

2014-2015 STRATEGIC Response Plan

Djibouti

April 2014



Prepared by OCHA on behalf of the Humanitarian Country Team

PERIOD:

January 2014 – December 2015

100%

945,659

total population including 27,500 refugees and approximately 100,000 migrants who transit through Djibouti each year

32%

of total population

300,000

estimated number of people in need of humanitarian aid

25%

of total population

250,000

people targeted for humanitarian aid in this plan

Key categories of people in need:

162,500 Djiboutians

27,500 refugees

60,000 migrants



US\$ 74 million
requested

SUMMARY

Strategic objectives

1. Reduce the impact of drought, re-establish livelihoods and strengthen the resilience of affected people.
2. Minimize the risk of epidemics, epizootics and zoonotics and reduce their impact on drought-affected populations and livestock.
3. Strengthen protection and improve access to food and other basic services for refugees and vulnerable migrants.

Priority actions

- Food assistance, livestock replacement, monitoring of food supplies.
- Preventing, treating and monitoring acute malnutrition.
- Providing water, sanitation and hygiene services.
- Preventing, treating and monitoring epidemics that threaten people and livestock.
- Protecting and assisting refugees and migrants.
- Strengthening resilience and early recovery.

Parameters of the response

Although about 300,000 people need humanitarian assistance in Djibouti the activities outlined in this response plan only target 250,000 of the potential beneficiaries. The decision on who to target prioritises life-saving activities and hinges on response capacity and questions of access. Special focus is placed on the most vulnerable rural and urban populations. Over and above the aim to save lives, the response is designed to help populations affected by recurrent drought to re-establish their livelihoods and strengthen their resilience in the face of repeated crises. The response also takes into account cross-cutting issues such as protection, gender and HIV/Aids. A sum of **74 million US dollars** is needed to finance the activities planned for 2014.

Cyclical and recurrent drought, limited access to basic social services, a lack of economic prospects, unemployment and migration fluxes explain the present humanitarian situation in Djibouti. Recurrent and persistent drought drastically reduces pastures and the flow of well water, while deteriorating water quality is due to increased salinization. People are suffering from acute diarrhoea and acute respiratory infection and the population is particularly exposed to malaria epidemics. Livestock are the main source of income for nomads in rural areas and the scarcity of water exacerbated by drought causes death amongst the livestock.

These factors are behind competition for access to limited natural resources, particularly between local populations and refugee communities (living in Ali Addeh and Holl Holl camps in Ali Sabieh) and migrant communities along the migration corridor in Dikhil and Tadjourah as well as in Obock town which is the main departure point for migrants headed for Yemen. Lack of economic opportunity and unemployment worsen food insecurity. Vulnerable rural people who have left their villages to escape relentless drought are now living in precarious conditions in periurban areas outside the capital and their presence takes a heavy toll on basic services such as water distribution. Those who remain in their villages and count on the international community and the financial support of family members in the towns are now even more vulnerable. The rise in food prices, incremental food insecurity, limited access to preventive and curative health services and a lack of familiarity with good food practices all provoke very high rates of severe acute malnutrition.

Unemployment, migration and food insecurity drive vulnerable people to take behavioural risks which increase their exposure to HIV/Aids. In fact, some people living with HIV/Aids are liable to take behavioural risks to finance their ARV treatment, increasing the risk of transmission of HIV. All five regions of the country (Dikhil, Ali Sabieh, Obock, Tadjourah and Arta) are affected by the crisis. The affected population is principally to be found in the rural areas of these regions and in the outskirts of the capital, Djibouti City (mainly in Balbala and Boulaos). Ali Sabieh region is set apart as it is home to Ali Addeh and Holl Holl refugee camps. Dikhil and Tadjoura are distinct in that they are on the migration route which leads to Obock town, the main departure point for migrants heading for Yemen.

The crisis is affecting the most vulnerable segments of the population including children under the age of five (boys and girls), women of child bearing age, pregnant and lactating women, older people, refugees (especially women), people living with HIV/Aids and clandestine migrants (especially minors, victims of abuse, single mothers and their children, victims of accidents or people suffering from dehydration).

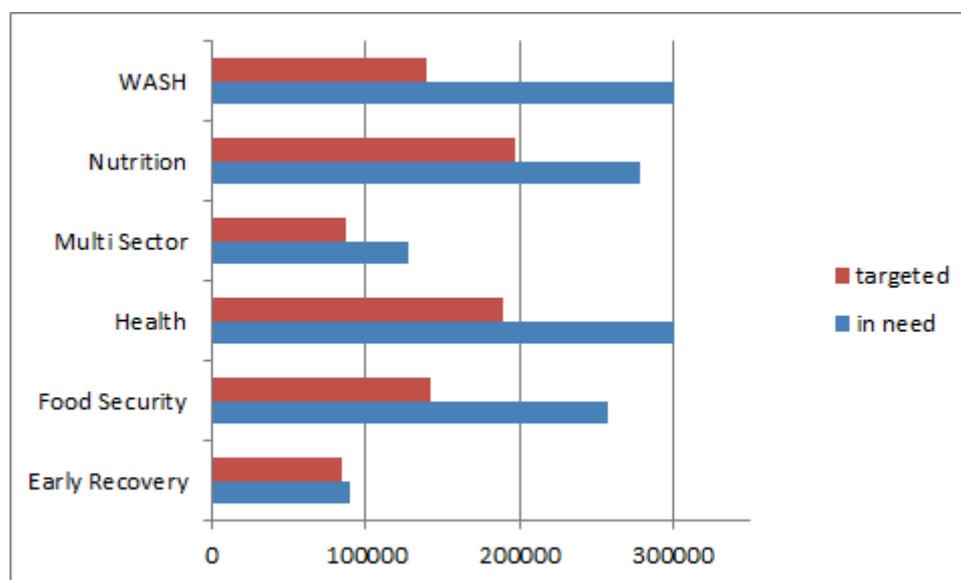
STRATEGY

People in need and targeted

The tables below represent the spread of requirements of 300,000 people in need and the strategic response for the different types of support to 250,000 targeted beneficiaries. Response through the projects of different clusters/sectors will be strategic and will be adjusted to reflect the varying needs of different groups.

Figure 1: Response activities divided by type of need

Clusters/Sectors	People in need	People targeted
Early recovery	89,000	84,400
Food security	257,000	142,000
Health	300,000	189,624
Multi-sector	127,500	87,500
Nutrition	277,786	196,306
Water, sanitation and hygiene	300,000	139,000



NEEDS	
Total number of people in need	300,000
Children	45,000
Women	129,000
Men	126,000
Activities divided by type of need	
Early recovery	30%
Food security	86%
Health	100%
Multi-sector	43%
Nutrition	93%
WASH	100%
Target groups	
Total number of people targeted	250,000
Children	37,500
Women	107,500
Men	105,000
Activities divided by type of response	
Early recovery	34%
Food security	57%
Health	76%
Multi-sector	35%
Nutrition	79%
WASH	56%

Planning assumptions

This Strategic Response Plan is based on needs outlined in the Humanitarian Needs Overview. In spite of slightly better rainfall at the end of 2013 and the beginning of 2014, the food situation in the Republic of Djibouti remains precarious. This is a consequence of the debilitating droughts which have been a recurrent feature of recent years. Current trends indicate a level of food insecurity similar to that of May 2013 even though several months have yet to pass before the harvest season. These are the prevailing circumstances, in spite of improved rainfall and therefore more water and richer pastures for livestock; relatively stable basic food prices, and food assistance provided by the humanitarian community. To avoid further deterioration of this already precarious situation, it is essential that the most vulnerable continue to receive food assistance, particularly those in rural and/or pastoral areas. It should be noted that populations now at risk lost some of their assets – in particular a proportion of their livestock (cattle, dromedaries and small ruminants) in the great drought of 2010/2011 and reconstituted herds take some time to match previous production of milk, meat and income. Good rainfall in 2013 has not had the hoped-for effect on food security and the cumulative effects of the drought are apparent in households' nutritional status quo.

Nutrition will continue to represent a major concern. According to the joint Ministry of Health/UNICEF evaluation conducted in November and December 2013, the rate of acute malnutrition in Ali Sabieh, Tadjourah and Obock regions exceeds the emergency threshold (15.8 per cent, 16.4 per cent and 25.7 percent, respectively). Malnutrition rates in all the other regions of the country are on the brink of emergency thresholds. Response to acute malnutrition must bring these rates back down below the emergency threshold and prevent alarming nutrition levels in other regions of the country. Health, water, hygiene and sanitation needs are equally numerous. With the security situation in Somalia continuing to worsen, Somali refugees, who make up about 80 per cent of the 27,500 refugees and asylum seekers currently residing in Ali Addeh and Holl Holl refugee camps, are likely to stay in Djibouti. Their numbers may even swell. Tens of thousands of migrants, mainly from Ethiopia and Somalia, will be transiting through Djibouti. A high number of these migrants will need assistance, in particular food, health, protection, water and sanitation.

Explanation of the strategy

Consecutive droughts experienced by the Republic of Djibouti over recent years are one of the main reasons for the humanitarian crisis the country is undergoing. Drought has progressively eroded livelihoods: some 257,000 Djiboutians have been affected by food insecurity; malnutrition rates exceed the emergency threshold in several locations; access to water and health services remains limited; livestock, the main means of subsistence for many Djiboutians, especially those living in rural areas, are short of water and pastures, they suffer disease and their numbers are diminishing.

With the protracted conflict in neighbouring Somalia, Djibouti continues to welcome some 27,500 refugees who depend entirely on the protection and assistance of the humanitarian community. Also, tens of thousands of vulnerable migrants transit each year through Djibouti to reach Yemen and the other Arab countries. These migrants are completely destitute and weakened by the long trek across the desert. They need humanitarian assistance, particularly food, health and water.

In response to this situation, the humanitarian community in Djibouti has adopted a two-year strategy (2014 and 2015) with the prime purpose of saving lives through food assistance, treatment of acute malnutrition, treatment of epidemics and provision of water and hygiene services for the populations rendered most vulnerable by the drought, as for refugees and vulnerable migrants. The humanitarian community also aims to strengthen the coping capacity of drought-affected populations, focusing on activities which will diversify livelihoods and restock herds.

The humanitarian community remains conscious that this strategy will only be effective in the short- and medium-term. It is nonetheless vital to saving many human lives. At the same time, the humanitarian community intends to advocate for wide-reaching development activities to further strengthen coping capacity in the face of crippling droughts, with special emphasis on projects to be carried out in rural areas and supporting innovative production and water management techniques.

Scope of the strategy

Even though the land surface and the size of population in Djibouti are relatively small, the limited capacity of the Government and the humanitarian community, alongside the problems in accessing some localities, prevent full coverage of humanitarian needs in the country. This is why a strategy targeting the most vulnerable populations living in accessible places has been adopted. Though some 300,000 individuals have water, sanitation and hygiene-related needs, only the 139,000 most vulnerable people will be targeted. People who take more than half an hour to reach a water point will be the first to receive this type of assistance. Similarly, indications of a high prevalence of malnutrition will be used to guide the selection of localities and people to be targeted with assistance. Refugees dependent on humanitarian assistance will also be prioritised. While the strategy focuses on emergency needs, it also recognizes the imperative to re-establish income-generating activities and strengthen resilience of communities affected by the crisis. Humanitarian appeals issued for Djibouti over the last few years have been amongst the least supported. This has meant partial coverage only of needs identified as priorities. Insufficient financing has also prevented the humanitarian community from strengthening its capacity to respond to ever increasing needs in the country. With this in mind, the humanitarian community of Djibouti plans to set up a protection working group to initiate activities in this domain. In this context, increased financial support will enable the humanitarian community to respond to a greater number of needs.

Priorities within the scope of the strategy

Priorities within the scope of this strategy are as follows:

- Food assistance and help with production for more than 14,000 vulnerable people.
- Nutrition response targeting around 200,000 children under the age of five, pregnant women and lactating mothers.
- A response to epidemics targeting approximately 189,000 people.
- Water, sanitation and hygiene interventions targeting 139,000 people.
- Protection and assistance for 27,500 refugees and asylum seekers and 60,000 migrants.
- Early recovery activities and resilience-strengthening for 84,400 people.

Coordination

OCHA, through its regional office in Nairobi, supports the United Nations Resident Coordinator and the humanitarian country team to ensure a well coordinated and efficient humanitarian response. To this end, priorities include: i) development and updating of humanitarian programming, including a strategic response plan (SRP) based on a joint evaluation and analysis of humanitarian needs; ii) mobilization of resources for humanitarian actors through the SRP; and iii) support to strategic coordination through the Resident Coordinator, the humanitarian country team and sectoral groups.

Cross-cutting and context-specific issues

Strengthening the capacity of affected populations

The question of capacity of rural populations is an important one. UN Agencies are working at regional, communal and in some cases community level. Training programmes are tailored to strengthen capacity to anticipate and manage eventualities in rural areas, capacity to withstand illness and capacity to manage water, food resources and assets. The humanitarian team undertakes to integrate protection in its programmes to encourage people in need to take responsibility for their own future.

Resilience

The humanitarian community in the Republic of Djibouti is acutely aware that its activities will have more impact if due attention is paid to building resilience. The *'workshop on reflection and action on community resilience in Djibouti'* co-organised by the UN system and the Ministry of Agriculture from 3-4 June 2013, led to approval of a roadmap by the Government. This will be followed up with efforts by the humanitarian system and the Government to conduct activities which complement one another and which strengthen operations on either side.

Gender

Clusters/sectors are committed to promoting gender principles through their activities and in subsequent monitoring. Efforts should be made in 2014 and 2015 to accentuate the role of gender in cluster/sector response activities, particularly when collecting data on the population affected by the drought and factoring in the recommendations of the OCHA GenCap/Gender Standby Capacity Project. If necessary, the humanitarian country team will request the support of a GenCap expert to further strengthen gender-related aspects of the SRP review for 2014-2015.

HIV/Aids

The Health Sector will continue to strengthen its activities for prevention and response to HIV/Aids, especially in the Ali Addeh and Holl Holl refugee camps.

Constraints and how they can be addressed

Insufficient data

Shortage of up to date data is an obstacle frequently faced by the humanitarian community in the Republic of Djibouti. Several studies of how to improve this are either currently under way or projected.

Access problems

Access to some regions is hindered because there are no roads or because the roads that exist are in disrepair. This directly interferes with humanitarian action and has operational cost implications. There are travel restrictions in the north of Obock region. Also, telecommunications are limited in some parts of the country. The geography of Djibouti hampers VHF/HF communications, particularly in mountainous regions. That said, in view of the importance of programmes to be carried out in 2014-2015, the mitigation strategy envisages purchase of a satphone and/or a VHF relay for use in dead angles.

Response capacity

National capacity for prevention, response and recovery is relatively weak. The humanitarian country team is very small but does whatever possible to strengthen its presence and capacity in the country. However, for some years now only a few national and international non-governmental organisations with relatively good response capacity have been present in the country. The humanitarian country team will continue to advocate for more humanitarian partners to join the operations in the Republic of Djibouti.

Low level of humanitarian financing

Humanitarian appeals in the Republic of Djibouti have been amongst the least financed in recent years. This has led the Central Emergency Response Fund (CERF) to intervene several times to allocate funds to the most under-funded sectors. The humanitarian country team continues to improve the quality of its strategic response plans and will approach donors for contributions towards putting the plans into action.

Response monitoring

As explained in the Humanitarian Needs Overview, humanitarian organisations are committed to monitor and continuously evaluate response activities and their impact. They will do so through periodic missions, regular reports and joint evaluation missions.