

COUNTRY STRATEGIC PLAN REVISION

REVISION

Djibouti country strategic plan, revision 01

Gender and age marker code: [as per EB-approved CSP¹]

	Current	Change	Revised
Duration	Jan 2020 – Dec 2024	No Change	No Change
Beneficiaries	115,830	61,495	177,325
Total Cost (USD)	74,120,295	9,150,631	83,270,926
Transfer	53,847,152	7,710,852	61,558,003
Implementation	6,341,024	315,000	6,656,024
Adjusted direct support costs	9,408,345	875 000	10,283,345
Subtotal	69,596,521	8,900,852	78,497,373
Indirect support costs (6.5 percent)	4,523,774	249,779	4,773,553

Djibouti country strategic plan (CSP), revision 01

1. RATIONALE

1. Djibouti registered its first Coronavirus Disease (COVID-19) case on 18 March 2020. As of 14 August 2020, Djibouti had registered 5,181 confirmed cases, with 60 deaths recorded. While the government quickly took measures to curb the spread of the virus, including closure of the airport and schools and confinement of the majority of the population, the virus continues to spread.
2. In Djibouti, all economic sectors are impacted by the health crisis and subsequent movement restrictions including transport, tourism, hotels, restaurants, civil works, retail and medium and small enterprises (MSMEs). The employment of 80,000 registered workers and 70,000 informal daily workers are under threat – the latter often being among the most vulnerable with little or no social protection. Employees and independent workers are losing their jobs, while those in the informal sector also lose their livelihoods and income, which is putting social protection mechanisms and the State budget under strain. Public revenue through VAT and other taxes is decreasing, while expenses are increasing exponentially to respond to the health crisis and care for the most vulnerable.
3. Reduced income and purchasing power due to loss of jobs and work opportunities, restricted mobility, loss of access to productive inputs and markets, decreased productivity because of illness and increased health expenditures is expected to weaken the economic situation of the middle-income population, creating new pockets of poverty. The Government in collaboration with importers have ensured delivery of essential goods and services in the local markets. Nonetheless, the closure of businesses, reduced national consumption and reliance on food imports is likely to cause an increase in food prices resulting in limited household access to food, hence affect the food security and nutrition of vulnerable households.

¹ The gender and age marker should be reviewed in case of new SO or additional activity.

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4. The pandemic has exacerbated existing vulnerabilities across Djibouti, particularly in urban areas. Some urban households have barely recovered from the impact of floods following heavy rains in November 2019 and April 2020. The June-September 2020 forecast also indicates the possibility of above-average rains which, coupled with the socio-economic impact of COVID-19, is likely to further compound the food security and nutrition situation of vulnerable households. Vulnerable and at-risk populations such as refugees, migrants, people with disabilities, the elderly, children-at-risk, people living with HIV or TB or with chronic medical conditions and SGBV survivors have become even more vulnerable as they are unable to meet basic needs such as food, medical care and housing. The majority of them had not recovered from the effects of the November 2019 floods and are now experiencing social isolation, unemployment, which is likely to worsen their food security and nutrition situation.
 5. The January 2020 Food Security and Nutrition Outcome Monitoring (FSNOM) showed an improvement in the food security situation as compared to May 2018, with 27 percent and 23 percent of the rural and urban populations respectively suffering from moderate and severe food insecurity in the five regions, equivalent to an estimated 175,000 people. The main reasons for the improvement in the food security situation include the increase of labour opportunities following the expansion of the Djibouti Port and the improved Karan / Karma rains from November 2019 that enhanced water, pasture and vegetation conditions resulting in higher livestock productivity and availability of fresh vegetables. However, these gains are likely to be eroded by the negative socio-economic impact of COVID-19 coupled with the slow recovery of households from the effects of flooding. Disruption of markets coupled with reduced or loss of income among the vulnerable households has significantly reduced access to healthy and affordable diets, resulting in less frequent and less diverse diets especially among children, pregnant and lactating women. This is likely to contribute to high rates of malnutrition and food insecurity.
 6. Djibouti has unique migration challenges owing to its location at the crossroads linking Europe, Asia and Africa. It is also a gateway from the Horn of Africa to the Middle East and is increasingly becoming a source and transit country for movements across the Gulf of Aden and beyond. Following the closure of borders as part of the measures put in place to curb the spread of COVID-19, migrants from other countries, mostly Ethiopians are stranded in Djibouti. The Government has set up a quarantine centre for the migrants in the region of Ali-Sabieh (Aour Aoussa). Depending on the situation, more centres will be set up in other regions of the country. The Government has requested WFP to provide food assistance to the migrants at the quarantine centres.
 7. This budget revision will scale-up operations in the context of the COVID-19 crisis and cater for emergency preparedness and response measures, in order to provide life-saving food assistance to additional food insecure and vulnerable populations under Strategic Outcome 1. This budget revision will be effective from September 2020 until the end of the Country Strategic Plan (CSP).

2. CHANGES

Strategic orientation

8. There is no change in the strategic direction of the CSP.

Strategic Outcomes

9. This budget revision aims to:
 - Introduce an in-kind modality for activity two to allow WFP to quickly respond to sudden-onset emergencies, both in urban settings (using High Energy Biscuits) and in remote rural areas where markets are not accessible through in-kind transfers.
 - Increase the number of beneficiaries under activity two in response to the COVID-19 crisis in 2020.
 - Formally include food assistance to migrants in the CSP portfolio.
10. The CSP plans to support national response to natural disasters through capacity strengthening in the area of emergency preparedness and response, in order to respond effectively, equitably and efficiently to the needs of shock-affected populations through the provision of unconditional food and cash-based transfers (CBTs). In addition, the CSP had initially planned for the provision of food assistance through cash-based transfers (CBTs) to 13,005 beneficiaries. Given the increased needs, this budget revision will increase the number of beneficiaries receiving in-kind and CBTs to 34,000 people² in its current contingency plan under activity two throughout the entire CSP period. While it is challenging to have accurate figures on the number of people in need of food assistance due to the evolving context, the Ministry of Social Affairs and Solidarities (MASS) has recently launched an emergency response whose objective is to provide food assistance to 46,000 households in Djibouti city and 15,000 households in rural areas. To facilitate the targeting process, the MASS used the Social Register containing a database of identified vulnerable households. In addition, the MASS estimated that 13,500 national daily workers are likely to be impacted by COVID-19.
11. Based on the identified needs, the Government through the MASS has planned the distribution of food vouchers in the capital city and possibly in county towns and the distribution of in-kind transfers in rural remote areas where markets are not easily accessible. Some partners including the World Bank have shown interest in providing support, which will partially cover the needs of the vulnerable households in Djibouti city. Major gaps remain and the government has requested the support of WFP to respond to urgent food needs.
12. The World Bank is currently supporting 27,000 households out of 46,000 households in the urban areas with food vouchers (10,000 DJF per household per month) for a period of 3 months. Based on its funding forecast, WFP will provide food assistance to 9,000 additional households (45,000 beneficiaries) in the urban areas including county towns. In both cases, households will be selected by the MASS through the social register to avoid the risk of duplication.
13. WFP in close collaboration with the Government and FAO will conduct an urban food security assessment in Djibouti City and district county towns. Findings from the assessment will inform targeting of vulnerable households for assistance by MASS.
14. WFP will scale-up its assistance to an additional 5,000 people in the rural areas, in addition to the current beneficiaries assisted through in-kind food transfers during the lean season.

² The 34,000 people in the contingency plan include 20,000 people in urban areas (of which 3,000 children will receive HEBs), 12,500 people in the rural areas and 1,500 migrants in the migration centres.

15. In response to the Government’s request, WFP will provide food assistance to migrants in the quarantine centres. WFP has been providing food assistance on a monthly basis to approximately 300 migrants based on a request from IOM under activity 1. This revision will formalize support to migrants by adding 1,500 migrants per month in the contingency under activity 2.
16. There has been a decline in health centre visits and utilization of nutrition services due to the perceived risk of exposure to COVID-19 at the health facilities. As a result, WFP has made slight adjustments to the nutrition interventions including utilization of the specialised nutritious foods in other programmes to minimise stock losses. Following discussions with the Ministry of Health, TB DOTS patients have been included in the ambulatory programme as hospitalization of these patients has been put on hold. Discussions between WFP and nutrition partners on the implementation of prevention of malnutrition activities, which had been put on hold due to challenges faced by the partners in identifying community agents in the rural areas have resumed. Implementation of the activities is expected to start in September.
17. While the gaps in cold-chain and storage have been long-standing gaps in Djibouti, the need to address them has been exacerbated with the new logistics requirements and constraints imposed by COVID-19 such as the procurement of equipment and assets including mobile storage units, racking shelves and reefer containers. These latter will enhance WFP’s on-demand services and partners’ capacities for joint responses to emergencies. WFP envisages to support emergency operations of the Government of Djibouti and for humanitarian partners in the region, by expanding the range of services currently offered such as cold storage and transport as well as additional dry storage space by adding racking at the HLB as well as Mobile Storage Units (MSUs) to be installed in the different provinces.

Beneficiary analysis

Strategic Outcome	Activity	Period	Women (18+ years)	Men (18+ years)	Girls (0-18 years)	Boys (0-18 years)	Total
1	1 IK/CB/CS	Current	7,020	5,265	3,705	3,510	19,500
		Increase/decrease	0	0	0	0	0
		Revised	7,020	5,265	3,705	3,510	19,500
	2 IK/CBT/CS	Current	4,682	3,511	2,471	2,341	13,005
		Increase/decrease	22,139	16,602	11,684	11,070	61,495 ³
		Revised	26,821	20,113	14,155	13,411	74,500
2	3	Current	25,837	19,908	10,235	11,770	67,750
		Increase/decrease	0	0	0	0	0
		Revised	25,837	19,908	10,235	11,770	67,750
	4	Current	3,585	3,507	2,106	6,377	15,575
		Increase/decrease	0	0	0	0	0
		Revised	3,585	3,507	2,106	6,377	15,575
3	6	Current	100	200	250	250	800
		Increase/decrease	0	0	0	0	0
		Revised	100	200	250	250	800

³ Total increase beneficiaries include 31,995 beneficiaries through CBT and 29,500 through in-kind.

TOTAL <i>(without overlap)</i>	Current	41,224	32,391	18,767	22,248	116,630 ⁴
	Increase/decrease	22,139	16,602	11,684	11,070	61,495
	Revised	63,363	48,993	30,451	33,318	178,125

⁴ This includes 800 vocational training participants who will not receive in-kind transfers or CBTs.

Transfers

TABLE 2: FOOD RATION (g/person/day) or CASH-BASED TRANSFER VALUE (USD/person/day) BY STRATEGIC OUTCOME AND ACTIVITY																						
		Strategic outcome 1									Strategic outcome 2											
		Activity 1						Act 2	Activity 3					Activity 4								
Beneficiary type	Standard	Children (6–59 months)	Children (6–23 months)	PLWG (treatment MAM)	PLWG (prevention)	ART	MPC	EPA	Standard (pre- and primary schoolchildren)	Standard (cook ration)	Standard (GD)	Standard (GD)	FFA	FFA	Children (6–59 months) TSFP treatment	Children (6–23 months) BSFP prevention	PLWG (treatment MAM)	PLWG (Prevention MAM)	Standard (TB ambulatory)	ART/TB-DOTS clients hospitalized	TSFP PLHIV treatment	Standard mitigating safety net)
Modality	Food/CBTs	Food	Food	Food	Food	Food	CBTs	CBTs/Food	Food	Food	Food	CBTs	Food	CBTs	Food	Food	Food	Food	Food	Food	Food	CBTs
Cereals	300	-	-	-	-	-	-	400	150	400	400	-	400	-	-	-	-	-	-	400	-	
Pulses	60	-	-	-	-	-	-	60	30	80	60	-	80	-	-	-	-	-	-	80	-	
Oil	30	-	-	-	-	-	-	30	15	40	30	-	40	-	-	-	-	-	50	35	-	
Salt	5	-	-	-	-	-	-	-	3			-	-	-	-	-	-	-		5	-	
Sugar	20	-	-	-	-	-	-	20	15	20	20	-	20	-	-	-	-	-	15	20	-	
SuperCereal		-	-	-	-	-	-	-	0	-	-	-	-	-	-	-	-	-	150	50	-	
SuperCereal Plus		200	200	200	200	200	-	-	-	-	-	-	-	-	200	200	200	200	-	-	200	-
Total kcal/day	1 645	820	820	820	820	820	-	-	1 063	2 163	2 100	-	2 163	-	820	820	820	820	1 170	2 006	1 170	

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Modality	Food/CBTs	Food	Food	Food	Food	Food	CBTs	CBTs/Food	Food	Food	Food	CBTs	Food	CBTs	Food	Food	Food	Food	Food	Food	Food	CBTs	
% kcal from protein	11.10	16	16	16	16	16			12.20	11.30			16		13.6	16	16	13.6	14.5	13.60	11.20		
CBTs (USD/person/day)	0.19						1.83	0.3				0.3		1.5								1.5	
Number of feeding days per year ⁵	360	90	180	180	180	180	180	90	161	161	150	360	360	360	90	180	180	180	180	270	180	360	

⁵ The figures reflect the period of beneficiary entry and exit from the programme, in line with national protocols

TABLE 3: TOTAL FOOD/CASH-BASED TRANSFER REQUIREMENTS AND VALUE

Food type / cash-based transfer	Current Budget		Increase		Revised Budget	
	Total (mt)	Total (USD)	Total (mt)	Total (USD)	Total (mt)	Total (USD)
Cereals	17 712	6 257 549	2 970	904 160	20 682	7 161 708
Pulses	3 437	1 452 486	446	146 459	3 883	1 598 946
Oil and Fats	2 053	2 177 621	223	214 960	2 276	2 392 581
Mixed and blended foods	5 462	4 097 193	9	14 601	5 471	4 111 794
Other	1 395	502 184	149	75 050	1 544	577 234
TOTAL (food)	30 060	14 487 033	3 796	1 355 230	33 856	15 842 263
Cash-Based Transfers (USD)		18 689 535		3 796 563		22 486 098
TOTAL (food and CBT value – USD)	30 060	33 176 568	3 796	5 151 794	33 856	38 328 361

3. COST BREAKDOWN


TABLE 4: COST BREAKDOWN OF THE REVISION ONLY (USD)

	SR 1/SDG 2.1	SR1/SDG2.1	SR8/SDG17.16	Total
Strategic outcome	1	2	3	
Focus area	Crisis response	Resilience building	Crisis response	
Transfer	6 798 703	0	912 148	7 710 852
Implementation	315 000	0	0	315 000
Direct support costs	<i>(no figures in the grey cells)</i>			875 000
Subtotal				8 900 852
Indirect support costs (6.5%)				249 779
TOTAL				9 150 631

TABLE 5: OVERALL CSP COST BREAKDOWN, FOLLOWING THE REVISION (USD)

	Strategic Result 1 / SDG Target 2.1	Strategic Result 1 / SDG Target 2.1	Strategic Result 8 / SDG Target 17.16	TOTAL
Strategic Outcome	01	02	03	
Focus Area	Crisis Response	Resilience Building	Crisis Response	
Transfer	26 177 362	27 948 621	7 432 020	61 558 003
Implementation	2 910 339	3 395 490	350 195	6 656 024
Direct Support Costs	4 392 827	4 706 737	1 183 782	10 283 345
Subtotal	33 480 528	36 050 848	8 965 997	78 497 373
Indirect Support Costs	2 176 234	2 343 305	254 014	4 773 553
TOTAL	35 656 762	38 394 153	9 220 011	83 270 926

Annex 1: Revised Line of Sight

DJIBOUTI (CSP 2020 - 2024)		
SR 1 – Access to food (SDG Target 2.1)	SR 1 – Access to Food (SDG Target 2.1)	SR 8- Enhance Global Partnership (SDG Target 17.18)
CRISIS RESPONSE	RESILIENCE BUILDING	CRISIS RESPONSE
OUTCOME 1: Refugees, asylum seekers and shock affected populations in the Republic of Djibouti have access to adequate and nutritious food throughout the year	OUTCOME 2: Food insecure Djiboutians in targeted regions and refugees have improved access to food and improved nutrition status by 2025.	OUTCOME 3: Authorities and local partners have enhanced capacity to support the humanitarian community in the Horn of Africa throughout the year.
BUDGET SO 1: USD 35,656,762	BUDGET SO 2: USD 38,394,153	BUDGET SO 3: USD 9,220,011
OUTPUTS: 1. During the transition period, registered Refugees and Asylum Seekers (Tier 1) living in settlements receive sufficient food/cash to protect their access to food throughout the year. (A; linked to activity 1) 2. All refugee and asylum seeker children 6-59 months and pregnant and lactating women and girls suffering from moderate acute malnutrition (Tier 1) and ART/TB DOTS clients (Tier1) have access to treatment services, including specialized nutrition counselling, that support nutritional recovery. (A,B,E; linked to activity 1) 3. All refugees and asylum seeker children 6-23 months and pregnant and lactating Women and girls (Tier 1) have access to preventive services including specialised nutritious foods and nutrition education that meet their basic nutrition needs. (A,B,E; linked to activity 1) 4. Shock affected populations (Tier 3) benefit from enhanced national capacity to prepare for and respond to crises and meet their basic needs. (C: linked to activity 2) 5. Shock affected populations (Tier 1) receive emergency food assistance that meets their basic needs during times of crisis and early recovery. (A,B; linked to activity 2)	OUTPUTS: 1. Urban/rural food insecure Djiboutian and vulnerable refugees (Tier 1) receive monthly cash/food rations and increasingly have access to the national family solidarity programme and the health social assistance programme, which enhances their food security and nutrition. (A; linked to activity 3) 2. Food-insecure people in targeted communities (Tier 1) benefit from improved assets, stronger farmer value chains, reduced post-harvest loss and skills to increase their resilience to climate-related shocks. (D; linked to activity 3) 3. Pre-school and school children in targeted areas (Tier 1) receive a nutritious meal every day they attend school, with the aim of meeting their basic food and nutrition needs and increase enrolment and attendance (A; linked to activity 3) 4. Pre-school and school children children in targeted areas (Tier 3) benefit from the Government's improved capacity to provide a nationally-owned nutrition-sensitive and gender-equitable school meals programme. (C: linked to activity 3) 5. Targeted Djiboutian children 6-59 months, pregnant and lactating women and girls suffering from moderate acute malnutrition (Tier 1) have access to treatment, including specialized nutrition foods and nutrition counselling that supports nutritional recovery. (A,B, E: linked to activity 4) 6. Djiboutian children 6-59 months and pregnant/lactating women and girls in areas with the highest rates of chronic and acute malnutrition (Tier 1) receive specialized nutritious foods in order to prevent chronic and acute malnutrition. (A,B,E; linked to activity 4) 7. Targeted moderately acutely malnourished antiretroviral therapy and tuberculosis (directly-observed treatment, short course) clients and food insecure households affected by HIV (Tier 1) receive nutritious foods and cash-based transfers and are included in a mitigating safety net programme, which improve their nutrition status, productivity and food security. (A,B,E; linked to activity 4) 8. Nutritionally vulnerable and food insecure populations (Tier 3) benefit from enhanced national capacity to increase the availability, affordability and consumption of fortified and highly nutritious foods in order to prevent malnutrition. (C: linked to activity 4)	OUTPUTS: 1. Crisis-affected populations (Tier 3) benefit from the creation of a service provision platform in support of the humanitarian community that enables them to receive timely life-saving food and medical supplies. (H; linked to activity 5) 2. Refugees, young people and underemployed populations (Tier 1) benefit from skills training in logistics and transport related areas that enables them to access the labour market. (C: linked to activity 6) 3. Djiboutian institutions (Tier 3) benefit from joint technical assistance and skill transfer from humanitarian and development partner that consolidate Djibouti as a logistics and supply chain hub in the Horn of Africa. (C, K: linked to activity 6)
ACTIVITY 1: Provide food assistance and nutrition services, including nutrient rich food and nutrition education and counselling to refugees and asylum seekers living in settlements (activity category 1, modality: Food, CBT, CS)	ACTIVITY 3: Provide food, cash-based transfers and technical assistance to strengthen a national inclusive, adaptive and nutrition-sensitive social protection system that contributes to enhanced economic integration. (activity category 9, modality: Food, CBT, CS).	ACTIVITY 5: Provide supply chain services to the humanitarian community (on a full cost-recovery basis) (activity category 10; modality: CS).
ACTIVITY 2: Strengthen government capacity and support national responses for shock affected populations through contingency plan (activity category 9, modality: Food, CBT, CS)	ACTIVITY 4: Provide malnutrition prevention and treatment, cash-based transfers, nutritious food, counselling nutritional and incentives for targeted populations, while supporting national nutrition programmes (activity category 5, modality: Food, CBT, CS).	ACTIVITY 6: Provide vocational training and capacity strengthening in the transport and commodity handling sectors for partners, refugees and local population (activity category 9; modality: CS).
		TOTAL BUDGET: USD 83,270,926
		 Programme Alimentaire Mondial