria were developed to guide cluster members, cluster leads, and the Humanitarian Coordinator in their decision-making:

- Projects are in line with the relevant sector objectives and the overall strategic priorities. All project activities contribute to the realization of at least one of the three strategic priorities;
- All project activities directly or (for Emergency Preparedness and Response, and if necessary for coordination and support services indirectly) benefit affected groups;
- The organization submitting a project has the capacity to deliver all planned activities in 2010-11; planned activities are realistic, relevant, and impact can be monitored.

This process ensured that projects that do not fall within the context set by the strategic priorities or that are of low priority to achieving these priorities are not included in the first place.

4.5 Sector response plans

| Health and Nutrition | |
|------------------------------|---|
| Sector Lead Agencies | WHO / UNICEF |
| Implementing Agencies | WHO, UNICEF, MoH, UNFPA |
| Number of Projects | 2 |
| Sector Objectives | 1. Improve the health conditions of vulnerable population in the five regions of Tadjourah, Obock, Ali Sabieh, Dikhil and Arta, and to reduce the risk among vulnerable population in peri-urban areas 2. Improve the nutritional status for vulnerable groups, especially children, women in the reproductive age, and the most nutritionally deprived people |
| Beneficiaries | *253,000 beneficiaries of health projects in rural areas (including 13,000 refugees) including 65,000 women of reproductive age and an estimated 13,000 pregnant women. 121,000 children beneficiaries of nutrition projects |
| Funds Requested | \$7,407,500 |
| Contact Information | asagbohan@unicef.org jmarrato@unicef.org tyanem@dji.emro.who.int djama@unfpa.org |

***Note:** Health interventions will target the most vulnerable 120,000 in rural areas, but also 133,000 highly vulnerable people in peri-urban areas

Response strategy

In order to tackle the alarming nutritional situation that prevails in rural zones across the country, the increasing obstetric risk for pregnant women, as well as the marked spread of communicable diseases including cholera, AWD, pulmonary infections, tuberculosis, and wild polio virus, the MoH, with the support of WHO, United Nations Population Fund (UNFPA) and the United Nations Children's Fund (UNICEF), will intensify the activities of the mobile health units, which offer integrated health services, ensuring increased frequency of visits to the most isolated areas. In their visits to isolated areas, mobile units will notably conduct surveillance of water quality, and increased screening for cases of malnutrition, offering treatment to identified cases especially children under five and pregnant and lactating women and offer counseling to families in order to limit the number of relapses.

The intersectoral committee for epidemic preparedness and response put in place by the MoH in 2007 is targeting among others the intensification of the activities at the fixed facilities in the affected areas when needed. More personnel are assigned to health facilities (specifically in case of outbreak) to enhance the delivery of the life-saving interventions and mitigating the health impact of the drought

such as spread of communicable diseases and the reduction in utilization of services by the drought and poverty stricken population.

The MoH is also adopting a community-based approach especially in isolated areas (two CHWs per health centre for a total of 100 CHWs) to provide community-driven solutions and to empower communities to monitor, to provide early warning and first response to any emergency. The MoH has also, with the collaboration of WHO, opened new cooperation areas with NGOs (UNFD) to improve the early detection of malnourished children. WHO is continuously working in close collaboration with UN Partners (UNICEF, UNFPA, WFP) to reach common objectives of joint programmes (Expanded Programme on Immunization, malnutrition, etc.) and outbreaks.

Indicators

- 1.1 Percentage of rural population covered by the mobile teams.
- 1.2 Number and percentage of outbreak alerts investigated within 48 hours of detection.
- 1.3 Incidence of cases and case fatality rate by cholera, morbidity rate of diarrhoea, of measles, and of acute respiratory infections in (ARI) in rural and peri-urban areas.
- 1.4 Immunization coverage (measles and diphtheria-pertussis-tetanus) in rural and peri-urban areas.
- 1.5 Percentage of referred malnourished cases (by the CHWs and NGOs) compared to the total referred cases.
- 1.6 Among children being treated for severe acute malnutrition, % age of deaths, % age of defaulters, percentage of cases cured.
- 1.7 Coverage of intervention (e.g. % of age cases with SAM who were referred and had access to treatment).
- 1.8 Number of coordination meetings with the different actors.
- 1.9 Percentage of women in labour referred to health facilities for delivery.

- 2.1 Malnutrition prevalence rates.
- 2.2 Performance indicators for malnutrition case management (cured, defaulters, deaths).
- 2.3 Coverage rate of malnutrition case management.
- 2.4 Proportion of individuals (women and children) receiving supplementation of Vitamin A.
- 2.5 Proportion of pregnant women receiving supplementation of iron and foliates.
- 2.6 Proportion of women adopting the best practices to improve infant and young child feeding.

Role and responsibilities of stakeholders

The MoH will work in synergy with government departments and UN specialized agencies such as WHO for technical support and advice on health policy, as well as UNICEF and UNFPA for matters relating to the health of women and children. International NGOs, national NGOs and community associations will also be involved in the emergency response.

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| Food Aid | |
|------------------------------|--|
| Sector Lead Agency | WFP |
| Implementing Agencies | WFP, Ministry of Interior and Decentralization, National Refugee Assistance Office (ONARS), MoH, MoA |
| Number of Projects | 2 |
| Sector Objectives | 1. Maintain and improve nutritional status of vulnerable groups in rural areas, unable to satisfy their daily food requirements and prevent a further deterioration of the food security of the vulnerable groups. 2. Increase enrolment, attendance and reduce drop out and gender disparity in Basic Education as well as support the nutritional status of school children |
| Beneficiaries | 90,000 (60,000 food-insecure people in rural areas, 17,000 in health centres and 13,000 refugees) benefit from food assistance 12,000 school children, 4,000 girls and 205 cooks benefit from food-for-education (FFE) project |
| Funds Requested | \$16,230,614 |
| Contact Information | alessandro.dinucci@wfp.org |

Response strategy

Based on a seasonal livelihood and lean season analysis, the May 2010 EFSA recommends that during the 2010-2011 lean season acutely and moderately food-insecure households receive an unconditional food transfer to stabilize their food security status and ensure that their long-term recovery capacity does not continue to erode. This is in order to stabilize the current shock of failed rains and higher than average food prices. After the 2010 lean season, the EFSA also recommends that acutely food-insecure households continue to receive an unconditional transfer into 2011. Targeted conditional transfers should be provided to moderately food-insecure households between October 2010 and April 2011 focusing on strengthening household resilience to shocks such as drought. Activities should focus on improving household access to water and income diversification and could include: water catchment pools, dry land agro-forestry, and fodder production.

Aside from identifying the current caseload impacted by higher than average food prices and three consecutive years of drought, the EFSA also identified a potential caseload at risk of becoming food-insecure if the following Karan/Karma and Heys/Dada rains are below normal. Consequently, the EFSA also recommends the development of a household food security monitoring system that collects household food security information on a quarterly basis.

On the basis of these recommendations, food assistance will be distributed to 90,000 of the most vulnerable people, including 60,000 food-insecure people in rural areas, 17,000 beneficiaries in health centres, and 13,000 refugees. This will be complemented by food assistance targeting primary schools in rural areas, to increase enrolment and attendance by boys and girls.

Indicators

- 1.1 Prevalence of acute malnutrition <15% (assessed using weight-for-height disaggregated by gender – base value (2007): national GAM: 16.8% SAM 2.4%; north-western zone: GAM 24.8% SAM 3.5%).
- 1.2 Actual number of targeted beneficiaries reached on time (by sex and age).
- 1.3 Timely provision of food in sufficient quantity distributed.
- 1.4 Food consumption score (FCS).
- 1.5 Coping strategy index (CSI).

- 2.1 Gross enrolment rate (GER) of boys and girls in WFP-assisted primary schools.
- 2.2 Gender ratio in WFP-assisted primary schools.

Role and responsibilities of stakeholders

All activities are done in partnership with local committees and sector departments concerned.

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| Agriculture and Livestock | |
|----------------------------------|---|
| Sector Lead Agency | FAO |
| Implementing Agencies | FAO, MAEM-RH |
| Number of Projects | 2 |
| Sector Objectives | <p>The overall objective is to improve the food security situation of the drought-affected communities by safeguarding the livelihoods of the pastoral communities and promoting alternative way of living allowing them to become better prepared for and to recover more easily from natural disasters. The specific objectives are:</p> <ul style="list-style-type: none"> • to provide emergency assistance to the most vulnerable households by ensuring the survival of livestock and reducing depletion of productive assets. • to promote alternative means of income generation while encouraging environmental protection. • to enhance resilience of the drought-affected communities through improved access to water and grazing, and safeguarded livestock to promote future investment. |
| Beneficiaries | 30,000 agro-pastoralists in drought-affected areas (including 10,500 women and 7,500 children under five) 120,000 agro-pastoralists to benefit from livestock production assistance |
| Funds Requested | \$6,540,918 |
| Contact Information | NdeyeTicke.Ndiaye@fao.org Abdoulkader.Ismail@fao.org |

Response strategy

In light of the severe deterioration of livestock health and widespread loss of livestock, along with the corresponding destruction of livelihoods, eroding of household revenue, and worsening health and nutritional status of rural dwellers, the MAEM-RH with the support of FAO, will take urgent measures to improve the health and productivity of over 400,000 livestock across the country, specifically targeting the provision of animal fodder, urgent veterinary services, and regeneration and restoration of pasture by means of water harvesting.

At the same time, support will target existing small agricultural plots to increase the production, through the improvement of rural small-scale irrigation, provision of improved vegetable seeds, provision of drought-resistant and salinity-tolerant fodder crop seeds, and intensive field training to demonstrate appropriate dry land farming techniques adapted to local conditions. This will improve the nutritional status both of livestock and households, thereby bolstering the overall resilience of rural communities to prevailing drought.

Indicators

1. Number of animals benefiting from health care.
2. Number of trained beneficiaries and trained and active technical assistants.
3. Number of constructed and/or rehabilitated water catchment facilities.
4. Number of rehabilitated underground water tanks.
5. Number of small-scale gardens receiving assistance.
6. Number of thematic guidelines produced and disseminated.

Role and responsibilities of stakeholders

The proposed intervention is based on a well-established partnership with the Government of Djibouti, the MAEM-RH, UN agencies and international non-governmental organization (NGO) partners. Priority areas are identified by the Technical Committee and through discussions between all partner organizations.

The Ministry collaborates with community-based pastoral and agro-pastoral organizations, regional and local authorities, local communities in targeted areas and the National Union for Djibouti Women (UNFD).

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| Water, Sanitation and Hygiene | |
|--------------------------------------|--|
| Sector Lead Agency | UNICEF |
| Implementing Agencies | UNICEF, MAEM-RH, <i>Agence Djiboutienne de Développement Social</i> (Djibouti Social Development Agency - ADDS), MoH, <i>Leadership pour l'Environnement et le Développement Durable à Djibouti</i> (Leadership for Sustainable Development and Environment in Djibouti - LEAD), Red Crescent Society of Djibouti (RCSD) |
| Number of Projects | 1 |
| Sector Objectives | To assist the affected men, women and children in vulnerable areas through provision of safe water supply, adequate sanitation and hygiene education. |
| Beneficiaries | 120,000 beneficiaries |
| Funds Requested | \$2,381,606 |
| Contact Information | imarrato@unicef.org aouldsiouldbahah@unicef.org |

Response strategy

In light of the serious and worsening lack of access to water in rural areas, particularly potable water, the response will require the provision of safe water supply both by improving access to local water supplies and in some cases by transporting water, as well as adequate sanitation and hygiene interventions to prevent further spreading of diseases. The latter will require strong emphasis on community participation, especially of the most vulnerable including women and children, to ensure community appropriation of sanitary and hygiene measures.

Indicators

1. Drinking water coverage rate.
2. Improvement in community health.
3. Average drinking water consumption per inhabitant.
4. Capacity of users to manage and maintain the drinking water supply system.

Role and responsibilities of stakeholders

The MoA, MoH and ADDS are the major implementing partners in project monitoring and providing general oversight along with technical support from UNICEF while the target communities will be involved in planning, implementation and supervision.

NGOs will also be involved in carrying out software activities. Issues of ownership of water sources that ensure future sustainability of water projects will be thoroughly discussed. Establishment of Water Management Committees (users' committees) and training of the members of the committees are an integral part of the project.

| Emergency Preparedness and Response | |
|--|--|
| Sector Lead Agency | UNDP |
| Implementing Agencies | UNDP, WFP, SEGRC |
| Number of Projects | 2 |
| Sector Objectives | To strengthen national and regional capacities for disaster risk management and response to disasters |
| Beneficiaries | 120,000 beneficiaries Humanitarian organizations in Djibouti, Ethiopia, Somaliland and beyond; affected populations in the Horn of Africa |
| Funds Requested | \$6,438,700 |
| Contact Information | harbi.omar@undp.org |

Response strategy

At present the Djibouti Government structure in charge of coordination of disaster prevention and response, including response to drought, exists in a limited state, but suffers from serious inadequacies of human and material resources. During recent years the Government has become aware that disaster prevention and management should be handled from development perspectives.

The Government is also conscious of the fact that to achieve sustainable development within the country there is an implicit need to link drought mitigation, food security, and environmental protection as its primary objectives in managing drought and other disasters. According to law N°140/AN/06/05^e, the Ministry of Interior and Decentralization (MoID) is the only institution able to declare a situation as catastrophic. Therefore, it is necessary to support the government in putting in place and strengthening mechanisms of coordination on the one hand, and in developing tools that can help ensure better management of disasters on the other.

A presidential decree n°2006/1992 adopted in July 2006 set up the the institutional framework to coordinate national, regional and international efforts for disaster and risk management. The institutional measures comprise:

- Establishment of an inter-ministerial committee to manage risks and disasters under the leadership of the Prime Minister in charge of coordination of all governmental actions.
- Establishment of a technical committee to manage risks and disasters under the chairmanship of the MoID.
- Establishment of regional committees to manage risks and disasters. These committees are assigned the role of relaying response and mitigation actions at the regional level.
- Establishment of an executive secretariat to manage risks and disasters which is namely in charge of resource mobilization, disaster preparedness, and relief operations.

Despite the setting of the above structures through the decree, limited progress has been made. There is an urgent need to strengthen the established structures for an effective disaster management. Although the Executive Secretariat of Disaster Risk Management (DRM) was set up in 2007, it is still not fully operational due to lack of resources at his disposal. To remedy this situation, it is essential to proceed with the creation of units outlined in this Decree, including a unit in charge of rescue coordination and a unit responsible for information management and database. The creation of these units will allow the Executive Secretariat to carry out the tasks entrusted to it. Also at the regional level as mentioned in the decree, offices for DRM must be created in five regions and be equipped with assets to improve the information flow upward for effective decision-making at all levels.

Moreover, there is a need in terms of training of personnel and the provision of logistic resources to assist in responding to the current drought emergency through better planning and coordination. In the short term there is also a need to work on global policy and structures that will address the problem of drought-mitigation and other catastrophes through the creation of a national disaster preparedness plan.

However, the Government at this time lacks the financial resources and managerial capacity to implement the above-mentioned measures. Improving coordination and overall planning for disaster-mitigation requires resource mobilization efforts and partnership support to enable the establishment of policy fora and structures that will be effective in mitigating drought and other catastrophes through the integration of disaster management into national planning.

Indicators

1. Number of trained staff.
2. Organizational structures put in place and active.
3. Information system put in place and active.
4. Improved coordination system.

Role and responsibilities of stakeholders

The projects will be implemented by WFP and UNDP in partnership with their respective governmental institution: and the Executive Secretariat for DRM and regional administrations. WFP, in close collaboration with the Government of Djibouti, will aim to set up a logistical hub to provide food assistance to the sub-region. In order to do so, WFP Djibouti will maintain close contact with WFP offices in neighboring countries, as well as the national authorities of these same countries.

4.6 Roles and Responsibilities

This Appeal has been developed under the leadership of the Resident Coordinator with the support of the Government of Djibouti in order to mobilize necessary resources in response to the current emergency. In the process of developing this Appeal, there has been an unprecedented collaboration between technical senior staff from sectoral ministries namely the Ministry of Foreign Affairs and International Cooperation, Executive Secretariat for DRM, MoH, MAEM-RH, the Executive Secretariat for National Solidarity (SESN), ONARS, FEWSNET, the UN System, and the RCSD.

Funds mobilized from different donors will ensure an adequate response to the humanitarian emergency. Implementation will be carried out by the Government technical ministries, with the support of the UN System.

Lead institutions have been appointed for the various clusters/sectors as follows:

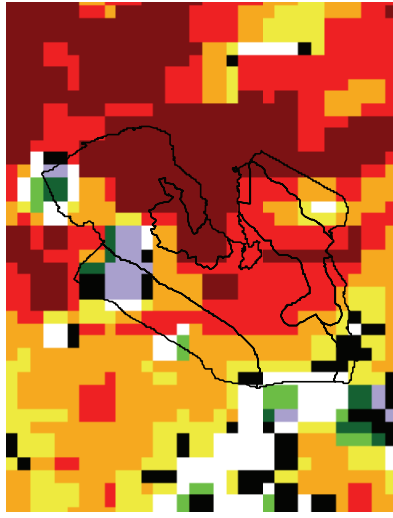
| Sector Name | Relevant Governmental Institution | Sector Lead | Sector Members and other Humanitarian Stakeholders |
|-------------------------------------|--|--------------------|---|
| Emergency Preparedness and Response | Executive Secretariat for DRM | UNDP | WFP, Executive Secretariat for DRM |
| Water, Sanitation and Hygiene | MAEM-RH | UNICEF | MAEM-RH |
| Food | MoID | WFP | MoID, ONARS, MoH, MoA |
| Health and Nutrition | MoH | WHO / UNICEF | WFP, UNFD, MoH, UNFPA |
| Agriculture and Livestock | MAEM-RH | FAO | MAEM-RH, UNFD, <i>Coopératives Agricoles</i> |

Overall, the sectoral ministries will implement the various components of emergency response with the technical support of UN agencies with relevant national and international expertise. In areas in which this expertise is not available, UN agencies will recruit national or international consultants to fill the gaps. Local associations and NGOs will be involved in project implementation in areas in which they have comparative advantages.

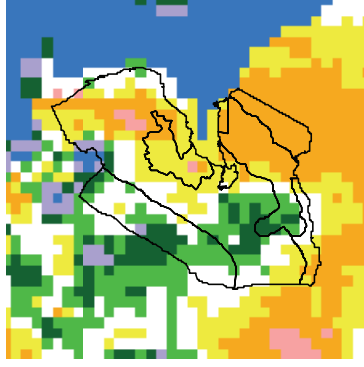
ANNEX I. RAINFALL LEVEL COMPARED TO SHORT-TERM AVERAGE (OCTOBER 08 – FEBRUARY 10)

Performance de pluie depuis October 2008 a fevrier 2010

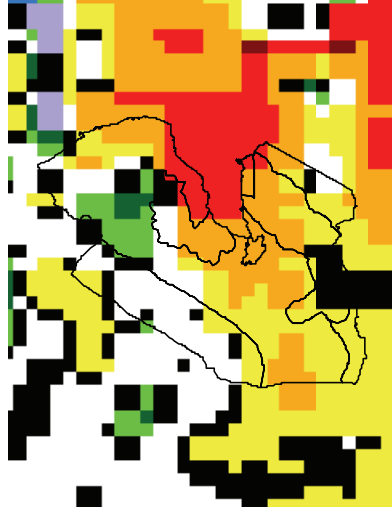
Heys/ Dada 2008/09 (oct-fev)



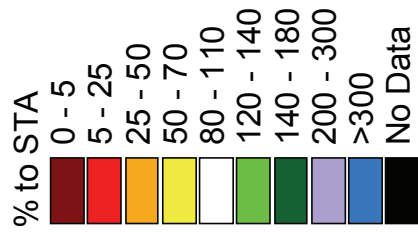
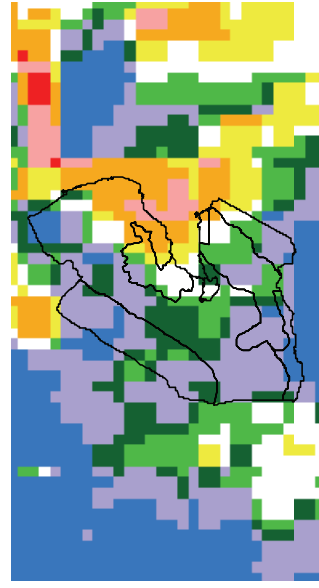
Diraac/Sougoum 2009 (mars-mai)



Karan/Karma 2009 (juill-sept)



Heys/ Dada 2009/10 (oct-jan)



Source: USGS.
Garphics FEWS NET

ANNEX II. PROJECT MONITORING METHODOLOGY

| Sector name | Lead Agency | Objectives | Indicators | Monitoring methodology |
|-------------------------------------|--------------|---|---|--|
| Agriculture and Livestock | FAO | To improve the food security situation of the drought-affected communities by safeguarding the livelihoods of the pastoral communities and promoting alternative ways of living that allow them to become better prepared for and to recover more easily from natural disasters. | <ul style="list-style-type: none"> - Number of animals benefiting from health care. - Number of trained beneficiaries and trained and active technical assistants. - Number of constructed and/or rehabilitated water catchment facilities. - Number of rehabilitated underground water tanks. - Number of small-scale gardens receiving assistance. - Number of thematic guidelines produced and disseminated. | <p><i>Enquete Djiboutienne a Indicateurs Multiples (EDIM) and National Nutritional Surveillance System</i></p> <p>MoH statistics</p> <p>MoA statistics</p> <p>Project monitoring</p> |
| Emergency Preparedness and Response | UNDP | <ol style="list-style-type: none"> 1. To strengthen national and regional capacities for disaster risk management and response to disasters. 2. To deliver humanitarian services and goods to the region. | <ul style="list-style-type: none"> - Number of trained staff. - Organizational structures put in place and active. - Information system put in place and active. - Improved coordination system. | Project monitoring |
| Food Aid | WFP | <ol style="list-style-type: none"> 1. Maintain and improve nutritional status of vulnerable groups in rural areas, unable to satisfy their daily food requirements and prevent a further deterioration of the food security of the vulnerable groups. 2. Increase enrolment, attendance and reduce drop out and gender disparity in basic education as well as support the nutritional status of school children. | <ol style="list-style-type: none"> 1.1 Prevalence of acute malnutrition <15% (Base value 2007). 1.2 Actual number of targeted beneficiaries reached on time (by sex and age). 1.3 Timely provision of food in sufficient quantity distributed. 1.4 Food consumption score. 1.5 Coping strategy index. 2.1 Gross enrolment rate of boys and girls in WFP-assisted primary schools. 2.2 Gender ratio in WFP-assisted primary schools. | <ol style="list-style-type: none"> 1.1.1 EDIM and National Nutritional Surveillance System 1.2.1 WFP regular monitoring 1.3.1 WFP regular monitoring 2.1.1 and 2.2.1 MoE reporting and WFP food aid monitors |
| Health and Nutrition | WHO / UNICEF | 1. Improve the health conditions of vulnerable population in the five regions of Tadjourah, Obock, Ali Sabieh, Dikhil and Arta, and to reduce the risk among vulnerable population in peri-urban areas. | <ol style="list-style-type: none"> 1.1 Percentage (%) of rural population covered by the mobile teams. 1.2 Number of outbreak alerts investigated. 1.3 Mortality rate of cholera, morbidity rate of diarrhoea, of measles, and of ARIs in rural and peri-urban areas. 1.4 Immunization coverage | <p>Statistical reports of the MoH</p> <p>Reports of the mobile units</p> <p>Reports of the CHW</p> <p>Reports of supervision</p> |

DJIBOUTI DROUGHT APPEAL

| | | | | |
|----------------------|--------|---|--|--|
| | | <p>2. Improve the nutritional status for vulnerable groups, especially children, women in the reproductive age, and the most nutritionally deprived people.</p> | <p>in rural and peri-urban areas. 1.5 Percentage (%) of referred malnourished cases (by the CHW and NGOs) compared to the total referred cases. 1.6 Number of coordination meetings with the different actors. 1.7 Percentage of women in labour referred to health facilities for delivery.</p> <p>2.1 Malnutrition prevalence rates. 2.2 Performance indicators for malnutrition case management (cured, defaulters, deaths). 2.3. Coverage rate of malnutrition case management. 2.4 Proportion of individuals (women and children) receiving supplementation of Vitamin A. 2.5 Proportion of pregnant women receiving supplementation of iron and foliates. 2.6 Proportion of women adopting the best practices to improve infant and young child feeding.</p> | <p>Monitoring and evaluation</p> <p>Monthly statistics from health services</p> <p>National nutrition surveillance system</p> <p>National nutrition survey</p> |
| Water and Sanitation | UNICEF | <p>To assist the affected men, women and children in vulnerable areas through provision of safe water supply, adequate sanitation and hygiene education.</p> | <ul style="list-style-type: none"> - Drinking water coverage rate - Rate of malnutrition - Average drinking water consumption per inhabitant - Existence of a Drinking water supply system | <p>Supervision reports</p> <p>Annual Reports (MoA, MoH)</p> <p>Water point inventory</p> <p>EDIM and National Health Information System</p> |

ANNEX III. ACRONYMS AND ABBREVIATIONS

| | |
|----------|--|
| ADDS | <i>Agence Djiboutienne de Développement Social</i> (Djibouti Social Development Agency) |
| AMDA | Association of Medical Doctors of Asia |
| ARI | acute respiratory infection |
| AWD | acute watery diarrhoea |
| CERF | Central Emergency Response Fund |
| CHW | community health worker |
| CSI | coping strategy index |
| DRM | disaster risk management |
| ECHO | European Commission Directorate-General for Humanitarian Aid and Civil Protection |
| EDAM | Djibouti Household Survey |
| EDIM | <i>Enquete Djiboutienne a Indicateurs Multiples</i> (Djibouti Multiple Indicator Survey) |
| EFSA | Emergency Food Security Assessment |
| FAO | Food and Agriculture Organization of the United Nations |
| FCS | food consumption score |
| FEWSNET | Famine Early Warning System Network |
| FFE | food-for-education |
| FFW | food-for-work |
| FTS | Financial Tracking Service |
| GAM | global acute malnutrition |
| GDP | gross domestic product |
| GER | gross enrolment rate |
| HIV/AIDS | human immuno-deficiency virus/acquired immuno-deficiency syndrome |
| IFPRI | International Food Policy Research Institute |
| IMF | International Monetary Fund |
| INDS | National Initiative for Social Development |
| LEAD | <i>Leadership pour l'Environnement et le Développement Durable à Djibouti</i> (Leadership for Sustainable Development and Environment in Djibouti) |
| LWF | Lutheran World Federation |
| MAEM-RH | Ministry of Agriculture, Livestock and Sea, in charge of Hydraulic Resources |
| MoA | Ministry of Agriculture |
| MoH | Ministry of Health |
| MoID | Ministry of Interior and Decentralization |
| MSF | <i>Médecins sans frontières</i> |
| MT | metric ton |
| MUAC | mid-upper-arm circumference |
| NFI | non-food item |
| NGO | non-governmental organization |
| ONARS | <i>Office National d'Assistance aux Réfugiés et Sinistrés</i> (National Refugee Assistance Office) |
| PAPFAM | health profile survey |
| PHC | primary health care centre |
| RC | Resident Coordinator |
| RCSD | Red Crescent Society of Djibouti |
| SAM | severe acute malnutrition |
| SEGRC | Executive Secretariat for Disaster Risk Management |
| SESN | State Secretariat for National Solidarity |
| UNCT | United Nations Country Team |
| UNDP | United Nations Development Programme |
| UNFD | <i>Union Nationale des Femmes Djiboutiennes</i> (Djiboutian Women's National Union) |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations Children's Fund |

WASH water sanitation and hygiene
WFP World Food Programme
WHO World Health Organization

Consolidated Appeal Process (CAP)

The CAP is a tool for aid organizations to jointly plan, coordinate, implement and monitor their response to disasters and emergencies, and to appeal for funds together instead of competitively.

It is the forum for developing a strategic approach to humanitarian action, focusing on close cooperation between host governments, donors, non-governmental organisations (NGOs), the International Red Cross and Red Crescent Movement, International Organization for Migration (IOM), and United Nations' agencies. As such, it presents a snapshot of the situation and response plans, and is an inclusive and coordinated programme cycle of:

- strategic planning leading to a Common Humanitarian Action Plan (CHAP)
- resource mobilisation leading to a Consolidated Appeal or a Flash Appeal
- coordinated programme implementation
- joint monitoring and evaluation
- revision, if necessary
- reporting on results

The CHAP is the core of the CAP – a strategic plan for humanitarian response in a given country or region, including the following elements:

- A common analysis of the context in which humanitarian action takes place
- An assessment of needs
- Best, worst, and most likely scenarios
- A clear statement of longer-term objectives and goals
- Prioritised response plans, including a detailed mapping of projects to cover all needs
- A framework for monitoring the strategy and revising it if necessary

The CHAP is the core of a Consolidated Appeal or, when crises break out or natural disasters strike, a Flash Appeal. Under the leadership of the Humanitarian Coordinator, and in consultation with host Governments and donors, the CHAP is developed at the field level by the Humanitarian Country Team. This team includes IASC members and standing invitees (UN agencies, the International Organisation for Migration, the International Red Cross and Red Crescent Movement, and NGOs that belong to ICVA, Interaction, or SCHR), but non-IASC members, such as national NGOs, can also be included.

The Humanitarian Coordinator is responsible for the annual preparation of the consolidated appeal document. The document is launched globally near the end of each year to enhance advocacy and resource mobilisation. An update, known as the Mid-Year Review, is presented to donors the following July.

Donors generally fund appealing agencies directly in response to project proposals listed in appeals. The **Financial Tracking Service (FTS)**, managed by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), is a database of appeal funding needs and worldwide donor contributions, and can be found on <http://fts.unocha.org>.

In sum, the CAP is how aid agencies join forces to provide people in need the best available protection and assistance, on time.

**OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS
(OCHA)**

**UNITED NATIONS
NEW YORK, N.Y. 10017
USA**

**PALAIS DES NATIONS
1211 GENEVA 10
SWITZERLAND**