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Food Assistance For Vulnerable Groups and Refugees
Standard Project Report 2017

World Food Programme in Djibouti, Republic of (DJ)



World Food Programme

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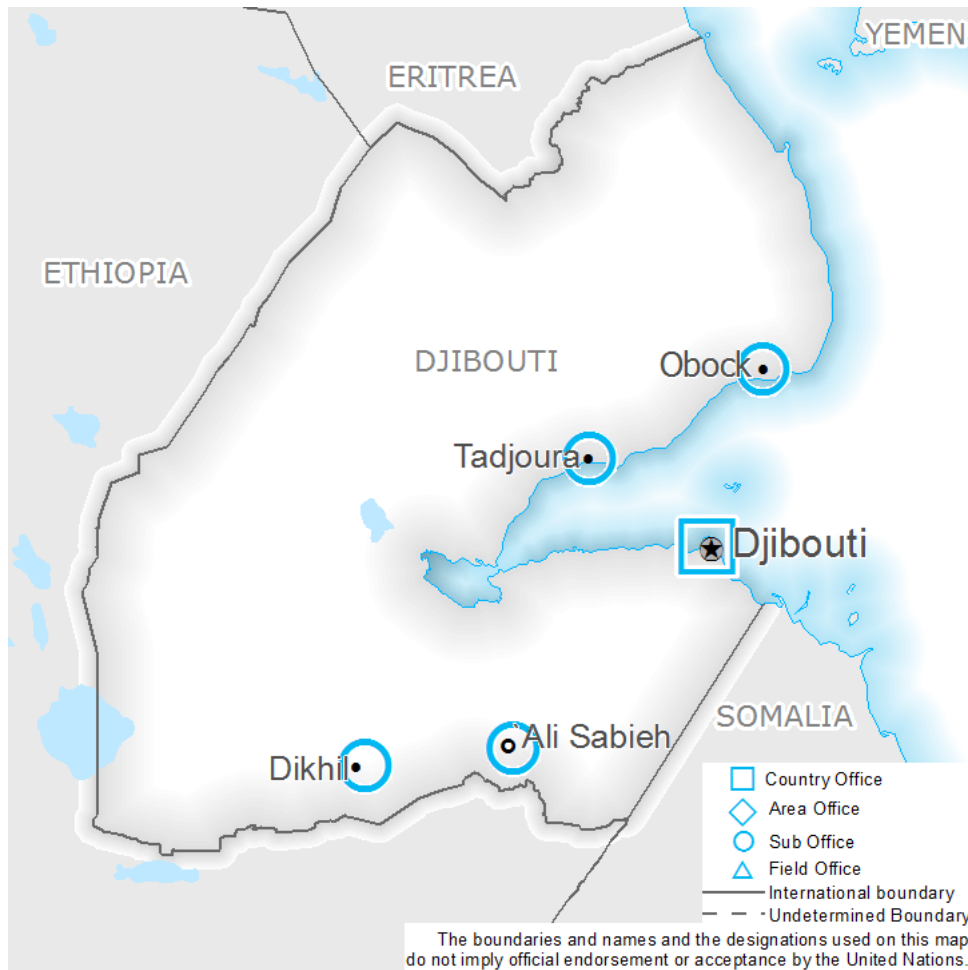
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Country Context and WFP Objectives



Achievements at Country Level

Pursuing its efforts to support national food security and social safety nets systems, the World Food Programme (WFP) continued to improve its food assistance delivery strategy while ensuring food and nutrition security to the neediest people.

In this regard, in March 2017 WFP and the State Secretariat for Social Affairs (SEAS) signed a Memorandum of Understanding (MOU) on the harmonization of both agencies' social protection-related interventions in Djibouti. The two parties worked closely in both urban and rural areas, focusing especially on the strengthening of the nationally-owned Programme National Solidarité Famille (PNSF). The PNSF is the government's livelihoods programme, launched in 2015 in rural areas of the country, in order to provide a basic revenue for the most vulnerable households of the host population via trimestral unconditional cash-based transfers. WFP has been contributing to the development and expansion of this programme, especially in urban areas via its seasonal Cash-Based-Transfer (CBT) intervention which was converted into the first phase of the PNSF. The Country Office intends to continue assisting 4,000 most vulnerable households in urban areas, while the government has pledged to continue assisting 3,000 households in rural areas.

In rural areas, given its alignment to the national social protection agenda, WFP focused primarily on the progressive biometric enrolment of the majority of its General Food Distributions (GFD) beneficiaries on the national social registry, the main platform containing the beneficiary-related data owned by the Government. Presently, WFP is delivering its electronic voucher intervention via a local startup called Nomadecom, but a SCOPE feasibility mission will be carried out in the second quarter of 2018 in order to detect a more cost-effective solution in the long

run. Progressive biometric enrolment of the majority of its GFD beneficiaries on the national social registry will facilitate the planned transition of these beneficiaries from WFP's GFD programme to the nationally-owned quarterly CBTs.

Thanks to this approach, WFP will be able to focus more on the delivery of technical assistance to its government counterpart in support of the establishment of a nationally appropriate social protection floor - one of the main pillars of the newly-approved national social protection strategy.

Likewise, WFP supported the Government to conduct a System Assessment for Better Education Results - School Feeding (SABER-SF), a joint exercise that allows the identification of strengths and gaps in the systems and policies for school meals based on internationally agreed standards. The exercise allowed strategic planning for technical assistance towards sustainable national school meals programme.

The Country Office stayed committed to gender equity and protection and accountability towards its beneficiaries. Efforts to provide them with information were enhanced although they were unfortunately shadowed by rations cuts due to resource shortfalls. WFP addressed the entitlement issues that had been raised by both refugees and hosts in the previous year through redesigned distribution centers, with a new crowd control mechanism. The introduction of the biometric information management system (BIMS) and the global distribution tool (GDT) in food distributions were very useful in addressing the issue of unregistered people and duplications. An enhanced electronic Complaint and feedback Mechanism (CFM) was put in place in the e-Voucher project. Beside these protection-oriented efforts, the Country Office's attention was also directed to training of WFP and Partners' staff in gender analysis, in addition to a continuous sensitization of the communities and beneficiaries. Moreover, WFP supported the Government to initiate a Zero Hunger Strategic Review aiming to develop a national plan of action to achieve the Sustainable Development Goal 2 (SDG 2) in support to the Government. The commitment of the Government, translated through the involvement of key ministries at the highest level in the Advisory Board, along with the civil society, the Chamber of Commerce, the University of Djibouti, WFP and experts from the United Nations Children's Funds (UNICEF) and the Food and Agriculture Organization (FAO), guarantees the success of such exercise.

In 2017, in support to the SDG 17 "Strengthen the means of implementation and revitalize the global partnership for sustainable development", WFP commissioned the silo section of the Humanitarian Logistics Base (HLB) bringing its total storage capacity up to 65,000 mt (40,000 mt in bulk). The development of the HLB has been a partnership with the Government since the inception of the concept in 2013. The HLB serves as a platform to augment emergency response capabilities in the Horn of Africa with expanded repositioning capacity for humanitarian cargo of both food and non-food items.

Country Context and Response of the Government

Djibouti is a country located in the Horn of Africa, occupying an area of just 23,200 km² and home to a total of 942,333 inhabitants^[1], of which 60 percent are concentrated in the capital city of Djibouti.

Ranked 172 out of 188 countries in the Human Development Index^[2], Djibouti is identified as a lower middle income and food deficit country with an economy dominated by the services sector. Djibouti provides services as both a transit port for the region and as an international transshipment and refuelling centre, given its strategic location connecting the Red Sea and the Gulf of Aden. Despite recent economic growth, relative poverty is estimated at 79 percent, with higher rates (83 percent) in rural areas and 42 percent of the population living in extreme poverty.

Relatively stable politically, the country had a peaceful presidential election process in April 2016. Djibouti has been hosting refugees from neighbouring countries since 1979 in Ali Addeh and Hol-Hol camps, including Somalians, Ethiopians and Eritreans. More recently, a camp was established in Markazi in the Northern district of Obock to host Yemeni refugees. The social unrest in Ethiopia brought asylum seekers of the Oromo group from Ethiopia to the Ali-Addeh camp, thus soaring the numbers of people in need of humanitarian assistance. Overall, according to the United Nations High Commissioner for Refugees (UNHCR), Djibouti counted 27,806 refugees, of which 19,806 were living in camps as of September 2017.

The low proportion of arable land (0.04 percent of the country's area) and the desert-like climate impairs the agricultural production, with recurrent droughts resulting in insufficient access to water for agro-pastoral activities. Domestic production accounts for just 10 percent of food needs, with imports covering the remaining 90 percent.

With the agricultural sector being predominantly controlled by men owing to the lack of access to land by women, many women are employed in vulnerable and insecure informal sector jobs such as street vendors and khat redistributors.

Despite some improvements in the social protection system, structural poverty, lack of basic services such as health, education, and water and sanitation and infrastructure continued to impede coping opportunities. Market prices, which remain very high given the levels of fuel price, coupled with the lack of price control mechanisms further exacerbate the situation.

Despite the challenging context, humanitarian interventions and Government's efforts led to a significant improvement with regard to the food security situation in Djibouti over the last year. The proportion of the population affected by food insecurity has decreased from 60 percent in 2016 to 34 percent in 2017 (with 2.2 percent severely food insecure against 16.5 percent in 2016), according to WFP food security and monitoring system findings from October 2017.

Undernutrition is another concern, with the national global acute malnutrition rate^[3] among children aged 6-59 months at 18 percent (3), and around or above the emergency threshold of 15 percent across all regions. Chronic malnutrition affects almost 33 percent of the population, with rural areas substantially more affected than urban areas. Micronutrient deficiencies equally constitute a public health problem in the country as two-thirds of children under 5 and pregnant women are anaemic. One-third of children under five and one-fifth of pregnant women are vitamin A deficient.

In 2012, Djibouti had male and female adult literacy rate of 60.1 percent and 39.5 percent respectively, and a global gender ratio (Girls/boys) of 0.87 in primary schools. Despite significant efforts made by the Government of Djibouti, the gross primary enrolment rate achieved in 2016-2017 school year was 81.5 percent. The Government included in its 2017-2019 Education action plan the design of vocational training programmes aiming to reach the 20 percent not enrolled. The Government also recognizes the important role played by school meals on school enrolment and attendance, and hence pursued the provision of each rural school with a functioning canteen. Additionally, with the 2017-2018 school year, the Ministry in charge of primary education (MoE) in collaboration with other actors started to take care of the education of the refugee school-aged children. The MoE will support schooling at the three refugee camps, namely Alli Addeh, Holl Holl and Markazy.

The Government adopted Djibouti's Vision 2035 with the ambition to reduce absolute poverty by its third by 2035. The vision includes a national food security and nutrition strategy (NFSNS), an Emergency Nutrition Plan of Action, a National HIV Strategic Plan and a National Strategy to fight TB. Key highlights of the NFSNS include, among others, a sustainable food security system articulated with regional schemes and supported by a strategic food reserve in Djibouti, along with a national food fortification policy. In connection with the national resilience roadmap, an emphasis will be put on water mobilization with the aim to stimulate agriculture; with an increased availability of water, the strategy foresees to support the vulnerable groups' food security and nutrition through agricultural, stock-raising and fishery activities.

In the HIV/TB area, according to a UNAIDS/World Bank report, the national HIV prevalence was estimated at 1.3 percent, while WHO established the TB Incidence at 3.2 percent in 2016. In addition, UNICEF reported that out of the 33,000 orphans and vulnerable children identified nationwide in 2016, 6,000 are HIV-associated. The Government ensures ART along with a psychosocial support to 2,000 PLHIV, as well as a cash-based support to 300 orphans and vulnerable children, in order to improve the fragile food security prevailing in most HIV-affected households.

The SCAPE (La Stratégie de Croissance Accélérée et de Promotion de l'Emploi) is the first tool to operationalize the 2035 Vision and highlights the importance of food security and nutrition, whilst also guiding all the sectoral strategic documents.

SEAS is responsible for coordinating efforts on social protection and safety nets and implementing all social protection projects. In the area of disaster response, SEAS is responsible for delivering immediate emergency relief assistance thanks to contingency stocks while the humanitarian communities, including WFP, mobilize resources for a substantial assistance. This Secretariat has developed a social register which captures information on the vulnerability of poor households, helping to determine the most appropriate type of assistance to be provided. Furthermore, a national social protection strategy (NSPS) was validated in October 2017, paving the way for the national social protection policy in 2018.

Djibouti has ratified a number of international conventions and texts pertaining to social protection, gender equality and women empowerment such as the Convention on the Elimination of all Forms of Discrimination Against Women. Main social protection and gender-related tools that push forward the constitutional provision of equality of treatment of citizens in Djibouti include but are not limited to: The Labor Code of 1952, the Convention to the Rights of the Child of 1990, the Family code of 2002 as well as a national safety-net strategy (2013-2017). However, this legal framework has been criticized for promoting equality without assigning men and women the same legal rights.

[1] 2016 World Bank report.

[2] 2016 United Nations Development Programme Human Development Index

[3] UNICEF's 2013 Standardized Monitoring and Assessment for Relief and Transition (SMART) survey.

WFP Objectives and Strategic Coordination

In 2017, WFP provided food assistance to the refugee population and asylum seekers, as well as to the vulnerable host-population through a protracted relief and recovery operation (PRRO) and a development project (DEV).

Consistent with the Djibouti Country Strategic Plan (2015-2017), through the PRRO WFP aimed to meet the food and nutritional needs of refugees and the most food insecure populations in Djibouti, enhance the resilience of rural populations to chronic shocks related to climate change and support government's efforts to treat and/or prevent acute and chronic malnutrition among vulnerable groups, in particular women and children. The PRRO is in line with the WFP Strategic Objectives (SOs) 1 " Save lives and protect livelihoods in emergencies", 3 "Reduce risk and enable people, communities and countries to meet their own food and nutrition needs" and 4 "Reduce undernutrition and break the intergenerational cycle of hunger".

WFP continued the treatment of MAM for pregnant and lactating women/girls (PLW/G) and children 6-59 months old. To address the high levels of stunting and micronutrient deficiencies, WFP expanded the blanket supplementary feeding programme for PLW/G and children 6-23 months. Supplementary rations were provided to other vulnerable groups, including TB patients and people living with HIV through national programmes. The nutrition counselling component attached to these activities targeted women and men caregivers to redress discriminatory gender roles.

Through DEV 200498 (2013-2017) and in line with SO4, WFP aimed to increase access to education for children in the five rural regions of Djibouti through the provision of school meals to all children in pre-primary, primary and middle secondary schools. In addition, WFP aimed to enhance the capacity of the government to establish a sustainable nationally-owned school meals programme.

The PRRO was aligned with the United Nations Development Assistance Framework (UNDAF) 2013-2017 and its components to support progress towards the targets of the SDG 2 to end hunger, primarily the pillars on food access and nutrition.

While assistance to refugees is coordinated by the National Office for Assistance to Refugees (ONARS) and UNHCR, since 2012, SEAS has been developing a national social registry for the host population, which includes personal information and poverty scores (determined using a Proxy Means Test) to facilitate targeting of the most vulnerable. WFP supported this endeavor and in 2017 used the national social registry for the first time to select the beneficiaries of its urban e-voucher programme. Currently, WFP's GFD beneficiaries are being biometrically enrolled in order to be included in the government's national social safety net programme. The safety net strategy was put in place before the NSPS. Now that the NSPS has been validated, the two strategies are being gradually merged; this will result in a social protection instrument that combines the strength of both strategies. This exercise demonstrates WFP's alignment to the government's strategies, as well as its focus on carrying out capacity development activities, ranging from information system strengthening to human capital development.

WFP co-leads the food security cluster with FAO, and actively participates in the nutrition cluster. Both clusters foster synergy around SDG 2 - End hunger, achieve food security and improved nutrition and promote sustainable agriculture; and SDG 17 - Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development. The food security cluster and the Intergovernmental Authority on Development (IGAD) foster synergy around the resilience roadmap set in 2013 to converge efforts to rebuild resilience in the country in line with the Drought Disaster Resilience and Sustainability Initiative (IDDRSI). This initiative aims at addressing the effects of drought and related shocks in the IGAD region in a sustainable and holistic manner. At the national level, the Ministry of Agriculture, Water, Fisheries and Livestock, in charge of halieutic resources is responsible for the implementation of the IDDRSI activities on behalf of the Government of Djibouti. WFP supports several of IDDRSI's resilience programs in Djibouti through food assistance for asset (FFA) activities implemented in four out of the five rural regions: Obock, Tadjourah, Dikhil and Arta. WFP also engaged with the Ministry of Agriculture and World Bank and consistently sought complementary partnerships with the Rome-based agencies to move the resilience agenda forward .

The United Nations Joint Team on HIV/AIDS mission is to promote a coherent and efficient contribution to the national response in the fight against HIV/AIDS. In that endeavour, WFP contributed to the joint action plan established to support the Government.

WFP also co-leads the Monitoring & Evaluation country team working group which tracks the progress towards the achievements of the corporate outcomes defined in the UNDAF. United Nations agencies have aligned their

activities with the National Initiative for Social Development, which is the Djibouti poverty reduction strategic framework, and developed the UNDAF (2018-2022) accordingly.

The school meals development project was aligned with the Ministry of Education's Schema Directeur 2010-2019 and was implemented in partnership with the Government of Djibouti, which demonstrated significant efforts towards national ownership through a substantial financial contribution. The Government has the responsibility to ensure that all eligible schools are included in the programme.

Starting January 2018, WFP embarked in a Transitional Interim Country strategic plan (T-ICSP). This interim plan will enable enough time for the Government of Djibouti to launch a Zero Hunger strategic review of the SDG2 progress in Djibouti. This will inform the development of a five-year Country strategic plan to be presented to the WFP's Executive Board in June 2019 to take effect starting July 2019.

WFP also engaged in the establishment of a humanitarian logistics base (HLB) with the aim to strengthen the logistics capacity in Djibouti while providing on request, expertise, services and infrastructure to the humanitarian and development actors.

Country Resources and Results

Resources for Results

Contrary to the previous year, the funding situation faced a number of challenges during this reporting year. For DEV project, new funds received in February 2017 are covering the 2017-2018 academic year. However, the long lead-time for internationally procured food commodities (normally it takes 3-4 months to procure and deliver food commodities in the country) resulted in a pipeline break. The situation was further aggravated by the fact that some contributions to the PRRO 200824 did not allow WFP to make internal arrangements to relieve urgent needs. For the PRRO, the Country Office decided to reduce 50 percent of cereal ration by giving only sorghum for both drought-affected beneficiaries and Food Assistance for Asset (FFA) beneficiaries from August to December. In addition to that, 50 percent of yellow split peas was cut from drought-affected beneficiaries ration and, for the FFA beneficiaries, vegetable oil was reduced by 50 percent. Given the level of wheat flour in stock, only 60 percent of wheat flour was given to the refugees, and the remaining 40 percent was replaced by Sorghum from May to December. Moreover, rations without rice, a staple food in the meals, were delivered to schools. Substitution of rice by whole wheat flour proved not to be efficient because the students and the communities are not used to wheat flour-based preparations for lunch.

The country office conducted a budget revision for the PRRO to revise the figures by increasing the newly arrived Ethiopian asylum seekers, and to revise downwards the number of Yemeni refugees, following spontaneous returns to their home country. It also included an in-kind donation received during the year, and streamlined the assistance modality for all refugees and asylum seekers through the mixed cash and in-kind modality.

To diversify the funding sources, WFP was able to attract the interest of the Japan government through its embassy in Djibouti and raise a substantial amount to support its school meals project. An in-kind donation was obtained from Saudi Arabia as well.

WFP will continue to discuss with the Ministry of education regarding the sustainability of financial capacity for the national school meals programme. While there is no clear funding strategy set yet, the government of Djibouti has drawn lessons from the 2017 shortfalls and has begun to think about an improved financial governance in this area. A first evidence of the Government's commitment is a merging of the funds administered by the Ministry of Education and the Special Fund from the Presidency under the umbrella of a unique budget line to be managed by the Ministry of Education. The new budget structure is meant to distribute the resources in an equitable manner, according to pre-agreed priorities and needs of the supported schools, effective January 2018.

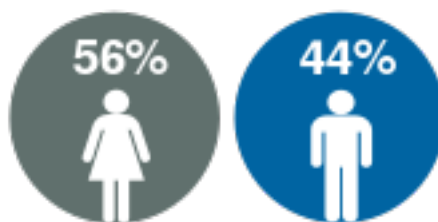
For the PRRO, WFP continued to prioritize assistance to refugees and nutrition interventions, with no ration cut implemented for the whole year. Due to a limited flexibility due to earmarked contributions, the country office faced major challenges in purchasing the needed commodity at the best prices and time. The country office worked closely with the regional bureau to attract more donors. Following improvement in the international purchase process, pipeline management improvement and donor awareness are significantly noticeable.

Once confirmed, contributions were programmed immediately according to the pipeline situation and established priorities. Furthermore, contributions' expiration dates were better managed, and a balance was secured and used to purchase commodities through the International purchase of food system (IPF). Good management of resources also helped the country office to cover the needs of the additional Ethiopian asylums seekers (around 5,000).



Annual Country Beneficiaries

Beneficiaries	Male	Female	Total
Children (under 5 years)	7,624	7,727	15,351
Children (5-18 years)	25,054	33,567	58,621
Adults (18 years plus)	19,475	24,235	43,710
Total number of beneficiaries in 2017	52,153	65,529	117,682



Annual Food Distribution in Country (mt)

Project Type	Cereals	Oil	Pulses	Mix	Other	Total
Development Project	386	107	91	139	71	794
Single Country PRRO	3,766	439	909	613	358	6,085
Total Food Distributed in 2017	4,152	546	999	753	429	6,879



Cash Based Transfer and Commodity Voucher Distribution (USD)

Project Type	Cash	Value Voucher	Commodity Voucher
Single Country PRRO	461,599	312,678	-
Total Distributed in 2017	461,599	312,678	-

Supply Chain

For its operations in 2017, WFP either procured internationally, or purchased from the Global Commodity Management Facility (GCMF) stock, in particular vegetable oil and split peas, as well as most of the sugar. All the international cargoes are received through the port of Djibouti from where they are transferred to warehouses prior to being conveyed to the final delivery points (FDPs) by road. The HLB, developed in collaboration with the Government of Djibouti, is a multimodal storage which strengthens the logistics capacity in Djibouti. It receives all in-transit goods including GCMF stocks, as well as cargoes in and out of Ethiopia or other Horn of Africa countries, hence enhancing operations' efficiency in both humanitarian and commercial logistics. The HLB's warehousing section is operational since January 2016 whilst the silos complex was completed in September 2017 and are ready for use.

With a storage capacity of up to 65,000 mt (40,000 mt in bulk), the WFP HLB ensures a timely and cost-effective pre-positioning of supplies for WFP and partners' operations in the region. WFP provided supply chain services on a cost-recovery basis, which included procurement and storage management, customs clearance, verification, transport and delivery. The HLB contains a warehouse of 2,800 m² for non-food items and medicine storage, with

two temperature-controlled areas of 500m² each (18°-25°C) and two cold rooms (0°-10°C); a warehouse of 6,000 m² for food storage; a 600 m² with offices and a training centre; four buildings for quality control, grain management and security; an external area of 50,000 m² of parking, outdoor storage and containers yard. All these aspects have benefitted the PRRO in terms of cost savings and delivery efficiencies.

WFP is using a combination of sea and land transport to deliver food commodities within the country. Due to the lower CO₂ emissions per tonne.km transported, sea transport is more environment sustainable than road transport. It is performed by ferry and is used for first leg delivery to the northern districts of Tadjourah and Obock, where the food commodities are temporarily stored in a non-WFP managed warehouse prior to loading onto local district trucks for delivery to various FDs. Exclusive direct land transport from Djibouti city warehouse to FDPs was applied to the remaining districts. Road network classification in Djibouti encompasses urban roads and national roads totaling 1,193 Km, of which only 430 Km are paved, and 1,700 Km of secondary roads of which only 311 Km are considered as passable. The remaining are in poor condition or completely washed-out, causing delays in food delivery to FDPs in case of rain occurrence.

The supply chain unit continued to provide support to the cash-based transfer (CBT) project, which is being implemented in most of the vulnerable areas of Djibouti city. Through that project, WFP beneficiaries shop (purchases restricted to food items) from a selection of retailers identified by WFP Supply chain in the targeted intervention areas. This however, include the identification of 41 potential retailers with the required capacity in Djibouti city urban zones, i.e. Boulaos and Balbala. In June 2017, the supply chain team conducted a micro-assessment to identify existing retailers with enough capacity to respond to the project's needs in targeted areas. Based on the list of retailers identified by the Supply Chain team, the partnering service provider then directly signed the contract with them. The practice of outsourcing the contracting of retailers to a private company gives WFP operational agility and does not pose any additional risk in terms of accountability to beneficiaries nor transparency, given that the actual money transfer management system is directly controlled by WFP. There is a complaint mechanism system put in place in each targeted area which allows the beneficiaries to deposit their cases respectively. This system is handled by WFP complaint mechanism cell so as to provide an anticipated sound solution per case. The Supply Chain's major role in this project is centered on a strong monitoring system in order to assess and assure the availability of the stock and the capacity of the merchants, in terms of food quality, prize fluctuation monitoring and the performance and quality of the delivered services. Furthermore, the mixed food-cash assistance modality has been generalized to all persons of concern (Refugees and Asylum Seekers) in refugee camps, including refugees from Yemen in Markazi camp.

In accordance with the beneficiary food habits, WFP procures Wheat flour, Sorghum/Millet, Rice, Sugar, Yellow split peas, Vegetable oil, Iodized Salt, Super Cereal (WSB+), Super Cereal Plus (WSB++) and High Energy Biscuits.

To mitigate post-delivery losses at partners' storage facilities, WFP organized a stock management training for cooperating partners' staff involved in food commodity handling, this time focusing on refugee settings given the large tonnage to be handled. Through the regional Bureau supply chain unit, WFP advocated to the suppliers for good quality bagging. Other losses were attributed to long storage duration particularly given Djibouti's hot climate, so WFP staggered food procurement and deliveries according to operational needs.

The use of WFP light vehicles to deliver small quantities to schools and nutritional centres was pursued given the efficiency of the logistics operations observed during the previous year.



Annual Food Purchases for the Country (mt)

Commodity	Local	Regional/International	Total
Iodised Salt	-	25	25
Rice	-	493	493
Vegetable Oil	-	73	73
Wheat Flour	-	882	882
Wheat Soya Blend	-	165	165
Total	-	1,637	1,637

Commodity	Local	Regional/International	Total
Percentage	-	100.0%	

Annual Global Commodity Management Facility Purchases Received in Country (mt)

Commodity	Total
Split Peas	491
Sugar	350
Vegetable Oil	209
Total	1,050

Implementation of Evaluation Recommendations and Lessons Learned

In 2016, WFP hosted a centralized evaluation of its PRRO as well as a mid-term review (MTR) of the development project (DEV 200498: "Support the school feeding programme"). Final reports for both studies were released in early 2017, and the recommendations therefrom were implemented throughout year 2017.

In regard to the PRRO, the recommendations from the aforementioned evaluation were overall satisfactorily implemented. They are in line with the strategy that WFP will be pursuing starting in January 2018 with the transitional interim country strategic plan (T-ICSP) through June 2019. In this line, the following actions were taken:

Regarding prioritization of interventions, in October 2017, WFP introduced a cash modality in the Markazi refugee camp and harmonized cash and food rations for refugees and asylum seekers in the other camps of Ali-Addeh and Hol Hol. On the other hand, since November 2017, WFP is using the BIMS and a GDT in the general food distributions in camps. In line with the "Global framework for action for refugees and migrants", WFP is working with the State Secretariat for Social Affairs (SEAS) to strengthen the existing social protection systems and create awareness across all relevant ministries for the need to incorporate refugees and migrants into these systems. This will be possible as soon as negotiations between the International Organization for Migration (IOM), UNHCR and the Government succeed. Meanwhile, discussions on ways to integrate refugees in the national social registry are in progress between WFP and SEAS. As for the host populations, WFP continued to seek alternatives and diversification of activities for beneficiaries that no longer received GFD to enhance the social cohesion. The geographic targeting introduced at the start of the PRRO was maintained and targeted areas and populations reviewed in light of recent food security surveys and indicators. WFP has established the list of beneficiary households in the areas most affected by drought and collaborates with the SEAS on integrating some of these beneficiaries to the PNSF. On the other hand, WFP continued to intensify the FFA activities especially those related to soil conservation and water, and income generating activities for women.

To improve the nutrition response, all sub-offices and the monitoring and evaluation (M&E) /vulnerability analysis and mapping (VAM) unit were fully staffed with new M&E resources, thus alleviating the workload of the field monitors and improving their presence at distribution sites. Nevertheless, for WFP to be more effective in terms of data tracking to reorient programs, the signature of an agreement with the Ministry of Health is being pursued. Furthermore, a MOU between WFP and UNICEF is being drafted and will be signed in 2018. The MOU takes up the UNDAF's nutrition agenda to better assist the Government.

From the resilience perspective, WFP has prepared a roadmap for the 2018-2019 activities. WFP will participate in a baseline survey of the new International Funds for Agricultural Development (IFAD) project (PROGRES). A seasonal livelihood programming (SLP) study with resilience actors, including FAO, is planned for March 2018. Moreover, the WFP's FFA activity manager has been trained on the Three-Pronged Approach (3PA). Training sessions are scheduled for the government and other local and international partners in early 2018.

In the protection area, starting in March 2017, major changes have occurred with a multi-stakeholder CFM in place in refugee camps. Upon its operationalization, expected to happen in January 2018, all types of complaints will be registered and then channeled to the appropriate organization. WFP's aim is to deploy this system in all its projects

countrywide by March 2018. The CFM for urban project was already functioning using state of the art technology to file a complaint (beneficiary), act on it (desk) and report (statistics).

Regarding the improvement of the monitoring system, two food security outcome monitoring (FSOM)/Food security monitoring system (FSMS) surveys were conducted in May and October 2017 respectively. The surveys involved the two Ministry of Agriculture's programmes, namely the rural community development and water mobilization programme (PRODERMO) - supported by the World Bank - and the support to vulnerability reduction in fishing zones programme (PRAREV), supported by IFAD. This exercise enabled WFP to identify the most food insecure areas and refine the causes of any changes in rural communities' livelihoods schemes and poverty. Additionally, targeting will be reinforced starting in January 2018 with the launch of the T-ICSP. Findings will be used as a baseline for the three indicators reported through the FSMS for the 2018-2022 UNDAF. Further efforts to reinforce monitoring were deployed through a support mission from a member of WFP's Regional Bureau for East Africa (RBN) M&E team, who supported WFP Djibouti to develop a FSOM report template and suggested process monitoring improvements; the process monitoring standard operational procedures (SOP) and other M&E tools were revised.

In the fund mobilization area, WFP developed a communication and fundraising strategy in order to promote advocacy to donors as well as the visibility of WFP activities and achievements in Djibouti. The fundraising and communication strategy and action plans have been developed for the period of the ICSP (January 2018 – June 2019). Improvement of funding through advocacy and communications are in line with the PRRO mid-term evaluation recommendations. The ICSP program is an extension of the management's strategic vision during the past two years – strengthening social protection and resilience building. As for the recommendations of the MTR of the development project, in 2017, a dynamic dialogue between WFP and its main partner, the MoE, was very fruitful. The main outcome was the organization of a SABER-SF exercise in April 2017, whereby gaps in the Government's capacity in regard with a sustainable nationally-owned school feeding were determined. Short and medium terms priority actions have been established, in particular the development of a national school meals policy, which found a privileged place in the work plan with the aim to be developed and validated not later than June 2018.

Collaboration with the nutrition section has been established in order to progress towards a nutrition sensitive school meals programme. A training on basic nutrition was conducted for headmasters with the approval of the module by the nutrition team. A discussion with UNICEF is ongoing in order to sign an inclusive MOU whereby all the elements of the essential package will be tackled for a strategic cooperation between the two agencies (nutrition, water, sanitation and hygiene (WASH), and education).

Apart from evaluations and review, WFP has been continuously learning lessons through its operations. Measures to control the programmatic risks that WFP identified during its planning exercise were established. WFP, pursuing cost-effectiveness of its resources for better performances, continued to implement the recommendations of the staffing structure review commissioned in 2016. As a result, the resources deployed are now aligned with the operations level. WFP provided or facilitated training opportunities to not only newly recruited staff, but also to the rest of the staff in order to enhance capacity for better results. Moreover, existing standard operational procedures (SOPs) were updated whereas new ones were established where they lacked in the past.

Extra section

The World Food Programme with the Government of Djibouti opened the humanitarian logistics base (HLB) in January 2016 to enhance efficiencies in both humanitarian and commercial logistics. The hub allows WFP and the wider humanitarian community to dispatch humanitarian assistance more quickly, efficiently and cost-effectively in the region. The HLB is located in the outskirts of Djibouti City along the National Road to Ethiopia, with a storage capacity of up to 65,000 mt (40,000 mt in bulk).

WFP use the HLB to provide expertise, services and infrastructure to the humanitarian community and strengthen the logistics capacity in Djibouti in order to (i) increase regional humanitarian response capabilities; (ii) Enhance regional supply chain efficiency; (iii) Strategically align regional port operations; and (iv) Strengthen local logistics systems and port capacities.

Djibouti port is the main gateway for food entering Ethiopia, and is also an important trans-shipment point for WFP emergency operations in South Sudan, Yemen, and Somalia. The HLB has expanded prepositioning capacity for humanitarian cargo, both of food and non-food items. WFP can provide supply chain services on a cost-recovery basis, which may include procurement and storage management, customs clearance, verification, transport and delivery.

In 2017, the HLB opened a silos complex. The four bulk cargo silos — capable of holding 10,000 metric tons of food each — will enable more rapid off-loading of ships, lowering costs for WFP and helping to reduce congestion in the port for all users.

Project Results

Activities and Operational Partnerships

Under the PRRO 200824, WFP addressed food needs of refugees, vulnerable urban households and rural drought-affected populations. WFP implemented its activities in line with the UNDAF 2013-2017 and participated in various working groups. In particular, under the presidency of the Ministry of Agriculture (MoA), WFP co-leads along with FAO the Food Security Working Group. WFP also co-leads the United Nations Country Team (UNCT) monitoring and evaluation (M&E) working group and is a member of the nutrition working group.

Strategic Objective 1: Save lives and protect livelihoods in emergencies

Outcome 1: Stabilized or reduced undernutrition among children aged 6–59 months and pregnant and lactating women

Activity 1: Treatment of moderate acute malnutrition (MAM) in refugee camps of Ali-Adde, Hol-Hol and Markazi.

To address poor nutrition in the camps, WFP continued the treatment of moderate acute malnutrition (MAM) targeting children 6-59 months of age, as well as pregnant and lactating women (PLW). For this purpose, WFP worked with Action Africa Health International (AAHI), an international NGO responsible for screening, treatment and nutrition sensitization at both distribution sites and household level on a regular basis, due to its permanent presence in the camp. A Super Cereal plus ration was distributed to the infants whereas PLW received a premix of Super Cereal, oil and sugar.

Outcome 2: Stabilized or improved food consumption over assistance period for targeted households and/or individuals

Activity 1: General Distribution (GD) in refugee camps (Ali-Addeh, Hol-Hol and Markazi), rural regions (Tadjourah, Obock, Dikhil, Ali Sabieh, Arta), and Djibouti city.

Provision of emergency food assistance: All registered refugees residing in the southern camps of Ali Addeh and Hol-Hol benefited from monthly food rations and cash based transfers (CBTs), whereas the Yemeni refugees residing in the northern Markazi camp as well as asylum seekers were assisted solely via food rations until October, due to lack of funds. Since November 2017, CBTs have been extended to both groups. Each refugee receives an equivalent of three kilograms of wheat flour ration in direct cash amounting USD 2.8 along with the remaining in-kind entitlement per month. Mixing in-kind food and cash enables refugees and asylum seekers to purchase other preferred commodities, and thus diversify their diet. Food assistance in camps was provided through a tripartite agreement between WFP, UNHCR and ONARS (Office Nationale pour l'Assistance des Réfugiés et des Sinistrés), the government body for assistance to refugees and disaster-affected people.

A verification exercise conducted by UNHCR and WFP exposed an overall reduction in the numbers of the refugee populations. During that verification exercise, UNHCR introduced a new biometric information management system (BIMS) and the global distribution tool (GDT) which is now jointly used in all distributions, thus reducing the duration of the distribution process while producing valuable sex-age disaggregated data (SADD). Furthermore, BIMS and GDT put an end to the practice of refugees benefiting from in-kind entitlements in multiple camps. Parties' roles and responsibilities were defined through the creation of standard operating procedures. A bimonthly meeting led by UNHCR and ONARS, in partnership with operational stakeholders, is held at the central level in order to ensure a well-coordinated assistance in the intervention areas.

WFP also continued to support the onsite feeding of migrants from Ethiopia in transit from or back to their homeland in partnership with the International Organization for Migration (IOM). This group was equally provided with food assistance and daily rations of cereals, pulses, vegetable oil, sugar and salt.

Food assistance to severely food insecure drought-affected populations in rural and urban communities: Unconditional relief in-kind food assistance was provided to severely food insecure households in remote and most vulnerable communities through a direct distribution, whereas vulnerable households in the outskirts of Djibouti city benefited from a seasonal e-voucher project in the form of electronic vouchers (e-vouchers).

Due to the lack of resources in 2017, for the General Food Distribution, WFP provided half rations of cereals, pulses, vegetable oil and sugar for 9 months. Building on the findings of a comprehensive food security vulnerability assessment (CFSVA) conducted by WFP in October 2014, a three-folded, participatory targeting approach involving communities and local authorities was used to identify the most vulnerable among the rural population. The three-fold targeting process included: (i) a regional targeting using the findings of the 2014 of the CFSVA, (ii) a village-level targeting based on the results of food security outcome monitoring (FSOM) and (iii) a

household-targeting exercise conducted by local committees.

A MoU signed in March 2017 between WFP and State Secretariat for Social Affairs SEAS has allowed widening the scope of joint activities between the two institutions, including the biometric enrolment of all WFP's rural GFD beneficiaries in the national social registry. The ultimate goal is to handover a significant part of WFP's GFD beneficiaries to the government, a means to guarantee their well-being on the long run through a sustainable nationally-owned social protection scheme. For 2017, the urban e-voucher project beneficiaries were directly selected from the national social registry.

The creation of a solid public-private and civil society partnership played a central role in the successful implementation of the biometric enrolment on the national social registry and the e-voucher project. In this regard, the money transfer system was managed by a local service provider, Nomadecom, which used the Djibouti Telecom network (whom WFP also has an agreement with). The sensitization component of the urban e-voucher project was carried out by a local non-government organization (NGO) named UNFD (National Union of Djiboutian Women) who have a permanent presence in the targeted areas.

Outcome 3: Restored or stabilized access to basic services and/or community assets

Activity 2: Take-home rations for school girls

As recommended by the 2013 UNHCR/WFP joint assessment mission (JAM), WFP continued to provide an incentive for refugee girls to prevent drop-outs related to early marriages. All school girls from grade three to seven attending 80 percent of the school days were provided with take-home rations of vegetable oil through a tripartite agreement between WFP, UNHCR and the Lutheran World Federation (LWF), with LWF ensuring the ration distribution.

Strategic Objective 3: Reduce risk and enable people, communities and countries to meet their own food and nutrition needs

Outcome 1: Improved access to livelihood assets has contributed to enhanced resilience and reduced risks from disaster and shocks faced by targeted food-insecure communities and households

Activity 1: Food assistance for assets in rural area Tadjourah, Dikhil and Obock

The Drought Disaster Resilience and Sustainability Initiative (IDDRSI) is a strategy aimed at addressing the effects of drought and related shocks in the Intergovernmental Authority on Development (IGAD) region in a sustainable and holistic manner. At the national level, the Ministry of Agriculture, Water, Fisheries and Livestock, in charge of Marine resources (MoA), is the focal point for the IDDRSI activities and is responsible for the implementation of the program on behalf of the Government of Djibouti. To achieve this, the Ministry established a national resilience roadmap. The alleviation of the impact of climate change was the main focus with the creation of assets such as water catchment, water retention systems, boreholes, soil fertility, anti-erosion enhancement measures, reforestation and agro pastoral activities.

Building on the aforementioned roadmap, WFP assisted the Ministry of Agriculture (MoA) with the implementation of several projects. Priority was given to geographical locations where the Rome-Based Agencies' (RBAs) collaboration was strong, as well as where strong operational links existed with the World Bank. One such project, funded by the International Fund for Agricultural Development (IFAD), is the Support Program for reducing vulnerability on fishing areas (PRAREV). The expected results of this project are the rehabilitation of coastal areas with activities such as cleaning mangroves, sowing propagules and creating plant nurseries. Two other similar projects supported by WFP and funded by IFAD are the surface water mobilization and sustainable management of soil program (PROMES-GT) and the Support Program for Surface Water mobilization and land management (PROGRESS). The main expected results of the PROMES-GT were a sustainable management of the soil, improved production of livestock, the protection of endangered spaces as well as community and administrative capacity building. The expected results of the PROGRESS comprise providing access to land and water for the rural poor and giving them the necessary skills to manage natural resources. The PROMES-GT ended and was replaced by the PROGRESS. A fourth project supported by WFP and funded by the World Bank is the Rural Community Development and Surface Water Mobilization Project (PRODERMO). The focus of the PRODERMO is rebuilding the livelihood means of the population affected by drought and building national managerial capacity.

A fifth project is the Global Alliance Against Climate Change (AMCC). For this project, WFP supported smallholder farmers grouped into a cooperative that is helping them maximize the use of treated water through a waste water treatment system funded by the European Union (EU) and operated by the MoA. Improvements of water systems ease the burden of women that usually fetch water for the household. Additionally, the project also created a wetland along the shoreline of the Douda village.

In 2017, the food assistance for asset (FFA) component targeted all rural regions but Ali-Sabieh. WFP continued to apply the in-kind modality composed of a food basket for a family of five consisting of cereals, pulses, vegetable oil

and sugar. There are a few factors behind the underachievement regarding the planned number of beneficiaries. Firstly, due to the ongoing massive rural exodus, WFP partners faced difficulties in the recruitment of FFA workers. Secondly, the high temperatures in the summer season led to a four-month hiatus in the manual labour activities. Finally, because of periods when food distributions stopped due to pipeline breaks, workers ended up looking for other income-generating activities, being no longer available when the FFA activities were due to start again.

Activity 2: Vocational training

WFP supported vocational training in two training centres for orphans and disabled children, aiming to promote their education and thus facilitate their access to formal employment opportunities. WFP also encouraged attendance to refresher courses for girls living on the streets through two daily meals. However, due to institutional problems within the orphan centre, WFP faced a situation of lack of recognized interlocutors and hence had to discontinue support from March 2017.

Strategic Objective 4: Reduce undernutrition and break the intergenerational cycle of hunger

Outcome 1: Reduced undernutrition, including micronutrient deficiencies among children aged 6-59 months, pregnant and lactating women, and school-aged children

Activity 1: Treatment of moderate acute malnutrition in Tadjourah, Obock, Dikhil, Ali-Sabieh and Arta

WFP continued to provide treatment for moderately acute malnourished (MAM) children aged 6-59 months as well as to PLW in rural areas. MAM children 6-59 months of age were treated with Super Cereal plus, along with counselling, monitoring of recovery and cooking tutorials, while MAM PLW received a THR of Super Cereal, sugar and oil.

Admission eligibility was determined at health centre level using mid-upper arm circumference (MUAC) (115 to 125 mm) and weight for height scores (WHZ) (WHZ -3 to -2) measurements. Children were discharged from the programme once they reached a MUAC >125 mm or WHZ >-2 for two consecutive measurements. Children who did not recover within three months in the programme were referred for medical examination, while children deterioration into severe acute malnutrition (SAM) were referred to therapeutic centers for treatment. Acutely malnourished PLW were admitted in the programme based on MUAC < 230 mm and discharged once they had reached a MUAC of >230 mm for two consecutive measurements, or once their infant reached six months of age. Health centers staff members were responsible for both screening and treatment.

Activity 2: Prevention of acute malnutrition and stunting in 6 to 23 months and PLW

After refugee camps and the Obock region, the prevention component of WFP's nutrition portfolio was expanded to the Dikhil region. All refugee children aged 6-23 months and PLW residing in the camps, as well as in the two afore-mentioned regions were targeted for stunting prevention, whereas children aged 24-59 months were targeted for MAM prevention in the Markazi camp and host communities in the Obock region, where GAM rates exceeded the emergency threshold of 15 percent. Children received Super Cereal plus rations, whereas PLW received a Super Cereal, sugar and oil premix. Involvement of local NGOs proved to be crucially important, especially through counselling activities supported by the World Bank and implemented by the Djiboutian Agency for Social Development (ADDS). ADDS is a public institution under the administrative supervision of SEAS but with a financial autonomy. Its mission is to contribute to the fight against poverty and vulnerability by mobilizing funds for and implementing sustainable development projects with a participatory approach. WFP's support was provided as part of food assistance for asset creation through an agreement signed with the ADDS. The wide presence of ADDS agents at grassroots level was crucial for the implementation of the preventive nutrition outside camps.

Activity 3: HIV-TB Care and treatment, Mitigation and Safety Net

To ensure nutritional recovery and treatment success for people living with HIV (PLHIV) and TB treatment clients, WFP provided nutrition and food support to the Prevention of Mother-to-Child Transmission (PMTCT) programme participants and/or anti-retro-viral treatment (ART) patients and TB inpatients receiving directly observed treatment, shortcourses (DOTS). TB treatment clients include inpatients as well as outpatients. PLHIV and TB inpatients are part of the care & treatment pillar. While all TB inpatients are systematically included in the programme, ART patients are admitted in the programme based on BMI < 18.5 , and discharged when they reach a BMI > 18.5 . PMTCT programme participants are enrolled once the pregnancy is confirmed, and discharged once the infant reaches 6 months of age. As for the TB outpatients, they are part of the mitigation safety nets pillar, with the assistance lasting for nine months.

This food assistance promotes adherence to treatment which would otherwise be hampered by the side effects of the drugs, while improving/stabilizing the nutritional status of the patients, as well as the food security of their households. The food basket for PLWHIV and TB inpatients comprised cereals, pulses, vegetable oil, Super Cereal and sugar; PLWHIV were provided with a family ration while inpatients benefited from three daily on-site meals each (with an addition of salt). TB outpatients family rations included Super Cereal, vegetable oil and sugar. Targeting

was conducted by health structures in conjunction with local associations of PLWHIV . For reasons beyond WFP's control, WFP's support to PLWHIV was interrupted from June 2017 in order to redefine the collaboration framework and modalities between WFP and the Ministry of Health.

Results

Strategic objective 1: Save lives and protect livelihoods in emergencies

Outcome 1: Stabilized or reduced undernutrition among children aged 6-59 months and pregnant and lactating women.

Activity 1: Treatment of moderate acute malnutrition (MAM) in refugee camps of Ali-Addeh, Hol-Hol and Markazi.

All MAM treatment indicators were satisfactory, above the corporate target value and improved from the previous year, except for the recovery rate. The good performance can be attributed to the efforts of the cooperating partner who, in addition to the appointment of a health and nutrition expert who worked closely with UNHCR and WFP nutrition focal points in the three camps, provided its staff with training on community management for malnutrition, infant and young children feeding (IYCF), as well as organized practical trainings on weight for height, MUAC measurements and anthropometrics monitoring data recording and process. In addition, they provided cooking demonstrations for specialized nutritious foods. Although remaining above the corporate target, the recovery rate did not improve in comparison to the previous follow-up value. Over-achievement in programme coverage was a result of asylum seekers fleeing Ethiopia because of the conflict in the region close to Djibouti border. As of December, around 4,000 asylum seekers had been recorded and counted among them, many acutely malnourished children.

Outcome 2: Stabilized or improved food consumption over assistance period for targeted households and/or individuals.

Activity 1: General Distribution (GD) in refugee camps (Ali-Addeh, Hol-Hol and Markazi), rural regions (Tadjourah, Obock, Dikhil, Ali Sabieh and Arta), and Djibouti city.

It is worth recalling that, due to the lack of funds, in 2017 only half of the rations were distributed, thus leading to a deterioration in most food security indicators.

The Household Food Consumption Score (FCS) is a measure of dietary diversity, food frequency and the relative nutritional importance of the food consumed. An acceptable FCS reflects a high probability that a household's food intake is adequate. Findings from the October 2017 food security outcome monitoring (FSOM) revealed a deteriorated situation for both refugees and host communities compared to last year (October 2016), specially among female-headed rural households from host communities. Rural female-headed households remained more vulnerable than the male-headed ones for being usually divorced, separated or widowed and with children, which led to very limited job opportunities and consequently limited income. Their economic conditions were further exacerbated by the resource shortfalls that affected general food distributions in 2017.

Worsened FCS in some regions, namely Obock, Dikhil and Ali Sabieh, can be explained by poor and delayed Karan/Karma rains (July–September representing 50 to 75 percent of the annual rainfall) coinciding with a reduction of employment opportunities.

The Dietary Diversity Score (DDS) measures the number of different food groups consumed over a given period. An increase in the score shows an enhancement in the quality of the diet. The October 2017 FSOM findings showed an improvement on the DDS for Djiboutian populations compared to last year (October 2016). However, among refugees, the DDS saw a slight decline, with a large proportion having a limited diet in the region of Obock, Dikhil and Ali Sabieh. The situation was slightly better in refugee households with an improved food consumption score in Ali Adde and Hol-Hol camps. The low DDS value in the Markazi camp was a result of the selling of some food commodities such as cereals and pulses to the local community for a very low price, in order to get other food not in the food basket, and non-food items. With the introduction of cash, WFP expects to reduce this practice. WFP will reinforce the food basket monitoring among the refugees to follow up on the extent to which the combination of cash and in-kind modalities will impact their daily food consumption.

The Coping Strategy Index (CSI) measures the frequency and severity of behaviors in which households engage when faced with food shortages. An increase in the CSI implies a deterioration in the food security situation of the household. The October 2017 FSOM survey showed a very small proportion of households resorting to negative coping mechanisms.

Outcome 3: Restored or stabilized access to basic services and/or community assets.

Activity 1: Take-home rations for school girls (THRs)

While the enrolment remained stable in the primary schools for refugees assisted by WFP, the change in the secondary school level was noticeable. These results can be attributed to a combination of factors, mainly the provision of take-home rations (THRs) incentives for girls and the recent measures of the Government to integrate refugee children within the public schools, starting from September 2017. In the past, drop-outs oftentimes occurred once the children reached the secondary school level, with early marriage being a known factor in the case of girls' drop-out. Another reason was the fact that certificates issued upon completion of secondary school for refugees were not recognized either by the government of Djibouti or by the countries of origin, constituting a discouraging factor for these children who would drop out and look for casual employment opportunities. In this sense, following the announcement of the aforementioned government's measure, most of the girls and boys who had completed the primary school the previous year pursued the secondary school level in 2017, and in both levels the attendance rates improved significantly.

Strategic Objective 3: Reduce risk and enable people, communities and countries to meet their own food and nutrition needs

Outcome 1: Improved access to livelihood assets has improved access to enhanced resilience and reduced risk from disaster and shocks faced by targeted food insecure communities and households.

Activity: Food assistance for assets in rural area Tadjourah, Dikhil and Obock

The Community Asset Score (CAS) measures the number of functioning assets that enable a community, and the households living in it, to be more resilient and less negatively impacted by shocks. An increased CAS suggests that the community has become more resilient. In Djibouti, resilience is translated in getting access to water for longer periods and at shorter distances, thus reducing women's time fetching water and ensuring pasture for livestock, the basic livelihood for pastoralists. Performance in this area stabilized and remained above the target.

In 2017, WFP prioritized easily executable activities including physical assets such as tank creation, tree planting and reforestation, as well as training on hygiene and nutrition through the community-based water management committee. In 2017, WFP also concentrated efforts to maintain assets created during the previous year.

Food consumption scores in food assistance for assets (FFA) beneficiaries kept deteriorating, and the proportion of households with poor FCS increased in both men and women-headed households as compared with the previous year, and particularly in households headed by men. The better FCS observed in women-headed households is due to the fact that, in these cases, the participants are the adult sons of the women that are heading the household, bringing home their reward. In the case of most male-headed households, the participants are the heads themselves, who oftentimes sell part of the reward to get other items such as tobacco. The delay in the activities' implementation calendar partly explains the decline in the quality of food consumed in communities and in the area without other job opportunities.

CSI values saw positive results, decreasing in comparison from the previous year and surpassing the targets. This improvement can be attributed to the augmentation of income generating activities, mainly charcoal and firewood sale. In addition, the number of households who engaged in emergency and crisis livelihood coping strategies has decreased, which will enable WFP, together with partners, to plan and implement income generating activities.

Strategic Objective 4: Reduce undernutrition and break the intergenerational cycle of hunger

Outcome 1: Reduced undernutrition including micronutrients deficiencies among children aged 6-59 months and pregnant and lactating women and school children.

Activity 1: Treatment of moderate acute malnutrition in Tadjourah, Obock, Dikhil, Ali-Sabieh and Arta

The MAM treatment programme performance indicators for host population improved from 2016. Although with a still high default rate, both recovery and default rates were close to the set target. Multiple factors may explain the high default rate, including: 1) a lack of coordination with the national nutrition focal point, doubled with a focus of the Ministry of Health on improving equipment at the expense of treatment quality. This resulted in substantial inconsistencies in the availability of nutrition services at the health facilities, which led to dissatisfaction from communities; and (2) the migration of urban populations to rural areas or to neighboring countries to escape the heat from the hot season (from June to September), when the default rate reached 90 percent. To address this situation in the urban area, WFP will, in close collaboration with UNICEF and ADDS and in coordination with health facilities, increase the support to Community-based Management of Acute Malnutrition (CMAM) structures, thus ensuring continuity of nutrition support during this period.

Activity 2: Prevention of acute malnutrition and stunting in 6-23 months and PLW in camps and Obock region

The prevention component was introduced in the southern refugee camps in 2015, and later expanded to cover the host population in the areas with the highest food insecurity and malnutrition prevalence. The prevention component for the host population started in Obock region, then expanded to Dikhil region incorporating lessons learned from Obock. The implementation was delayed for Dikhil due to limited involvement from the Government counterpart. Nutrition messaging and counselling activities were the first ones to start in sites managed by the communities and supported by ADDS, whose project is supported by the World Bank.

The Minimum acceptable diet (MAD) is among World Health Organization's core indicators for assessing IYCF practices. Minimum acceptable diet is a composite indicator combining minimum dietary diversity and minimum meals frequency. As a test, MAD was assessed among children living in the households interviewed during the FSMS survey. Among those children, only 2 percent had an acceptable MAD in rural communities, and poor breastfeeding practices were identified. Nutritional issues are partly rooted in contextual factors such high level of food insecurity and dependency on general food assistance and national cash transfer programme for vulnerable. However, studies from UNICEF and WHO show that breastfeeding practices are not linked to poverty and food insecurity. In addition, children and adults eat from the same plate depending on food availability in the household.

The introduction of nutrition education and counselling in 2018 in all community's nutrition sites with partners, aims to improve IYCF practices and to report on corporate indicators.

Activity 3: HIV/TB Care and Treatment, Mitigation and Safety Net

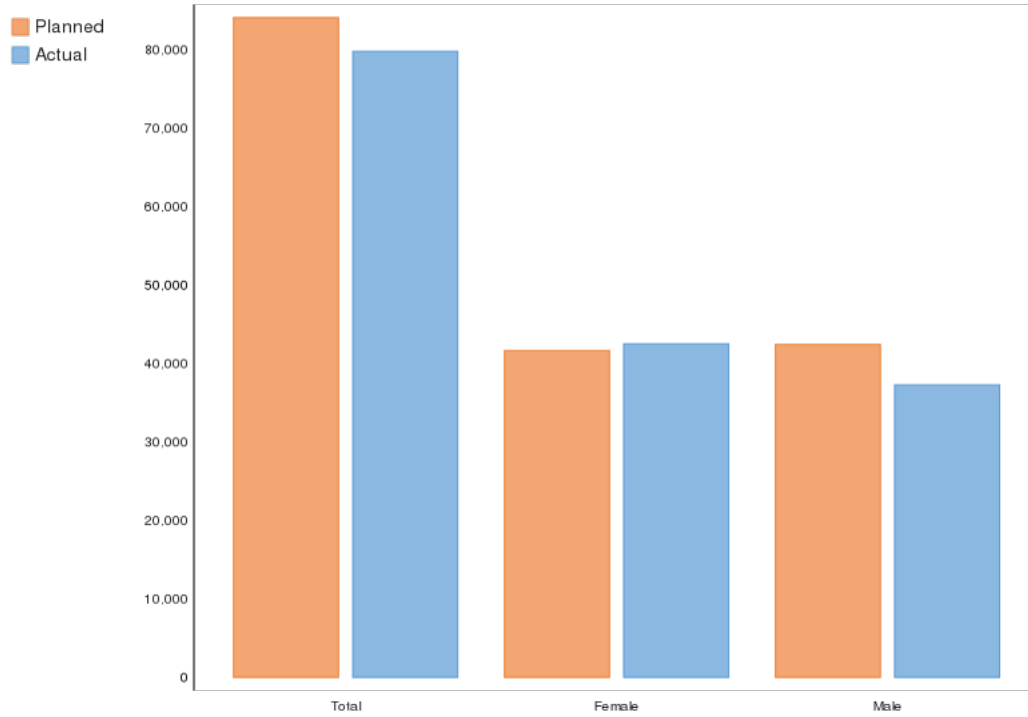
The antiretroviral treatment adherence indicator increased 16 percent and remains above the target. In 2017, WFP monitored the inclusion process with many awareness sessions with health centers doctors and socio-psychology and therapeutic assistants, who have received refreshing training on nutritional food value in the context of HIV/AIDS response. However, an interruption in distributions resulted in a deterioration in the nutritional recovery of ART clients (-16 percent) and a high level of non-responses (44 percent); no defaulters were recorded among ART and DOTs patients.

Despite the interruption of distributions, WFP ensured regular monitoring in the health centers to follow up the treatment adherence thanks to a newly reinforced monitoring team.

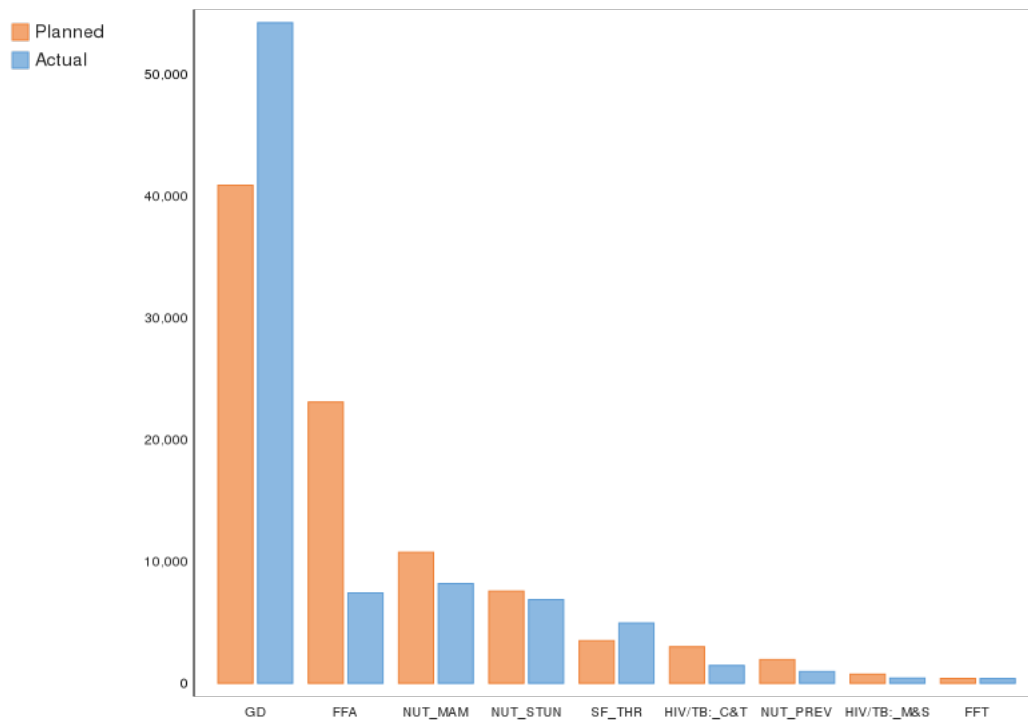
As it appeared that many beneficiaries sold their ration and at a low price, WFP launched discussions with the Ministry of Health and the State Secretary for Social Affairs, suggesting to consider the inclusion of PLHIV within the National Social Registry. The approach consists in providing a treatment ration to the PLHIV (infected) whereas the members of the household (affected) would benefit from the e-voucher project.

Nutritional recovery of TB-DOTS clients in rural areas remained high, meeting the target at baseline, midline and endline. TB treatment success rate (the percentage of TB cases receiving WFP food assistance that have successfully completed treatment) stabilized both in rural and urban areas, but remain below the target.

Annual Project Beneficiaries

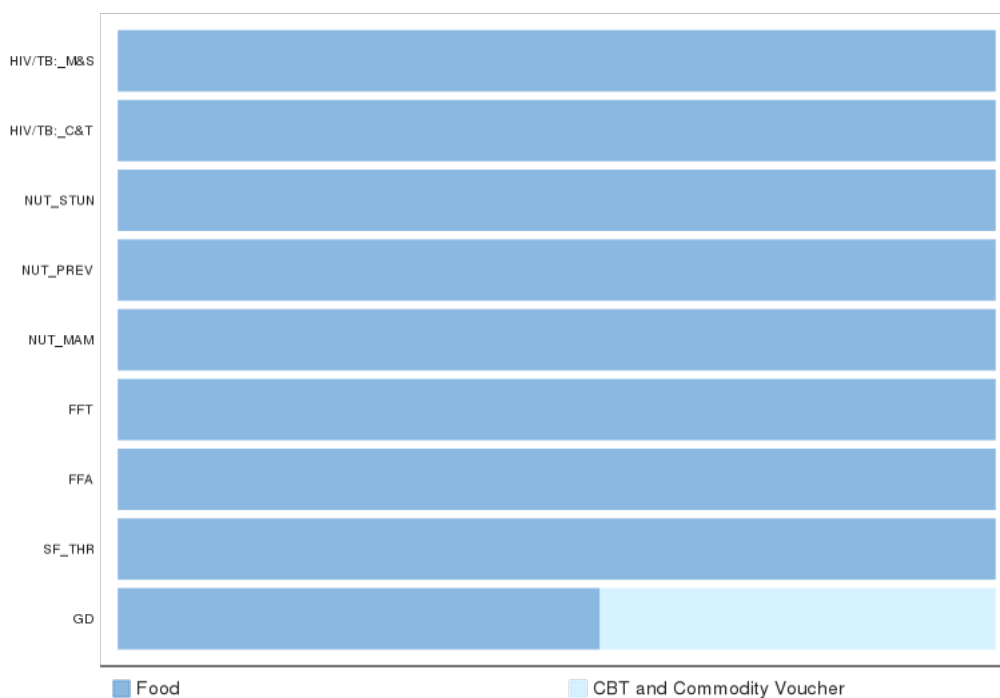


Annual Project Beneficiaries by Activity



GD: General Distribution (GD)
FFA: Food-Assistance-for-Assets
NUT_MAM: Nutrition: Treatment of Moderate Acute Malnutrition
NUT_STUN: Nutrition: Prevention of Stunting
SF_THR: School Feeding (take-home rations)
HIV/TB: _C&T: HIV/TB: Care&Treatment
NUT_PREV: Nutrition: Prevention of Acute Malnutrition
HIV/TB: _M&S: HIV/TB: Mitigation&Safety Nets
FFT: Food-Assistance-for-Training

Modality of Transfer by Activity



GD: General Distribution (GD)
 SF_THR: School Feeding (take-home rations)
 FFA: Food-Assistance-for-Assets
 FFT: Food-Assistance-for-Training
 NUT_MAM: Nutrition: Treatment of Moderate Acute Malnutrition
 NUT_PREV: Nutrition: Prevention of Acute Malnutrition
 NUT_STUN: Nutrition: Prevention of Stunting
 HIV/TB: _C&T: HIV/TB: Care&Treatment
 HIV/TB: _M&S: HIV/TB: Mitigation&Safety Nets



Annual Project Food Distribution

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
Dried Fruits	186	98	52.8%
Iodised Salt	36	22	60.1%
Maize	-	12	-
Maize Meal	-	432	-
Peas	-	18	-
Rice	2,899	186	6.4%
Sorghum/Millet	2,813	1,369	48.7%
Split Peas	1,823	891	48.9%
Sugar	505	238	47.1%
Vegetable Oil	852	439	51.5%
Wheat Flour	2,655	1,768	66.6%

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
Wheat Soya Blend	1,964	613	31.2%
Total	13,733	6,085	44.3%

Cash Based Transfer and Commodity Voucher Distribution for the Project (USD)

Modality	Planned (USD)	Actual (USD)	% Actual v. Planned
Cash	518,112	461,599	89.1%
Value Voucher	760,050	312,678	41.1%
Total	1,278,162	774,277	60.6%

Performance Monitoring

In 2017, WFP enhanced its monitoring capacity through an increase in resources dedicated to this area of work, in particular by recruiting a M&E/VAM assistant in the main office, nine additional monitoring assistants (with at least one in each of the five rural regions) and four for the electronic transfer program in the urban area. Furthermore, WFP developed an annual monitoring plan and established a mechanism for data collection follow up with respect to the WFP's Strategic Results Framework and its Business Rules, thus meeting the WFP's minimum monitoring requirements for effective project monitoring.

Food security and outcome monitoring (FSOM) surveys are now systematic and conducted twice a year - the first one in May-June before the lean season, and the second one in October, after the lean season. These surveys aim to collect data on corporate food security outcomes, as well as to gather information on beneficiaries' access to and utilization of food assistance, the perception about it, as well as the level of satisfaction borne by the food assistance received. WFP collaborates with the National Demographic and Statistics Department (DISED), which provides enumerators and approves the methodology, proposed by WFP. Prior to data collection, enumerators undergo a three days training session focusing on the content of the questionnaires and checklists for group discussions, and provided by WFP in close collaboration with the DISED.

Thereafter, a one-day field test is organized prior to data collection using android tablets, which have been pre-configured with the questionnaires. The collected data are submitted electronically from the tablets to ONA, an online data visualization platform. A debriefing session is held after the field work in order to share lessons learned. The surveyed population is twin-track: on one hand, the survey targets beneficiaries of General Food Distribution (host communities and refugees) and food assistance for asset activities; on the other hand, non-beneficiaries are consulted to determine their perception regarding WFP's food assistance.

The FSOM survey serves the outcome monitoring, and food security situation monitoring reports in rural Djibouti. Households are selected using simple random sampling from WFP beneficiary lists for drought-affected people, and the United Nations High Commission for Refugees (UNHCR)'s lists in each camp thus allowing the collection of statistically representative data. For non-beneficiaries, households are selected using simple random sampling from a sampling frame provided by DISED.

In line with the revised Standard Operating Procedures for process monitoring, WFP pursued the quarterly Distribution Monitoring (DM) instituted starting September 2016, and conducted three rounds of Food Basket Monitoring (FBM) using android tablets in the rural areas where food assistance is provided. FBM serves the main purpose of verifying whether the quantity of food received by beneficiaries corresponds to the defined entitlement. The DM and FBM were conducted by WFP field monitors based in the five districts. WFP is using the Country Office Tool for Managing Operations Effectively (COMET) to track all output and outcome related data. The M&E function was improved through a submission of monthly monitoring reports from the field.

In November, WFP successfully hosted a two-day gender analysis training with the support of the regional gender advisor. With an unprecedented participation rate, the training gathered national counterparts and the UN agencies' gender focal points and M&E officers. A working session with the VAM/M&E team and the support units was conducted with the aim of changing the mindset that gender is only a programme matter and clarify what their

roles might be to support gender equality. The training also emphasized gender and age data disaggregation and the importance of joint planning. As a result, the October-November FSOM report is now gender-sensitive.

Under the leadership of WFP and the United Nations Population Fund (UNFPA), the United Nations Country Team (UNCT) set up a Technical Monitoring and Evaluation Working Group (TWG-M&E) which aims to support the capacity strengthening of the national counterparts in M&E and analysis in order to improve sectoral M&E systems such as Education, Health, Agriculture, etc. This approach will facilitate reporting for the “Stratégie de Croissance accélérée et de promotion de l’emploi (SCAPE) 2015-2019”, the UNDAF 2018-2022, and finally on the sustainable development goals (SDGs). This action addressed data gaps and difficulties encountered throughout the implementation of, and reporting on the previous UNDAF. A proper monitoring coupled with availability of data will facilitate progress tracking and access to information for a quick decision-making and coordination enhancement.

Progress Towards Gender Equality

The proportion of households where women and men together make decisions over the use of food assistance deteriorated in the refugee camps, but significantly improved in households benefiting from food assistance for assets (FFA), though without reaching the target. The improvement recorded for host population is not significant, the indicator remaining far below the target. On the other hand, the proportion of households where females make decision kept increasing in the southern refugee camp of Ali Addeh thus remaining beyond the target over the project’s lifetime. The fact is that, in Somali culture, it is traditionally the women who tackle household food consumption; hence, it does not require tremendous efforts to convince more men to give up the control over food management, although there is a slight increase in the proportion of households where men have kept the control because of the cash component. The trend is different among host populations benefiting from general distributions and FFA where it seems that both men and women who used to manage food at household level have opted for a joint management. That may be the reason behind the concomitant decrease in both the proportions of households where men or women used to make decisions over the use of cash, food or vouchers. Worth noting that, for the Djiboutian population, although culturally it is women who are in charge of household food management, the reality on the ground is that most of the time it is men who are volunteers for the FFA because of the hardship of the work to be done, except for nutrition related activities. As a result, when men are involved in FFA activities, they consider food as their wages and are not willing to give the women control over it. As a result, the proportion of households with men making decision is higher than in the other case. On the other hand, because of the massive rural exodus, partners find it difficult to find labor, thus they hesitate to put conditions on food management, for fear of discouraging men who participate in FFA activities. However, WFP continues to encourage the highest participation of women in FFA and intends to tailor a messaging system for gender awareness raising able to reach a greater number of women and men within the communities.

Improvement in the representation of women in leadership position within the food management committees is noticeable and has reached the threshold for households involved in FFA, and close to it in General Distributions. It is worth recalling that reaching gender parity in project management committees is a challenge due to socio-cultural context in Djibouti whereby the distribution of roles and responsibilities is based on sex and gender stereotypes resulting in a low representation of women in decision-making positions. WFP will strive to maintain the trend for a sustainable woman empowerment. Similarly, the proportion of women members of project management committees trained on modalities of food, cash or voucher distribution improved in FFA but remained unchanged in General Distributions where a direct distribution is applied thus making it difficult for WFP to organize trainings for local populations without the support of a cooperating partner.

The asset creation activities implemented in collaboration with the government and the World Bank include mobilization of women through linkages with nutrition programmes, so that women can be trained to facilitate nutrition and health sensitization sessions in addition to the training on modalities of food, cash or voucher. The target audience for the sensitization activities include both men and women.

Furthermore, a Country Gender Action Plan was developed in 2017 to strengthen how we implement gender-transformative programming across all WFP business areas; and the gender analysis training and gender clinics to Human Resources, Supply Chain, Administrative and Finance staff were conducted to build staff and partner capacities to empower operations and programmes to promote gender equality through our assistance.

Protection and Accountability to Affected Populations

Transparency, security and accountability towards its beneficiaries and communities is of a great concern for WFP. The proportion of people informed about the programme recorded a significant improvement in the refugee camps

but seems to have deteriorated among the host population for general food distributions and food assistance for assets. This deterioration is a consequence of the discontentment of the beneficiaries who were affected by pipeline breaks and shortfalls resulting in ration cuts.

Security conditions remained unchallenged in 2017 certainly because of the socio-political stability prevailing in Djibouti. However, some Oromo new comers in Ali Addeh camp did not feel safe while travelling to/from the distribution site. Most of the new comers are Oromo who fear ethnic tensions with the well-established Somali group in the camp. However, there were no specific incidents reported beyond the feeling of insecurity.

WFP addressed the entitlement issues that had been raised by both refugees and hosts. Thanks to the redesigned distribution centers, a new crowd control mechanism was put in place: improved waiting area, creation of two separate parallel lines for men and women and improvement in flows in the distribution site. For refugees, a crowd control mechanism is in place and efforts to disseminate information with regard to the ration and cash entitlement were deployed continuously. The issue of unregistered people receiving food rations has been resolved thanks to the introduction of the BIMS and the global distribution tool in food distributions, and at the same time reduced the duration of the on-site distribution process and helped avoid refugees from benefitting from in-kind entitlements in multiple locations within the country.

In order to facilitate a two-way stream of communication between WFP and beneficiaries, WFP and its partners increased their efforts to set-up complaints and CFM to receive, register and manage all complaints and responses linked to food assistance activities, especially in the urban e-voucherproject. In this regard, WFP Djibouti has integrated their electronic CFM into the existing e-voucher mobile phone platform to facilitate easy communication by beneficiaries with WFP; this is supplemented by a government-led helpdesk which receives capacity support from WFP staff. Using the same platform through which they receive and manage their e-voucher entitlements, beneficiaries are able to select an option to 'make a complaint', which prompts a message to be sent to WFP with the beneficiary's phone number. At this point, a WFP staff calls them within 30 minutes to discuss. The electronic CFM was complemented with government helpdesks given that some beneficiaries expressed their preference in regards of the physical helpdesks. The sensitization sessions undergone in 2017 have enhanced confidence in the efficiency of these tools.

In agreement with its partners in the refugee camps, WFP is still working to operationalize an inter-agency CFM. The CFM consists on the establishment of a helpdesk within each of the three refugee camps, with the purpose of providing women, men, girls and boys improved access to information on WFP activities and those of its partners linked to food assistance, and an opportunity to place any complaint safely and confidentially.

Figures and Indicators

Data Notes

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Food distribution for refugees at the Markazi camp, Obock Region

Explanatory notes:

- CSIr for female-headed households: the sample is too small (18 HH out of 182 for FFA), so the CSIr female-headed is not applicable

- Programme participation, coverage and minimum acceptable diet (MAD) for stunting prevention: Values for these indicators are missing **because, due to** limited resources, country office could not conduct a statistically representative survey to report on those indicators

- CSIr: the case of refugee – during the 2017 October survey - 97% of refugee household answered no to the introductory question for the CIS “in the past 7 days, have there been times when you did not have enough food or money to buy food?” which resulted in a value of 0 for CSI.

Finally, the absence of recorded deaths is a statistics issue as the Programme National pour la Nutrition confirms that only those occurring in hospitals are recorded, which makes it difficult to report accurately on mortality. WFP will work to ensure all deaths occurring while enrolled in MAM treatment at health facilities are recorded in the future to reflect reality.

Overview of Project Beneficiary Information

Table 1: Overview of Project Beneficiary Information

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Total Beneficiaries	42,428	41,672	84,100	37,279	42,522	79,801	87.9%	102.0%	94.9%
By Age-group:									
Children (under 5 years)	4,684	4,634	9,318	7,419	7,522	14,941	158.4%	162.3%	160.3%
Children (5-18 years)	12,581	12,363	24,944	10,955	11,459	22,414	87.1%	92.7%	89.9%
Adults (18 years plus)	25,163	24,675	49,838	18,905	23,541	42,446	75.1%	95.4%	85.2%
By Residence status:									
Refugees	9,759	9,584	19,343	9,497	10,214	19,711	97.3%	106.6%	101.9%
Returnees	-	-	-	479	319	798	-	-	-
Residents	32,670	32,087	64,757	26,630	32,662	59,292	81.5%	101.8%	91.6%

Participants and Beneficiaries by Activity and Modality

Table 2: Beneficiaries by Activity and Modality

Activity	Planned (food)	Planned (CBT)	Planned (total)	Actual (food)	Actual (CBT)	Actual (total)	% Actual v. Planned (food)	% Actual v. Planned (CBT)	% Actual v. Planned (total)
General Distribution (GD)	-	40,900	40,900	40,190	33,000	54,250	-	80.7%	132.6%
School Feeding (take-home rations)	3,500	-	3,500	4,950	-	4,950	141.4%	-	141.4%
Food-Assistance-for-Assets	22,600	500	23,100	7,425	-	7,425	32.9%	-	32.1%
Food-Assistance-for-Training	400	-	400	389	-	389	97.3%	-	97.3%
Nutrition: Treatment of Moderate Acute Malnutrition	10,755	-	10,755	8,191	-	8,191	76.2%	-	76.2%
Nutrition: Prevention of Acute Malnutrition	1,950	-	1,950	971	-	971	49.8%	-	49.8%
Nutrition: Prevention of Stunting	7,566	-	7,566	6,873	-	6,873	90.8%	-	90.8%
HIV/TB: Care&Treatment;	3,000	-	3,000	1,464	-	1,464	48.8%	-	48.8%
HIV/TB: Mitigation&Safety; Nets	750	-	750	427	-	427	56.9%	-	56.9%

Annex: Participants by Activity and Modality

Activity	Planned (food)	Planned (CBT)	Planned (total)	Actual (food)	Actual (CBT)	Actual (total)	% Actual v. Planned (food)	% Actual v. Planned (CBT)	% Actual v. Planned (total)
General Distribution (GD)	-	8,180	8,180	8,038	6,600	10,850	-	80.7%	132.6%
School Feeding (take-home rations)	700	-	700	990	-	990	141.4%	-	141.4%
Food-Assistance-for-Assets	4,520	100	4,620	1,513	-	1,513	33.5%	-	32.7%
Food-Assistance-for-Training	400	-	400	389	-	389	97.3%	-	97.3%
Nutrition: Treatment of Moderate Acute Malnutrition	10,755	-	10,755	8,191	-	8,191	76.2%	-	76.2%
Nutrition: Prevention of Acute Malnutrition	1,950	-	1,950	971	-	971	49.8%	-	49.8%
Nutrition: Prevention of Stunting	7,566	-	7,566	6,873	-	6,873	90.8%	-	90.8%
HIV/TB: Care&Treatment;	1,000	-	1,000	556	-	556	55.6%	-	55.6%
HIV/TB: Mitigation&Safety; Nets	150	-	150	117	-	117	78.0%	-	78.0%

Participants and Beneficiaries by Activity (excluding nutrition)

Table 3: Participants and Beneficiaries by Activity (excluding nutrition)

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
General Distribution (GD)									
People participating in general distributions	3,763	4,417	8,180	6,076	4,774	10,850	161.5%	108.1%	132.6%
Total participants	3,763	4,417	8,180	6,076	4,774	10,850	161.5%	108.1%	132.6%
Total beneficiaries	18,814	22,086	40,900	25,933	28,317	54,250	137.8%	128.2%	132.6%
School Feeding (take-home rations)									
Children receiving take-home rations in primary schools	-	700	700	-	990	990	-	141.4%	141.4%
Total participants	-	700	700	-	990	990	-	141.4%	141.4%
Total beneficiaries	-	3,500	3,500	2,476	2,474	4,950	-	70.7%	141.4%
Food-Assistance-for-Assets									
People participating in asset-creation activities	2,278	2,342	4,620	719	739	1,458	31.6%	31.6%	31.6%
Activity supporters	-	-	-	27	28	55	-	-	-
Total participants	2,278	2,342	4,620	746	767	1,513	32.7%	32.7%	32.7%
Total beneficiaries	10,626	12,474	23,100	3,424	4,001	7,425	32.2%	32.1%	32.1%
Food-Assistance-for-Training									
People participating in trainings	-	400	400	194	195	389	-	48.8%	97.3%
Total participants	-	400	400	194	195	389	-	48.8%	97.3%
Total beneficiaries	-	400	400	194	195	389	-	48.8%	97.3%
HIV/TB: Care&Treatment;									
ART Clients receiving food assistance	230	270	500	111	116	227	48.3%	43.0%	45.4%
TB Clients receiving food assistance	230	270	500	152	177	329	66.1%	65.6%	65.8%
Total participants	460	540	1,000	263	293	556	57.2%	54.3%	55.6%
Total beneficiaries	1,380	1,620	3,000	674	790	1,464	48.8%	48.8%	48.8%
HIV/TB: Mitigation&Safety; Nets									
TB Clients receiving food assistance	69	81	150	58	59	117	84.1%	72.8%	78.0%
Total participants	69	81	150	58	59	117	84.1%	72.8%	78.0%
Total beneficiaries	345	405	750	197	230	427	57.1%	56.8%	56.9%

Nutrition Beneficiaries

Nutrition Beneficiaries

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Nutrition: Treatment of Moderate Acute Malnutrition									
Children (6-23 months)	1,625	1,678	3,303	1,443	1,491	2,934	88.8%	88.9%	88.8%
Children (24-59 months)	1,625	1,677	3,302	1,443	1,490	2,933	88.8%	88.8%	88.8%
Pregnant and lactating girls (less than 18 years old)	-	1,297	1,297	-	730	730	-	56.3%	56.3%
Pregnant and lactating women (18 plus)	-	2,853	2,853	-	1,594	1,594	-	55.9%	55.9%
Total beneficiaries	3,250	7,505	10,755	2,886	5,305	8,191	88.8%	70.7%	76.2%
Nutrition: Prevention of Acute Malnutrition									
Children (24-59 months)	973	977	1,950	485	486	971	49.8%	49.7%	49.8%
Total beneficiaries	973	977	1,950	485	486	971	49.8%	49.7%	49.8%
Nutrition: Prevention of Stunting									
Children (6-23 months)	2,561	2,655	5,216	1,798	1,864	3,662	70.2%	70.2%	70.2%
Pregnant and lactating girls (less than 18 years old)	-	810	810	-	1,148	1,148	-	141.7%	141.7%
Pregnant and lactating women (18 plus)	-	1,540	1,540	-	2,063	2,063	-	134.0%	134.0%
Total beneficiaries	2,561	5,005	7,566	1,798	5,075	6,873	70.2%	101.4%	90.8%

Project Indicators

Outcome Indicators

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
SO1 Save lives and protect livelihoods in emergencies				
Stabilized or reduced undernutrition among children aged 6–59 months and pregnant and lactating women				
MAM treatment recovery rate (%)				
<i>REFUGEES, Project End Target: 2017.12, M&E, Base value: 2015.01, WFP programme monitoring, M&E, Previous Follow-up: 2016.12, WFP programme monitoring, CP report, Latest Follow-up: 2017.12, WFP programme monitoring, CP report</i>	>75.00	88.00	91.00	82.30
MAM treatment mortality rate (%)				
<i>REFUGEES, Project End Target: 2017.12, M&E, Base value: 2015.01, WFP programme monitoring, M&E, Previous Follow-up: 2016.12, WFP programme monitoring, CP report, Latest Follow-up: 2017.12, WFP programme monitoring, CP report</i>	<3.00	0.80	0.00	0.00
MAM treatment default rate (%)				
<i>REFUGEES, Project End Target: 2017.12, M&E, Base value: 2015.01, WFP programme monitoring, M&E, Previous Follow-up: 2016.12, WFP programme monitoring, CP report, Latest Follow-up: 2017.12, WFP programme monitoring, CP report</i>	<15.00	3.60	7.00	6.50
MAM treatment non-response rate (%)				
<i>REFUGEES, Project End Target: 2017.12, M&E, Base value: 2015.01, WFP programme monitoring, M&E, Previous Follow-up: 2016.12, WFP programme monitoring, CP report, Latest Follow-up: 2017.12, WFP programme monitoring, CP report</i>	<15.00	7.70	2.00	0.00
Proportion of eligible population who participate in programme (coverage)				
<i>REFUGEES, Project End Target: 2017.12, M&E, Base value: 2015.01, WFP programme monitoring, M&E, Previous Follow-up: 2016.12, WFP programme monitoring, CP report, Latest Follow-up: 2017.12, WFP programme monitoring, CP report</i>	>70.00	81.00	107.00	184.00
Stabilized or improved food consumption over assistance period for targeted households and/or individuals				
FCS: percentage of households with poor Food Consumption Score				
<i>REFUGEES, Project End Target: 2017.12, FSOM, Base value: 2015.05, WFP survey, FSOM May 2015, Previous Follow-up: 2016.12, WFP survey, FSOM October 2016, Latest Follow-up: 2017.12, WFP survey, FSOM October 2017</i>	<6.00	6.00	17.70	25.60
FCS: percentage of households with poor Food Consumption Score (female-headed)				
<i>REFUGEES, Project End Target: 2017.12, FSOM, Base value: 2015.05, WFP survey, FSOM May 2015, Previous Follow-up: 2016.12, WFP survey, FSOM October 2016, Latest Follow-up: 2017.12, WFP survey, FSOM October 2017</i>	<7.00	7.00	13.60	22.90
FCS: percentage of households with poor Food Consumption Score (male-headed)				
<i>REFUGEES, Project End Target: 2017.12, FSOM, Base value: 2015.05, WFP survey, FSOM May 2015, Previous Follow-up: 2016.12, WFP survey, FSOM October 2016, Latest Follow-up: 2017.12, WFP survey, FSOM October 2017</i>	<6.00	6.00	19.30	26.40
Diet Diversity Score				
<i>REFUGEES, Project End Target: 2017.12, FSOM, Base value: 2015.05, WFP survey, FSOM May 2015, Previous Follow-up: 2016.12, WFP survey, FSOM October 2016, Latest Follow-up: 2017.12, WFP survey, FSOM October 2017</i>	>4.80	4.80	4.12	4.20

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Diet Diversity Score (female-headed households)				
<i>REFUGEES, Project End Target: 2017.12, FSOM, Base value: 2015.05, WFP survey, FSOM May 2015, Previous Follow-up: 2016.12, WFP survey, FSOM October 2016, Latest Follow-up: 2017.12, WFP survey, FSOM October 2017</i>	>5.00	5.00	4.22	4.10
Diet Diversity Score (male-headed households)				
<i>REFUGEES, Project End Target: 2017.12, FSOM May 2015, Base value: 2015.05, WFP survey, FSOM May 2015, Previous Follow-up: 2016.12, WFP survey, FSOM October 2016, Latest Follow-up: 2017.12, WFP survey, FSOM Octobre 2017</i>	>4.70	4.70	4.26	4.20
CSI (Food): Coping Strategy Index (average)				
<i>REFUGEES, Project End Target: 2017.12, FSOM, Base value: 2015.05, WFP survey, FSOM May 2015, Previous Follow-up: 2016.12, WFP survey, FSOM October 2016, Latest Follow-up: 2017.12, WFP survey, FSOM October 2017</i>	<4.00	4.00	12.70	0.30
CSI (Food): Coping Strategy Index (average)				
<i>REFUGEES - FEMALE-HEADED, Project End Target: 2017.12, FSOM, Base value: 2015.05, WFP survey, FSOM May 2015, Previous Follow-up: 2016.12, WFP survey, FSOM October 2016, Latest Follow-up: 2017.12, WFP survey, FSOM October 2017</i>	<4.00	4.00	12.00	0.90
CSI (Food): Coping Strategy Index (average)				
<i>REFUGEES - MALE-HEADED, Project End Target: 2017.12, FSOM, Base value: 2015.05, WFP survey, FSOM May 2015, Previous Follow-up: 2016.12, WFP survey, FSOM October 2016, Latest Follow-up: 2017.12, WFP survey, FSOM October 2017</i>	<3.00	3.00	12.98	0.20
FCS: percentage of households with poor Food Consumption Score				
<i>RURAL, Project End Target: 2017.12, FSOM, Base value: 2015.05, WFP survey, FSOM May 2015, Previous Follow-up: 2016.12, WFP survey, FSOM October 2016, Latest Follow-up: 2017.12, WFP survey, FSOM October 2017</i>	<6.00	31.00	34.00	36.40
FCS: percentage of households with poor Food Consumption Score (female-headed)				
<i>RURAL, Project End Target: 2017.12, FSOM, Base value: 2015.05, WFP survey, FSOM May 2015, Previous Follow-up: 2016.12, WFP survey, FSOM October 2016, Latest Follow-up: 2017.12, WFP survey, FSOM October 2017</i>	<6.00	30.00	32.60	46.80
FCS: percentage of households with poor Food Consumption Score (male-headed)				
<i>RURAL, Project End Target: 2017.12, FSOM, Base value: 2015.05, WFP survey, FSOM May 2015, Previous Follow-up: 2016.12, WFP survey, FSOM October 2016, Latest Follow-up: 2017.12, WFP survey, FSOM October 2017</i>	<6.00	32.00	34.60	33.70
Diet Diversity Score				
<i>RURAL, Project End Target: 2017.12, FSOM, Base value: 2015.05, WFP survey, FSOM May 2015, Previous Follow-up: 2016.12, WFP survey, FSOM October 2016, Latest Follow-up: 2017.12, WFP survey, FSOM October 2017</i>	>3.20	3.20	3.37	3.40
Diet Diversity Score (female-headed households)				
<i>RURAL, Project End Target: 2017.12, FSOM, Base value: 2015.05, WFP survey, FSOM May 2015, Previous Follow-up: 2016.12, WFP survey, FSOM October 2016, Latest Follow-up: 2017.12, WFP survey, FSOM October 2017</i>	>3.30	3.30	3.27	3.30

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Diet Diversity Score (male-headed households)				
<i>RURAL, Project End Target: 2017.12, FSOM May 2015, Base value: 2015.05, WFP survey, FSOM May 2015, Previous Follow-up: 2016.12, WFP survey, FSOM October 2016, Latest Follow-up: 2017.12, WFP survey, FSOM Octobre 2017</i>	>3.20	3.20	3.35	3.40
CSI (Food): Coping Strategy Index (average)				
<i>RURAL, Project End Target: 2017.12, FSOM, Base value: 2015.05, WFP survey, FSOM May 2015, Previous Follow-up: 2016.12, WFP survey, FSOM October 2016, Latest Follow-up: 2017.12, WFP survey, FSOM October 2017</i>	<18.00	18.00	15.00	8.60
CSI (Food): Coping Strategy Index (average)				
<i>RURAL - FEMALE-HEADED, Project End Target: 2017.12, FSOM, Base value: 2015.05, WFP survey, FSOM May 2015, Previous Follow-up: 2016.12, WFP survey, FSOM October 2016, Latest Follow-up: 2017.12, WFP survey, FSOM October 2017</i>	<16.00	16.00	12.60	6.80
CSI (Food): Coping Strategy Index (average)				
<i>RURAL - MALE-HEADED, Project End Target: 2017.12, FSOM, Base value: 2015.05, WFP survey, FSOM May 2015, Previous Follow-up: 2016.12, WFP survey, FSOM October 2016, Latest Follow-up: 2017.12, WFP survey, FSOM October 2017</i>	<19.00	19.00	16.10	9.10
Restored or stabilized access to basic services and/or community assets				
Enrolment (girls): Average annual rate of change in number of girls enrolled in WFP-assisted primary schools				
<i>REFUGEES, Project End Target: 2017.12, M&E, Base value: 2015.01, WFP programme monitoring, M&E, Previous Follow-up: 2016.12, WFP programme monitoring, CP report, Latest Follow-up: 2017.12, WFP programme monitoring, CP report</i>	=6.00	16.00	41.70	0.00
Enrolment (boys): Average annual rate of change in number of boys enrolled in WFP-assisted primary schools				
<i>REFUGEES, Project End Target: 2017.12, M&E, Base value: 2015.01, WFP programme monitoring, M&E, Previous Follow-up: 2016.12, WFP programme monitoring, CP report, Latest Follow-up: 2017.12, WFP programme monitoring, CP report</i>	=6.00	14.00	28.90	0.00
Enrolment (girls): Average annual rate of change in number of girls enrolled in WFP-assisted secondary schools				
<i>REFUGEES, Project End Target: 2017.12, M&E, Base value: 2015.01, WFP programme monitoring, M&E, Previous Follow-up: 2016.12, WFP programme monitoring, CP report, Latest Follow-up: 2017.12, WFP programme monitoring, CP report</i>	=6.00	16.00	0.00	124.00
Enrolment (boys): Average annual rate of change in number of boys enrolled in WFP-assisted secondary schools				
<i>REFUGEES, Project End Target: 2017.12, M&E, Base value: 2015.01, WFP programme monitoring, M&E, Previous Follow-up: 2016.12, WFP programme monitoring, CP report, Latest Follow-up: 2017.12, WFP programme monitoring, CP report</i>	=6.00	14.00	0.00	49.00
Attendance rate (girls) in WFP-assisted primary schools				
<i>REFUGEES, Project End Target: 2017.12, M&E, Previous Follow-up: 2016.12, WFP programme monitoring, CP report, Latest Follow-up: 2017.12, WFP programme monitoring, CP report</i>	>80.00	-	96.70	96.00

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Attendance rate (boys) in WFP-assisted primary schools				
<i>REFUGEES, Project End Target: 2017.12, M&E, Previous Follow-up: 2016.12, WFP programme monitoring, CP report , Latest Follow-up: 2017.12, WFP programme monitoring, CP report</i>	>80.00	-	88.50	99.00
Attendance rate (girls) in WFP-assisted secondary schools				
<i>REFUGEES, Project End Target: 2017.12, M&E, Previous Follow-up: 2016.12, WFP programme monitoring, CP report , Latest Follow-up: 2017.12, WFP programme monitoring, CP report</i>	>80.00	-	48.40	69.00
Attendance rate (boys) in WFP-assisted secondary schools				
<i>REFUGEES, Project End Target: 2017.12, M&E, Previous Follow-up: 2016.12, WFP programme monitoring, CP report , Latest Follow-up: 2017.12, WFP programme monitoring, CP report</i>	>80.00	-	76.20	88.00
SO3 Reduce risk and enable people, communities and countries to meet their own food and nutrition needs				
Improved access to livelihood assets has contributed to enhanced resilience and reduced risks from disaster and shocks faced by targeted food-insecure communities and households				
CAS: percentage of communities with an increased Asset Score				
<i>RURAL, Project End Target: 2017.12, FSOM, Base value: 2015.05, WFP survey, FSOM Survey, Previous Follow-up: 2016.12, WFP survey, FSOM October 2016, Latest Follow-up: 2017.12, WFP survey, FSOM October 2017</i>	>80.00	0.00	88.00	88.00
FCS: percentage of households with poor Food Consumption Score				
<i>RURAL, Project End Target: 2017.12, FSOM, Base value: 2015.05, WFP survey, FSOM May 2015, Previous Follow-up: 2016.12, WFP survey, FSOM October 2016, Latest Follow-up: 2017.12, WFP survey, FSOM October 2017</i>	<5.00	24.00	8.30	35.50
FCS: percentage of households with borderline Food Consumption Score				
<i>RURAL, Project End Target: 2017.12, FSOM, Base value: 2015.05, WFP survey, FSOM May 2015, Previous Follow-up: 2016.12, WFP survey, FSOM October 2016, Latest Follow-up: 2017.12, WFP survey, FSOM October 2017</i>	<5.00	24.00	29.10	22.80
FCS: percentage of households with poor Food Consumption Score (female-headed)				
<i>RURAL, Project End Target: 2017.12, FSOM May 2015, Base value: 2015.05, WFP survey, FSOM May 2015, Previous Follow-up: 2016.12, WFP survey, FSOM October 2016, Latest Follow-up: 2017.12, WFP survey, FSOM October 2017</i>	<5.00	27.00	12.50	14.60
FCS: percentage of households with poor Food Consumption Score (male-headed)				
<i>RURAL, Project End Target: 2017.12, FSOM, Base value: 2015.05, WFP survey, FSOM May 2015, Previous Follow-up: 2016.12, WFP survey, FSOM October 2016, Latest Follow-up: 2017.12, WFP survey, FSOM October 2017</i>	<5.00	23.00	6.70	38.10
FCS: percentage of households with borderline Food Consumption Score (female-headed)				
<i>RURAL, Project End Target: 2017.12, FSOM, Base value: 2015.05, WFP survey, FSOM May 2015, Previous Follow-up: 2016.12, WFP survey, FSOM October 2016, Latest Follow-up: 2017.12, WFP survey, FSOM October 2017</i>	<4.00	18.00	22.50	22.00

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
FCS: percentage of households with borderline Food Consumption Score (male-headed)				
<i>RURAL, Project End Target: 2017.12, FSOM, Base value: 2015.05, WFP survey, FSOM May 2015, Previous Follow-up: 2016.12, WFP survey, FSOM October 2016, Latest Follow-up: 2017.12, WFP survey, FSOM October 2017</i>	<5.00	27.00	32.10	23.00
Diet Diversity Score				
<i>RURAL, Project End Target: 2017.12, FSOM, Base value: 2015.05, WFP survey, FSOM May 2015, Previous Follow-up: 2016.12, WFP survey, FSOM October 2016, Latest Follow-up: 2017.12, WFP survey, FSOM October 2017</i>	>3.90	3.90	4.10	3.50
Diet Diversity Score (female-headed households)				
<i>RURAL, Project End Target: 2017.12, FSOM, Base value: 2015.05, WFP survey, FSOM May 2015, Previous Follow-up: 2016.12, WFP survey, FSOM October 2016, Latest Follow-up: 2017.12, WFP survey, FSOM October 2017</i>	>3.90	3.90	4.12	4.10
Diet Diversity Score (male-headed households)				
<i>RURAL, Project End Target: 2017.12, FSOM, Base value: 2015.05, WFP survey, FSOM May 2015, Previous Follow-up: 2016.12, WFP survey, FSOM October 2016, Latest Follow-up: 2017.12, WFP survey, FSOM October 2017</i>	>3.90	3.90	3.76	3.40
CSI (Food): Coping Strategy Index (average)				
<i>RURAL, Project End Target: 2017.12, FSOM, Base value: 2015.05, WFP survey, FSOM May 2015, Previous Follow-up: 2016.12, WFP survey, FSOM October 2016, Latest Follow-up: 2017.12, WFP survey, FSOM October 2017</i>	<8.00	8.00	11.70	4.90
CSI (Asset Depletion): Percentage of households implementing crisis and emergency coping strategies				
<i>RURAL, Project End Target: 2017.12, FSOM May 2015, Base value: 2015.05, WFP survey, FSOM May 2015, Previous Follow-up: 2016.12, WFP survey, FSOM October 2016, Latest Follow-up: 2017.12, WFP survey, FSOM October 2017</i>	<34.00	34.00	45.00	30.00
CSI (Asset Depletion): Percentage of male-headed households implementing crisis and emergency coping strategies				
<i>RURAL, Project End Target: 2017.12, FSOM, Base value: 2015.05, WFP survey, FSOM May 2015, Previous Follow-up: 2016.12, WFP survey, FSOM October 2016, Latest Follow-up: 2017.12, WFP survey, FSOM October 2017</i>	<34.00	34.00	43.00	31.00
CSI (Asset Depletion): Percentage of female-headed households implementing crisis and emergency coping strategies				
<i>RURAL, Project End Target: 2017.12, FSOM, Base value: 2015.05, WFP survey, FSOM May 2015, Previous Follow-up: 2016.12, WFP survey, FSOM October 2016, Latest Follow-up: 2017.12, WFP survey, FSOM October 2017</i>	<34.00	34.00	49.00	22.00
CSI (Food): Coping Strategy Index (average)				
<i>RURAL - FEMALE-HEADED, Project End Target: 2017.12, FSOM, Base value: 2015.05, WFP survey, FSOM May 2015, Previous Follow-up: 2016.12, WFP survey, FSOM October 2016, Latest Follow-up: 2017.12, WFP survey, FSOM October 2017</i>	<5.60	5.60	4.50	0.40
CSI (Food): Coping Strategy Index (average)				
<i>RURAL - MALE-HEADED, Project End Target: 2017.12, FSOM, Base value: 2015.05, WFP survey, FSOM May 2015, Previous Follow-up: 2016.12, WFP survey, FSOM October 2016, Latest Follow-up: 2017.12, WFP survey, FSOM October 2017</i>	<9.20	9.20	14.40	5.40

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
SO4 Reduce undernutrition and break the intergenerational cycle of hunger				
Reduced undernutrition, including micronutrient deficiencies among children aged 6-59 months, pregnant and lactating women, and school-aged children				
Proportion of target population who participate in an adequate number of distributions				
<i>AREAS WHERE GAM EXCEEDS 15%, Project End Target: 2017.12, Base value: 2015.01, WFP survey, Previous Follow-up: 2016.12, WFP survey</i>	>66.00	0.00	0.00	-
Proportion of eligible population who participate in programme (coverage)				
<i>AREAS WHERE GAM EXCEEDS 15%, Project End Target: 2017.12, Base value: 2015.05, WFP survey, Previous Follow-up: 2015.12, WFP survey</i>	>70.00	0.00	0.00	-
MAM treatment recovery rate (%)				
<i>ENTIRE COUNTRY, Project End Target: 2017.12, M&E, Base value: 2015.01, WFP programme monitoring, M&E, Previous Follow-up: 2016.12, WFP programme monitoring, CP Report, Latest Follow-up: 2017.12, WFP programme monitoring, CP report</i>	>75.00	88.00	52.00	77.00
MAM treatment mortality rate (%)				
<i>ENTIRE COUNTRY, Project End Target: 2017.12, M&E, Base value: 2015.01, WFP programme monitoring, M&E, Previous Follow-up: 2016.12, WFP programme monitoring, CP Report, Latest Follow-up: 2017.12, WFP programme monitoring, CP report</i>	<3.00	2.30	0.00	1.00
MAM treatment default rate (%)				
<i>ENTIRE COUNTRY, Project End Target: 2017.12, M&E, Base value: 2015.01, WFP programme monitoring, M&E, Previous Follow-up: 2016.12, WFP programme monitoring, CP Report, Latest Follow-up: 2017.12, WFP programme monitoring, CP report</i>	<15.00	5.90	43.00	17.00
MAM treatment non-response rate (%)				
<i>ENTIRE COUNTRY, Project End Target: 2017.12, M&E, Base value: 2015.01, WFP programme monitoring, M&E, Previous Follow-up: 2016.12, WFP programme monitoring, CP Report, Latest Follow-up: 2017.12, WFP programme monitoring, CP report</i>	<15.00	3.60	5.00	5.00
Proportion of eligible population who participate in programme (coverage)				
<i>OBOCK - DIKHIL, Project End Target: 2017.12, Base value: 2015.05, WFP survey, Previous Follow-up: 2015.12, WFP survey</i>	>70.00	0.00	0.00	-
Proportion of children who consume a minimum acceptable diet				
<i>OBOCK - DIKHIL, Project End Target: 2017.12, Base value: 2015.05, WFP survey, Previous Follow-up: 2015.12, WFP survey</i>	>70.00	0.00	0.00	-
Proportion of eligible population who participate in programme (coverage)				
<i>REFUGEES, Project End Target: 2017.12, Base value: 2015.05, WFP survey, Previous Follow-up: 2015.12, WFP survey</i>	>70.00	0.00	0.00	-
Proportion of children who consume a minimum acceptable diet				
<i>REFUGEES, Project End Target: 2017.12, Base value: 2015.05, WFP survey, Previous Follow-up: 2015.12, WFP survey</i>	>70.00	0.00	0.00	-
Proportion of eligible population who participate in programme (coverage)				
<i>RURAL, Project End Target: 2017.12, M&E, Base value: 2015.05, WFP programme monitoring, M&E, Previous Follow-up: 2015.12, WFP programme monitoring</i>	>50.00	0.00	0.00	-

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
TB Treatment Success Rate (%)				
<i>RURAL, Project End Target: 2017.12, M&E, Base value: 2015.01, WFP programme monitoring, M&E, Previous Follow-up: 2016.12, WFP programme monitoring, CP report, Latest Follow-up: 2017.12, WFP programme monitoring, CP report</i>	>55.00	20.00	41.00	41.00
TB Treatment Nutritional Recovery Rate (%)				
<i>RURAL, Project End Target: 2017.12, M&E, Base value: 2015.01, WFP programme monitoring, M&E, Previous Follow-up: 2016.12, WFP programme monitoring, CP report, Latest Follow-up: 2017.12, WFP programme monitoring, CP report</i>	>75.00	83.00	93.00	95.00
ART Adherence Rate (%)				
<i>URBAN, Project End Target: 2017.12, M&E, Base value: 2015.01, WFP programme monitoring, M&E, Previous Follow-up: 2016.12, WFP programme monitoring, CO monthly report, Latest Follow-up: 2017.12, WFP programme monitoring, CO monthly report</i>	>65.00	83.00	83.00	99.00
ART Nutritional Recovery Rate (%)				
<i>URBAN, Project End Target: 2017.12, M&E, Base value: 2015.01, WFP programme monitoring, M&E, Previous Follow-up: 2016.12, WFP programme monitoring, CO monthly report, Latest Follow-up: 2017.12, WFP programme monitoring, CO monthly report</i>	>75.00	21.00	72.00	56.00

Output Indicators

Output	Unit	Planned	Actual	% Actual vs. Planned
SO1: Nutrition: Prevention of Stunting				
Number of people receiving nutrition counseling supported by WFP	individual	60	60	100.0%
SO1: Nutrition: Treatment of Moderate Acute Malnutrition				
Number of health centres/sites assisted	centre/site	3	3	100.0%
SO1: School Feeding (take-home rations)				
Number of schools assisted by WFP	school	2	2	100.0%
SO3: Food-Assistance-for-Assets				
Hectares (ha) of fruit trees planted	Ha	1	1	100.0%
Hectares (ha) of land cleared	Ha	4	4	100.0%
Hectares (ha) of land cultivated	Ha	2	2	100.0%
Number of people trained in hygiene promotion	individual	770	770	100.0%
Number of tanks constructed	unit	31	29	93.5%
Quantity of tree seedlings produced used for afforestation, reforestation and vegetative stabilization	tree seedling	900	800	88.9%
SO4: Nutrition: Prevention of Acute Malnutrition				
Number of health centres/sites assisted	centre/site	12	-	-
Number of men receiving nutrition counseling supported by WFP	individual	30	-	-
SO4: Nutrition: Prevention of Acute Malnutrition and Nutrition: Prevention of Stunting				

Output	Unit	Planned	Actual	% Actual vs. Planned
Number of health centres/sites assisted	centre/site	-	12	-
Number of men receiving nutrition counseling supported by WFP	individual	-	30	-
SO4: Nutrition: Treatment of Moderate Acute Malnutrition				
Number of health centres/sites assisted	centre/site	84	82	97.6%

Gender Indicators

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of households where females and males together make decisions over the use of cash, voucher or food				
<i>DJIBOUTI, Food-Assistance-for-Assets, Project End Target: 2017.12, Base value: 2014.12, Previous Follow-up: 2016.12, Latest Follow-up: 2017.12</i>	>30.00	26.00	2.00	8.90
Proportion of households where females and males together make decisions over the use of cash, voucher or food				
<i>DJIBOUTI, General Distribution (GD), Project End Target: 2017.12, Base value: 2014.12, Previous Follow-up: 2016.12, Latest Follow-up: 2017.12</i>	>30.00	0.00	2.00	6.00
Proportion of households where females make decisions over the use of cash, voucher or food				
<i>DJIBOUTI, Food-Assistance-for-Assets, Project End Target: 2017.12, Base value: 2014.12, Previous Follow-up: 2016.12, Latest Follow-up: 2017.12</i>	>50.00	60.00	38.00	21.00
Proportion of households where females make decisions over the use of cash, voucher or food				
<i>DJIBOUTI, General Distribution (GD), Project End Target: 2017.12, Base value: 2014.12, Previous Follow-up: 2016.12, Latest Follow-up: 2017.12</i>	>50.00	64.00	56.00	53.00
Proportion of households where males make decisions over the use of cash, voucher or food				
<i>DJIBOUTI, Food-Assistance-for-Assets, Project End Target: 2017.12, Base value: 2014.12, Previous Follow-up: 2016.12, Latest Follow-up: 2017.12</i>	<20.00	14.00	60.00	70.10
Proportion of households where males make decisions over the use of cash, voucher or food				
<i>DJIBOUTI, General Distribution (GD), Project End Target: 2017.12, Base value: 2014.12, Previous Follow-up: 2016.12, Latest Follow-up: 2017.12</i>	<20.00	14.00	42.00	41.00
Proportion of women beneficiaries in leadership positions of project management committees				
<i>DJIBOUTI, Food-Assistance-for-Assets, Project End Target: 2017.12, Base value: 2014.12, Previous Follow-up: 2016.12, Latest Follow-up: 2017.12</i>	>50.00	0.00	33.00	50.00
Proportion of women beneficiaries in leadership positions of project management committees				
<i>DJIBOUTI, General Distribution (GD), Project End Target: 2017.12, Base value: 2014.12, Previous Follow-up: 2016.12, Latest Follow-up: 2017.12</i>	>50.00	29.00	40.00	47.00

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of women project management committee members trained on modalities of food, cash, or voucher distribution				
<i>DJIBOUTI, Food-Assistance-for-Assets, Project End Target: 2017.12, Base value: 2014.12, Previous Follow-up: 2016.12, Latest Follow-up: 2017.12</i>	>60.00	0.00	42.00	59.00
Proportion of women project management committee members trained on modalities of food, cash, or voucher distribution				
<i>DJIBOUTI, General Distribution (GD), Project End Target: 2017.12, Base value: 2014.12, Previous Follow-up: 2016.12, Latest Follow-up: 2017.12</i>	>60.00	29.00	41.00	40.00

Protection and Accountability to Affected Populations Indicators

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
<i>ALI-SABIEH, General Distribution (GD), Base value: 2014.12, Previous Follow-up: 2016.12, Latest Follow-up: 2017.12</i>		35.30	44.00	53.00
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
<i>DJIBOUTI, Food-Assistance-for-Assets, Project End Target: 2017.12, Base value: 2014.12, Previous Follow-up: 2016.12, Latest Follow-up: 2017.12</i>	>80.00	38.00	58.00	32.00
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
<i>DJIBOUTI, General Distribution (GD), Project End Target: 2017.12, Base value: 2014.12, Previous Follow-up: 2016.12, Latest Follow-up: 2017.12</i>	>80.00	9.00	39.00	23.00
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>ALI-SABIEH, General Distribution (GD), Project End Target: 2017.12, Base value: 2014.12, Previous Follow-up: 2016.12, Latest Follow-up: 2017.12</i>	>98.00	97.20	100.00	96.20
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>DJIBOUTI, Food-Assistance-for-Assets, Project End Target: 2017.12, Base value: 2014.12, Previous Follow-up: 2016.12, Latest Follow-up: 2017.12</i>	>98.00	96.60	100.00	100.00
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>DJIBOUTI, General Distribution (GD), Project End Target: 2017.12, Base value: 2014.12, Previous Follow-up: 2016.12, Latest Follow-up: 2017.12</i>	>98.00	99.20	100.00	100.00

Partnership Indicators

Cross-cutting Indicators	Project End Target	Latest Follow-up
Amount of complementary funds provided to the project by partners (including NGOs, civil society, private sector organizations, international financial institutions and regional development banks)		
<i>DJIBOUTI, Food-Assistance-for-Assets (Land or water development and improvement), Project End Target: 2017.12, Latest Follow-up: 2017.12</i>	=4,000,000.00	4,631,930.00
Number of partner organizations that provide complementary inputs and services		
<i>DJIBOUTI, General Distribution (GD), Project End Target: 2017.12, Latest Follow-up: 2017.12</i>	>3.00	6.00
Proportion of project activities implemented with the engagement of complementary partners		
<i>DJIBOUTI, General Distribution (GD), Project End Target: 2017.12, Latest Follow-up: 2017.12</i>	=100.00	100.00

Resource Inputs from Donors

Resource Inputs from Donors

Donor	Cont. Ref. No.	Commodity	Purchased in 2017 (mt)	
			In-Kind	Cash
Japan	JPN-C-00511-01	Iodised Salt	-	25
Japan	JPN-C-00531-01	Sugar	-	350
Japan	JPN-C-00531-01	Wheat Flour	-	21
Japan	JPN-C-00531-01	Wheat Soya Blend	-	94
MULTILATERAL	MULTILATERAL	Vegetable Oil	-	209
MULTILATERAL	MULTILATERAL	Wheat Flour	-	763
USA	USA-C-01216-03	Split Peas	110	-
USA	USA-C-01216-03	Vegetable Oil	130	-
USA	USA-C-01216-04	Maize Meal	448	-
		Total	688	1,462