

DJIBOUTI

Food Security and Nutrition Monitoring Survey (FSNMS)

April 2022

Data collected in February 2022



PHOTO: WFP Djibouti

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Key findings

- The **food insecurity** of Djiboutians households has increased with 10 percent compared to January 2020. Moderate and severe food insecurity affected 37.1 percent of the rural households and 9.7 percent of the urban household, equivalent to an estimated 124,359 people.
- There was an overall poor **nutrition status of children** below the age of 2 and 5 years, with a GAM prevalence of 12.7 and 5.5 percent, respectively.
- Households across Djibouti are affected by **climatic and economic compounding shocks**, affecting people in rural areas the most. The current **drought** has further deteriorated the food security of rural households.
- In the absence of agricultural production, households were **heavily relying on market** as the main source of food, both in urban (89-100 percent) and rural areas (84-97 percent) making them volatile for price increases.
- A significant proportion (54 percent) of the rural households faced inadequate **food consumption**, a deterioration from 43 percent in January 2020. Inadequate consumption is the highest in rural areas of Arta, Ali Sabieh and Obock. Meals are predominantly made of cereals, oil/fat, and sugar. Consumption of fruit and vegetable is low, slightly better in urban areas compared to rural.
- The majority of households in rural areas were found to have a high to very high **share of expenditure spent** on food, limiting their ability to meet other essential needs. The highest proportion of these households was mostly in the rural areas of Tadjourah (75 percent), Ali Sabieh (74 percent) and Dikhil (62 percent).
- Overall, urban households have more diverse **income sources** compared to rural households, with Djibouti City leading in income diversity. The different income sources included wage employment (39-62 percent), petty trade (10-44 percent), and casual labour (9-27 percent).
- Approximately 14 percent of all rural households resorted to extreme **livelihood coping strategies** (crisis + emergency), ranging from 12 percent in Tadjourah, 14 percent in Ali Sabieh, 17 percent in Obock, and 21 percent in Dikhil. Begging, involving in illegal activities, selling productive/domestic assets, reduced expenditure on non-essential food items, send household members to eat elsewhere, borrowing money or food were mentioned amongst the coping strategies.
- Overall, 40.8 percent of rural and 28.6 percent of urban households adopted **food coping strategies**, including relying on less preferred food (38 percent) in rural and (23 percent) in urban areas. With 41 percent, borrowing food was the most used food coping strategy in Obock.

- With regard to the **wealth index**, the results indicated that poor households are concentrated in rural areas while the richest live mostly in urban areas.
- The overall **WASH** conditions were slightly better in urban areas compared to rural. In rural areas, these conditions were ranked at crisis level. WASH infrastructure continued to remain a major challenge in rural areas given the dynamic character of the nomadic population thinly spread in rural areas. Except for Djibouti City where more than 90 percent of the households have access to improved sanitation facilities, open defecation rate are very high (80 percent) in rural areas and 41-82 percent in urban areas. The region with the highest rate of open defecation is Obock (99 percent in rural and 82 percent in urban).

Food Security and Nutrition Monitoring Survey (FSNMS)

Food Security and Nutrition Context in Djibouti

As a net importer of food, Djibouti meets up to 90 percent of its food needs through imports. Only 4 percent of the total land surface is arable while agricultural and livestock production accounts for between 3 to 4 percent of the total gross domestic product (GDP) and can only meet 10 percent of the country's consumption needs. The food needs are met through imports from Ethiopia and other countries

Structural poverty, high youth unemployment and reduced economic access to markets in rural and urban areas, poor access to basic services and chronic drought have eroded resilience and weakened the population's ability to cope with the multitude of shocks in recent years. Populations living in remote rural areas have less diversified livelihoods compared to their counterparts in urban centers, particularly those living in Djibouti City having a more enhanced access to casual labour and petty trade opportunities and food markets.

The key drivers of food insecurity remain structural, including harsh climatic conditions, high cost of living, lack of livelihood opportunities and chronic poverty. Traditional livelihoods in rural areas such as animal husbandry and vegetable farming are gradually diminishing, and hence increasing rural-urban migration

The food insecurity is worsened in recent years due to the high unemployment rate (60 percent), widespread poverty (17 percent of the population lives below the extreme poverty line), a decade of successive droughts and the COVID-19 pandemic, limited work and livelihoods opportunities, food shortage and increased food prices, the spill-over effects of the conflict in Ethiopia resulting in a decrease in the Port of Djibouti activities. A further deterioration of the food insecurity is expected to take place as a result of the Russian-Ukrainian war.



The general objective of the Food Security and Nutrition Monitoring System (FSNMS) was to update the data on food security and livelihood, and the nutritional status of children below the age of 5 years and lactating and pregnant women and girls (PLWG) at household level in urban and rural areas of Djibouti. An update was required due to the recent natural and economic shocks experienced by the population. The specific objectives included:

- To estimate the proportion of the food insecure people in the 7 regions, disaggregating by rural and urban;
- To describe the profile of households and individuals affected by food insecurity.
- To illuminate the immediate and underlying causes of food insecurity.

The FSNMS was conducted in January and February 2022 at the country level. Both Household food security and individual nutrition information was collected primarily through face-to-face interviews. The National Statistics Institute (INSTAD) provided the sampling plan in order to have a representative sample across the country.

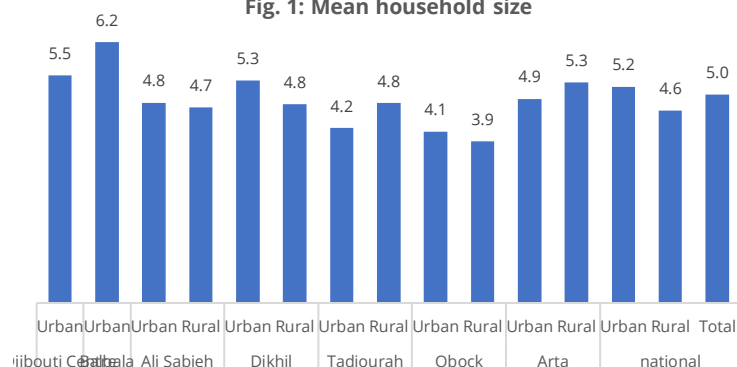
There is a total of seven regions across the country and the sample stratification was representative at the regional rural and urban level. Subsequently, a two-stage sample design was adopted. The first stage was the selection of Enumeration Areas (EAs)/clusters from each of the 14 strata based on probability proportional to (population) size while the second stage used random selection of households within each selected EA. The estimated sample size per strata was 120 HHs in all the 12 rural strata and 240 HHs in the two Djibouti City clusters with 95 percent level of confidence and a design effect of 1.5 percent (precision 0.1 percent) and 5 percent allowance non-response. From each strata, 6 clusters were selected through PPS and from each cluster 20 households were selected randomly, resulting in a sample size of 120 HHs per strata. In Djibouti (Boulaos & Balbala), 12 clusters were selected through PPS and from each cluster 20 households were selected randomly, resulting in adjusted sample size of 240 HHs per strata and an adjusted total sample size of 1,680 nationally as distributed. Population weights were applied during the analysis.

The survey tool consisted of food security and nutrition modules. A five-day training of enumerators was facilitated by the WFP RAM team. A pre-coded questionnaire was used on Android tablets, programmed on "ODK/ XLS Form" form designer. The collection was done through enumerators recruited by the Institute for Statistics of Djibouti (ISTAD), WFP/FAO staff and National Statistics Institute (INSTAD) focal points and cartographers in charge of the overall field supervision and quality assurance.

Household Demographics

The average age of the household's members is 24,7 years old. About 33 percent of households are composed of members aged between 5-17 years old, followed by 18-45 years (43,5 percent) and people 60 years and above is (4 years).

Fig. 1: Mean household size



Household's size: The mean household size is 5 and varies considerably by region and urban and rural division. The urban households have a relatively larger sizes compared to rural households, except for Arta and Tadjourah (Fig. 1). Balbala has the highest average household size, i.e. 6 members. In Boulaos, Balbala, Arta and Ali Sabieh more than 40 percent of the households have above the national average household size.

Almost half (47 percent) of the surveyed are male headed households (Fig. 21), with the highest percentage in Arta urban (54 percent), Dikhil (52 percent) and Tadjourah rural (53 percent). In terms of education, 40 percent of the head of households have never attended school, with higher percentages in rural areas (59 percent) compared to urban (34 percent). At the regional level, Obock (79 percent) and Ali Sabieh (60 percent) have the highest proportion of the household's head without any formal education.

Up to 22 percent of urban households has at least one household member living with a disability, with the highest prevalence is in Boulaos (35 percent), Dikhil urban (28 percent) and Arta urban (20 percent). Disability conditions are relatively lower in rural areas (10 percent), with Ali Sabieh and Dikhil having the highest number of household with members living with a disability.

Table 1: Demographics

		Sex of HH Head		Marital status of HH head										
livelihood	region	Male	Female	Single / Never married	Married Monogamous	Married Polygamous	Widow (er)	Divorced / Separated	HH has a disable member	HH member has chronic illness	HH has a sick child	HH has a malnourished child		
Urban	Djibouti Centre	40%	60%	77%		13%	1%	9%	1%	35%	18%	5%	1%	
	Balbala	45%	55%	77%		15%		6%	3%	18%	11%	8%	3%	
	Ali Sabieh	48%	52%	78%		14%		5%	3%	26%	17%	15%	3%	
	Dikhil	52%	48%	60%		30%		9%		28%	12%	11%	1%	
	Tadjourah	47%	53%	78%		13%	2%	6%	2%	9%	7%	6%	2%	
	Obock	46%	54%	64%		26%		2%		10%	6%	13%		
	Arta	54%	46%	77%		13%		9%		20%	9%	8%	1%	
	av. Urban	47%	53%	74%		16%	0%	7%	1%	22%	12%	9%	2%	
Rural	Ali Sabieh	45%	55%	67%		21%		13%		13%	11%	16%	7%	
	Dikhil	44%	56%	67%		19%		13%		14%	5%	2%	2%	
	Tadjourah	53%	47%	67%		21%	2%	8%	2%	4%	2%	15%	3%	
	Obock	46%	54%	54%		37%		7%		9%	1%	5%		
	Arta	47%	53%	51%		21%	3%	23%	3%	6%	9%	5%	3%	
	av. Rural	47%	53%	62%		23%	1%	12%	1%	10%	5%	9%	3%	

Food Security Situation



In February 2022, 46,8 percent of the households in Djibouti were food insecure, of whom 43,6 percent moderately food insecure and 3,2 percent severely food insecure, an equivalent of 124,359 estimated people (Table 2). This is an increase of 10 percent moderately and severely food insecure people living in rural areas compared to January 2020.

The main drivers of deteriorated food insecurity included, the current drought characterized by high temperatures and depressed rains, high food prices and loss of income opportunities aggravated by the COVID-19 pandemic, and the decrease in the port activities partially resulting from the conflict in Ethiopia.

The severity of food insecurity in households living in urban areas was slightly lower given the availability of markets and more livelihood opportunities compared to remote rural areas.

Table 2: Food insecure population

Zone	Cluster/region	Base population	Moderately food insecure	Severely food insecure	Moderately food insecure	Severely food insecure	Total food insecure (%)	Total food insecure (population)
Urban	Djibouti Centre (Boul	348,495	2.5%		8,712	-	2.5%	19,467
	Balbala	389,494	4.5%		17,545	-	4.5%	43,813
	Ali Sabieh	29,519	18.8%	0.8%	5,535	231	19.5%	2,182
	Dikhil	23,473	6.4%		1,505	-	6.4%	453
	Tadjourah	15,000	4.5%		670	-	4.5%	129
	Obock	20,000	20.8%		4,151	-	20.8%	1,065
	Arta	13,398	20.2%		2,701	-	20.2%	464
	overall urban	839,379	9.6%	0.1%			9.7%	67,573
Rural	Ali Sabieh	14,531	57.3%	7.3%	8,322	1,057	64.5%	1,748
	Dikhil	77,723	31.5%	0.9%	24,468	720	32.4%	25,103
	Tadjourah	88,592	14.2%	5.3%	12,544	4,704	19.5%	19,594
	Obock	50,000	23.3%		11,628	-	23.3%	7,455
	Arta	21,566	48.4%		10,435	-	48.4%	2,886
	overall rural	252,412	34.0%	3.1%	85,894	7,904	37.2%	56,786
Grand Total		1,091,791			-	-		124,359

Food Security in Rural Areas

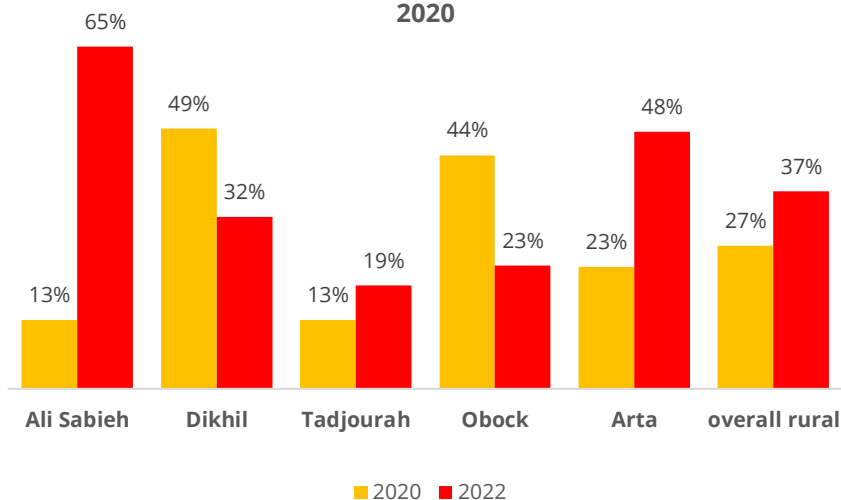


At the regional level, rural Ali Sabieh has the highest number of food insecure people (65 percent) and the strongest deterioration compared to 2020.

Arta rural had the second highest proportion of food insecure people (48 percent) followed by Dikhil (32 percent), Obock (23 percent), and Tadjourah (19 percent).

Compared to 2020, food insecurity deteriorated in all rural areas except in Dikhil and Obock. The main reasons have been the below average vegetation and ground water conditions, negatively affecting pastoralist livelihoods, and the increase in food commodity prices.

Fig. 2: Food insecurity in rural households (2022 vs. 2020)



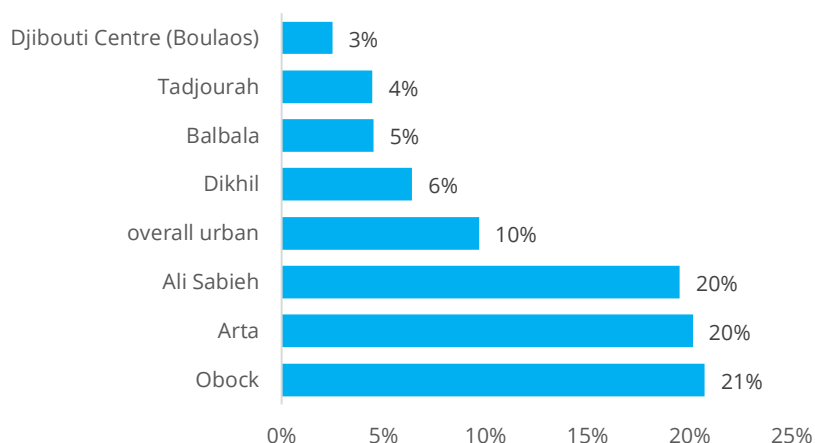
Food Security Situation in Urban Areas



Food insecurity in urban areas was less severe compared to rural i.e. at 10 percent of the household. In Obock, Arta and Ali Sabieh urban, 2 out of 10 people were food insecure.

The proportion of food insecurity in other urban areas was lower, ranging from 3 percent in Djibouti Center (Boulaos) to 6 percent in Dikhil and about 5-6 percent in both Tadjourah and Balbala. The main driver of urban food insecurity included the increase in food prices and the lack of employment opportunities.

Fig. 3: Total food insecure in urban areas (%)



Poverty and Food Security



The household wealth index, a proxy measure of poverty, has been constructed using data on asset ownership, materials used for residential house (walls, roof & floor), cooking and lighting fuel and water and sanitation conditions through principal component analysis (PCA). The findings show that extreme poverty levels are higher in rural areas (41-64 percent) compared to urban areas (2-10 percent).

This means that in rural areas, the distribution of wealth index is skewed to the right with the majority of households falling below the mean wealth value. In urban areas the wealth index is fairly normally distributed with 50-50 percent of households lying below and above the mean wealth value (Annex I). The highest concentration of extremely poor households is in Arta, Tadjourah and Obock and the lowest in Dikhil. There is a significant correlation between household composition and food security – household with relatively more dependants are more food insecure compared to those without dependants.

Fig. 4: Wealth profiles -urban

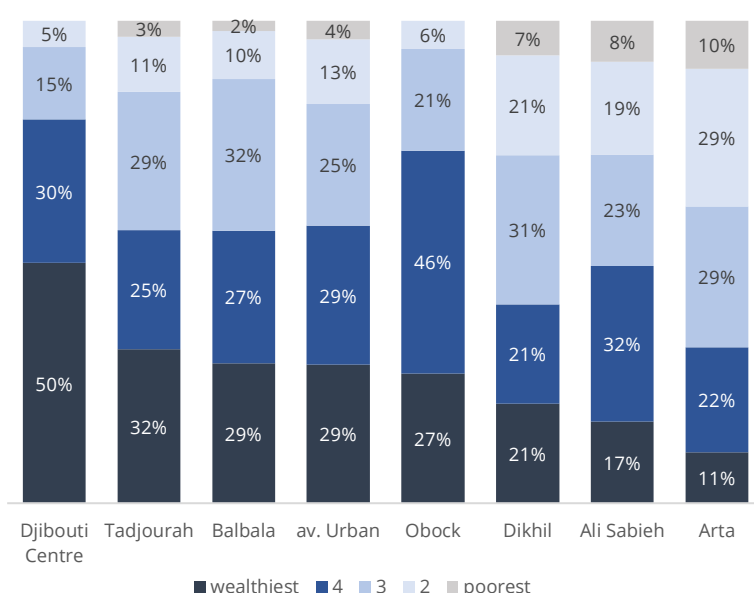


Fig. 5: Wealth profiles -rural

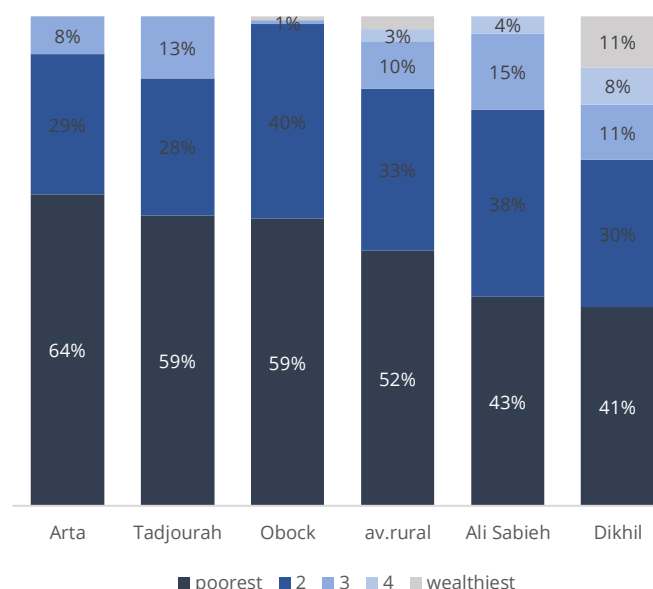


Table 3: wealth quintiles

livelihood	region	poorest	2	3	4	wealthiest
urban	Djibouti Centre		5%	15%	30%	50%
	Tadjourah	3%	11%	29%	25%	32%
	Balbala	2%	10%	32%	27%	29%
	Obock		6%	21%	46%	27%
	Dikhil	7%	21%	31%	21%	21%
	Ali Sabieh	8%	19%	23%	32%	17%
	Arta	10%	29%	29%	22%	11%
	av. Urban	4%	13%	25%	29%	29%
rural	Arta	64%	29%	8%		
	Tadjourah	59%	28%	13%		
	Obock	59%	40%	1%		1%
	Ali Sabieh	43%	38%	15%	4%	
	Dikhil	41%	30%	11%	8%	11%
	av.rural	52%	33%	10%	3%	3%

Household Vulnerability Profiling



A household is considered vulnerable when it is extremely poor and food insecure. The 2022 FSNMS found that the poorest households (those with no or few assets and poor housing and WASH conditions) had poor food security outcomes, limited purchasing power making them extra vulnerable to shocks (drought, income loss and food price inflation).

80 percent of the most vulnerable households are located in rural areas and 20 percent in urban areas. Those extremely poor and food insecure households reported to have one or no source of income and hence relied heavily on unskilled casual labour, petty trade, borrowing of food, or resorting to charcoal production as a quick source of income. Additionally, these household had no access to credit, no saving and none or negligible livestock in rural areas which is currently endangered by the drought.

From these households, 12 percent had a member living with disability, 7 percent had a member with chronic illness, 9 percent had a sick child in the two weeks prior to the assessment, and 3 percent had a malnourished child (Table 4).

Table 4: vulnerable household profiles

	poor & food insecure
HH member has a disability	12%
HH member with a chronic illness	7%
HH with children sick two weeks prior to the assessment	9%
HH with a malnourished child	3%
HH with child not in school	47%

Fig. 6: Geographic location of vulnerable HHs (urban)

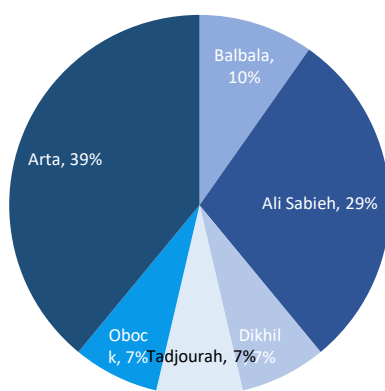
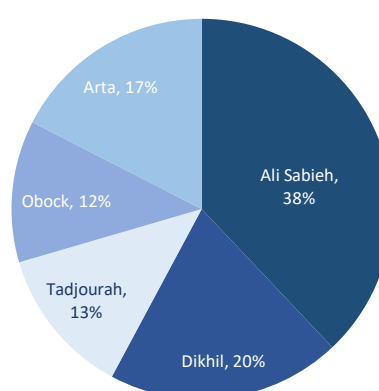


Fig. 7: Geographic location of vulnerable HHs (rural)



Household Shocks



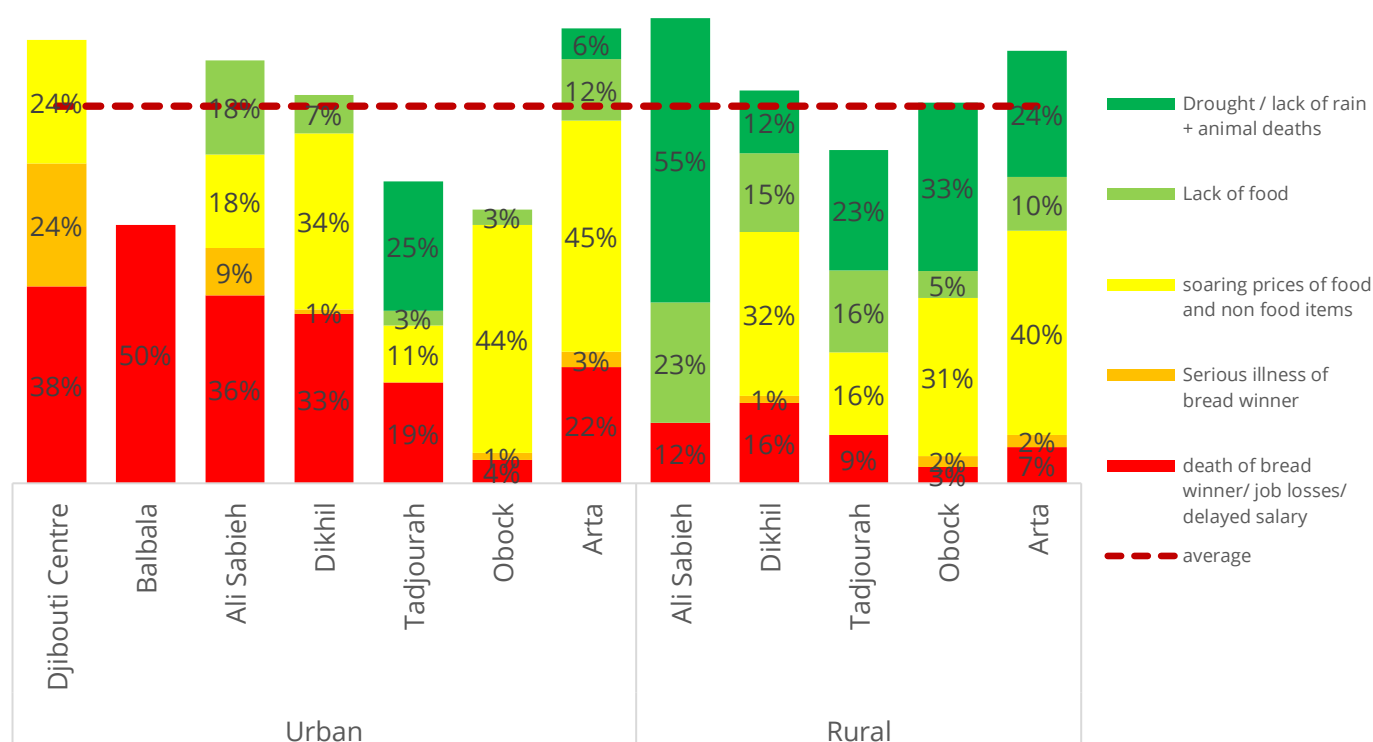
Poor households across Djibouti continued to be disproportionately impacted by climatic shocks affecting their access to food and hence increase their vulnerability to food insecurity. High temperatures and lack of rain were the leading climatic shocks experienced by households in the last three months, mainly in rural areas (Fig. 8). The impact of drought is higher in rural areas due to the higher dependence on rural livelihoods, i.e. although predominantly market-based (casual/unskilled labour and salaried wages are 26 percent), livestock and livestock product sales accounted for 13 percent.

At least 23 percent of the households, mainly the pastoralists, reported to be impacted by the drought. Compared to 2021, 22 percent of the households saw a decrease in the number of their livestock as a result of the drought. This, combined with high food and non-food items price, loss of income due to the lack and/or loss of job opportunities, has exacerbated the already precarious food insecurity situation of rural poor households, mainly in Arta (40 percent), Obock (32 percent), Ali Sabieh (23 percent) and Tadjourah (16 percent).

The drought has furthermore pushed up the sale of livestock to afford food and non-food items, particularly in Obock (88 percent), Dikhil (53 percent), Ali Sabieh (45 percent), Tadjourah (41 percent), and Arta (39 percent). The livestock conditions were found to be poor to average, resulting in lower livestock price and milk production. The herd size has decreased in recent years due to cumulative effects of drought – compared to September 2013, the Tropical Livestock Units (TLU) stood at 3.2 per capita, the February 2022 stood at 2.7 TLU per capita. Recurrent drought has furthermore decreased cattle holding – currently standing at an average of 0.5 percent of households. Ownership of poultry is equally low, with most of the households owning either goats or sheep.

In urban areas, lack and/or loss of employment and high food prices were the main shocks experienced by households in the three months prior to the survey. The most affected regions by high food prices were Obock urban, Dikhil urban, Arta rural and Boulaos. Loss of income featured prominently in Djibouti City (Balbala 50 percent and Boulaous 38 percent), Dikhil and Obock Urban (33 percent each) and Tadjourah & Arta Urban (19 percent and 22 percent of the households). Soaring commodity prices was mostly reported in Obock and Dikhil (34 percent and 44 percent).

Fig. 8: Shocks experienced by HHs in the last three months



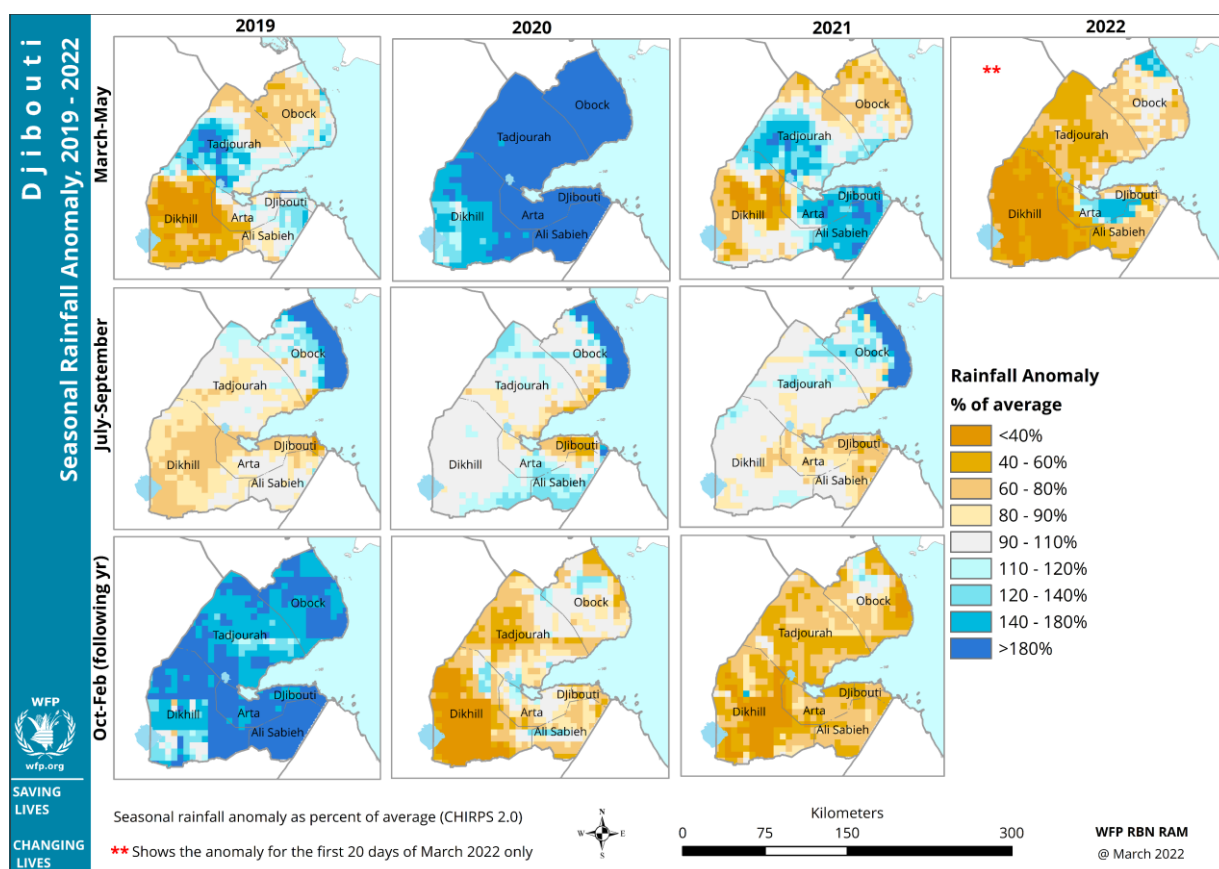
Rainfall Performance



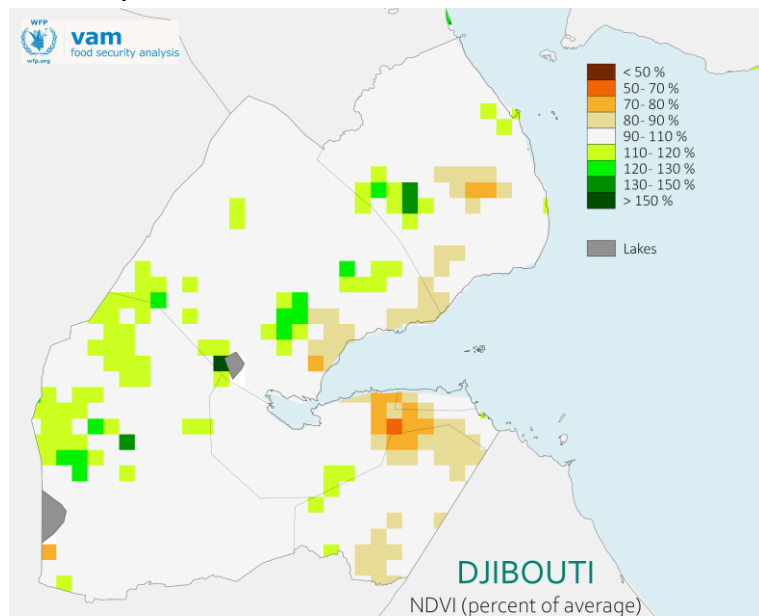
Food security of pastoralists is to a certain extent determined by seasonality. Rainfall during March, the start of the *Diraac/Sougoum* rainy season has been significantly below average in most of the country except in localized areas in Arta and coastal Obock. The coastal areas of Tadjourah and southeast where livestock migrates to during this period, received below-average seasonal rainfall resulting in poor vegetation in mid-February 2022. Pasture, water and vegetation resources have deteriorated in most of the areas, affecting livestock conditions. The March rainfall performance point to a multi-season drought-like conditions, similar to 2017/2018 drought. At the same time, most areas in the country experienced the hottest temperatures during 2021 with detrimental effect on water and pasture availability.

The 2022 climate forecasts for April-June period point to a likely near-normal to below-average situation, which together with above-average land surface temperatures will extend the current drought with all its consequences on humans and animals.

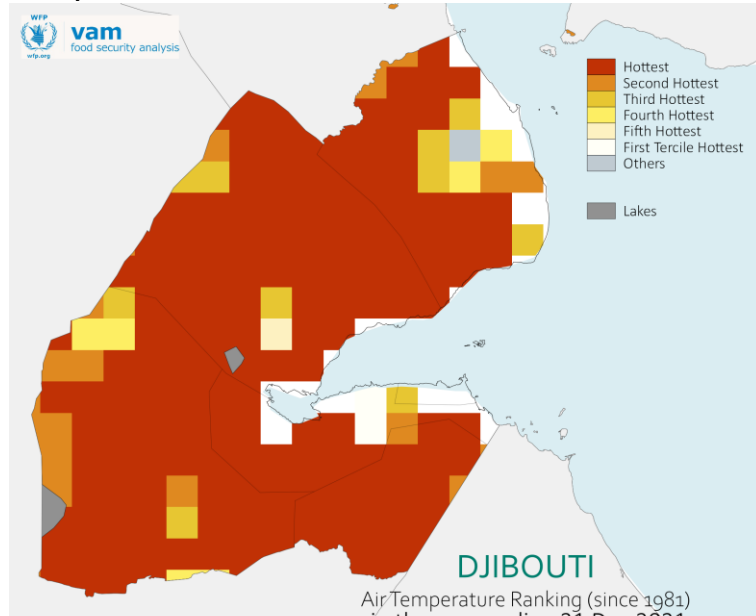
Map 1:



Map 2:



Map 3:

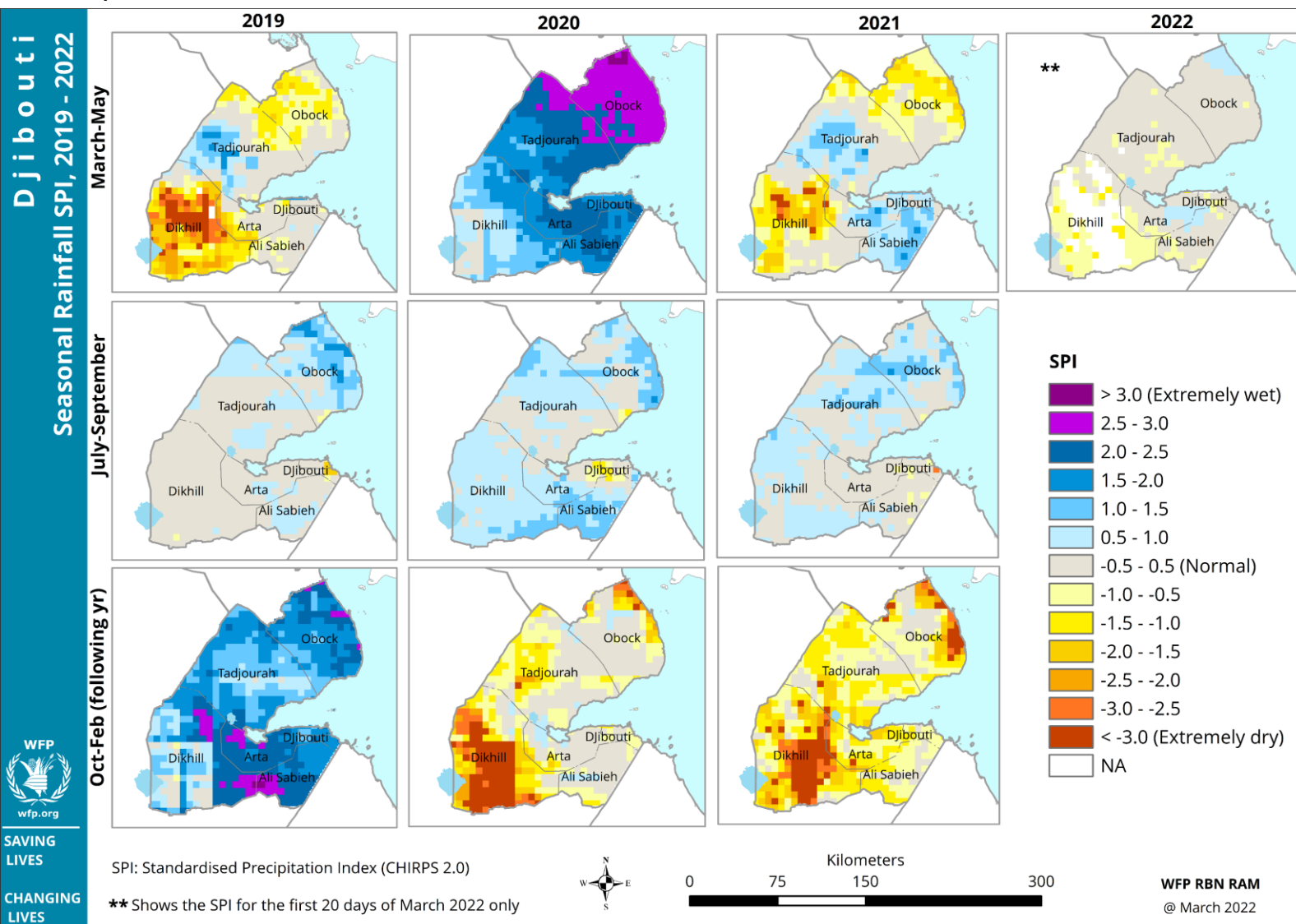


Drought Situation



The SPI analysis shows that Djibouti has faced extremely dry conditions in the last six months through March 2022. The 2021 October-February rainy season was the driest since 2016/17 and the March rains have been delayed in the entire country. The rainy season from July-September in 2021 was also below average, particularly in Ali Sabieh and coastal Obock. This means the country is going through multi-season drought, starting from October 2020 to-date.

Map. 4:



Food Prices & Inflation



TRADE AND MARKET

Sorghum, wheat flour, pasta and rice are the most important food commodities in Djibouti, mostly consumed in urban areas. Wheat flour mixed with sorghum flour is an important staple food for poor and middle-income households. Djibouti City is an essential supply market to the rest of the country. Given the high dependency on markets for food availability, food prices are critical in determining households' food security. The recent increase in food items price leave many food insecure.

Overall, the cost of living, measured by the consumer price index (CPI), in Djibouti has been on an upward trend in the last seven months, with the food inflation rising progressively above 3 percent since September 2021 to 3.8 percent in February 2022. The increase is particularly seen in the categories 'food products and non-alcoholic beverages' – Bread (+8.3 percent), fresh fruit or root vegetables (+2.7 percent) and unprocessed cereals (+1.8 percent). The price volatility is mainly caused by low national agricultural productions and the high dependency on import of cereals, fruits and vegetables. For the first time since 2011, the food prices, particularly wheat, vegetable oil, fruits and vegetables increased significantly in February 2022 year-on-year by 17-24 percent (Fig. 5).

Figure 9: Trends in oil, Pasta and wheat prices

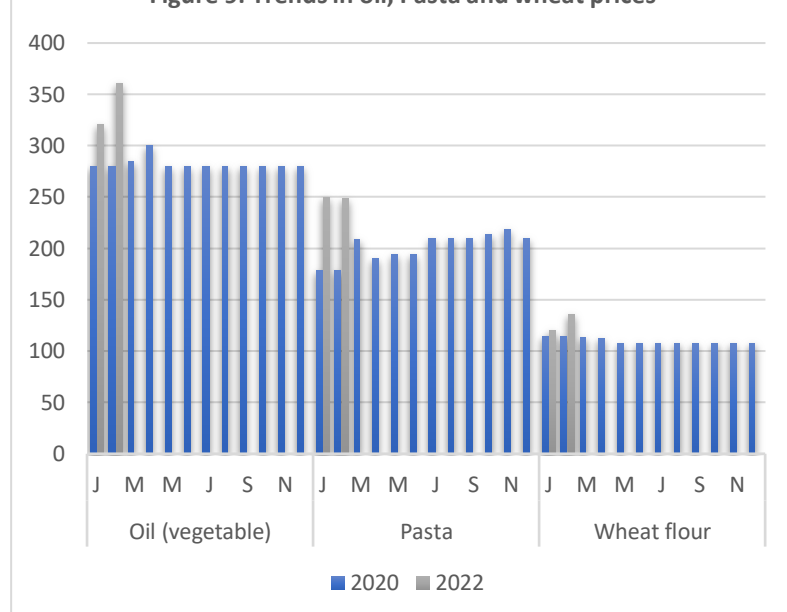
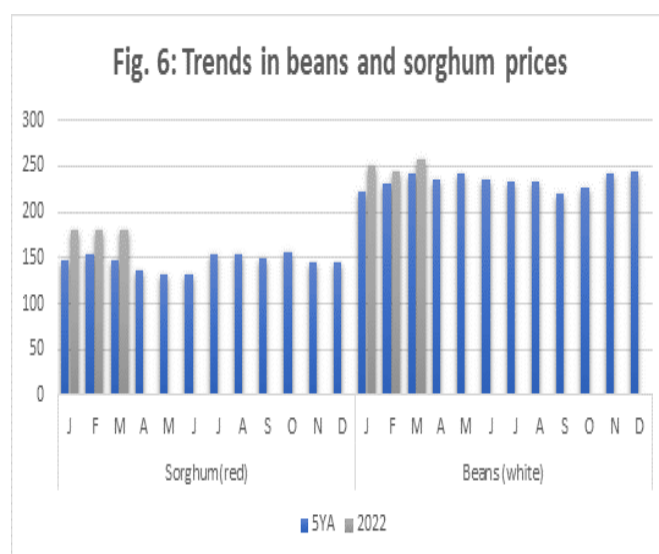


Fig. 6: Trends in beans and sorghum prices



High food prices as a shock in the three months preceding the assessment was mainly reported in Djibouti center (25 percent) and Ali Sabieh urban (9 percent) and in Arta Urban (3 percent). Overall, the proportion of households that reported high food prices in rural areas was relatively lower than in urban areas.

Nonetheless, affordability of food from the market is still a problem given no or low income and the lack of livelihood opportunities leaving a big proportion of the population relying on informal employment as the main livelihood. A significant proportion of households in rural areas (6 percent) mentioned that lack of access to food and nutritious diets was caused by their low purchasing power. In urban areas, this access was limited (19-50 percent of households) due to the lack and loss of employments and the disturbance of supply chains due to the conflict in North Ethiopia.

Food Sources



Overall, market is the main source of food for the majority of households in Djibouti, regardless of whether they are living in urban or rural areas (Table 5). The cash purchase from market was the main source of all products consumed during the week preceding the survey in rural (89-97 percent) and urban (89-100 percent). Between 10-29 percent of households that purchased food from markets in rural areas did so on credit, the highest indebtedness reported in Arta (27 percent) and Obock (29 percent). Households in rural areas had challenges to access the nearest market due to the proximity of market, road conditions and the availability and affordability of transport, including during the dry season. The limited availability of food, mainly fruit and vegetables, in the rural markets remained a challenge.

Reliance on own production in the pastoral rural regions and urban areas is very minimal (2.9 percent). However, there are pockets of own food production, particularly among the fishing communities in Tadjourah and Obock (9-10 percent of households). Climate change and drought are the main factors limiting the productivity of agricultural crops, including fruits and vegetables, which further contributes to increased food insecurity in Djibouti.

Table 5: Food Sources

		cash purchase	credit purchase	own production
Urban	Djibouti Centre	86%	14.4%	
	Balbala	87%	12.6%	0.2%
	Ali Sabieh	97%	1.9%	0.1%
	Dikhil	85%	11.4%	
	Tadjourah	72%	19.0%	4.6%
	Obock	56%	34.8%	8.8%
	Arta	44%	54.9%	0.2%
Rural	Ali Sabieh	97%	0.4%	1.8%
	Dikhil	86%	10.4%	2.8%
	Tadjourah	71%	13.1%	10.4%
	Obock	60%	28.8%	9.0%
	Arta	60%	26.5%	2.9%

Food Consumption Score

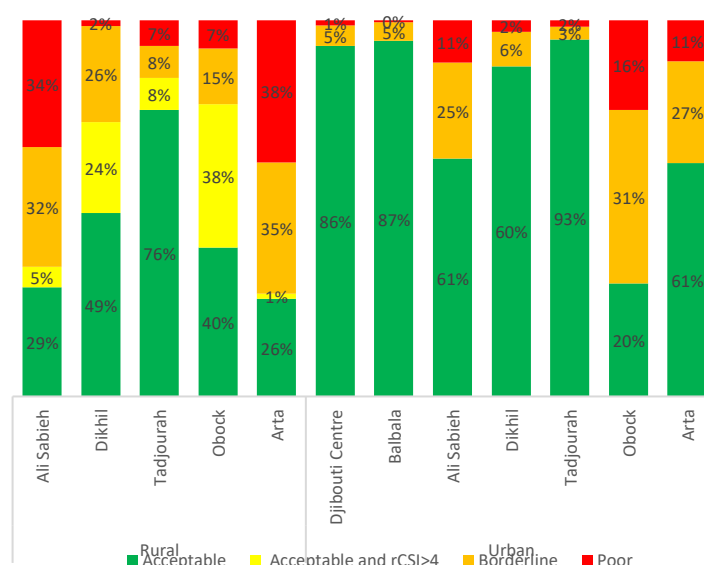


The food consumption score is a proxy indicator of household's food access. Households with poor and borderline food consumption is an indication that households consumes less nutritious diets (ex: cereals, fruits and vegetables).

The proportion of households with inadequate food consumption has increased significantly from 43 percent in 2020 to 54 percent in 2022 (Fig.11).

In rural areas, the deterioration of adequate food consumption was the highest in Arta and Ali Sabieh, increasing by 23 percent and 41 percent respectively, compared to January 2020. The structural problem of food security lies in the lack of national agricultural production (only 10 percent) and high dependency on food imports.

Fig. 11: Food consumption in Djibouti



Dietary Diversity



Meals in Djibouti are predominantly made of cereals, oil/fats and sugar. Consumption of fruits is low (1-2 days per week), slightly better in urban areas compared to rural areas where its very minimal. Meat, dairy and legumes are more consumed in urban areas than in rural areas (Table 3). The low dietary diversity in rural areas heavily contributes to the poor food consumption score among most of the households. About 70 percent of households with poor food consumption score had a diet of 2 food groups, whilst 64 percent of households with 5 or more food groups had an acceptable food consumption.

Table 6: Consumption in the last 7 days

Lifestyle zone	Region	staple cereals	legumes	dairy	meats	veges	fruits	oils & fats	sugars	condiments
Urban	Djibouti Centre	7.0	5.1	4.4	3.2	5.2	2.0	6.8	5.1	5.4
	Balbala	7.0	5.2	3.8	2.4	5.1	1.4	7.0	6.1	6.2
	Ali Sabieh	7.0	2.5	2.7	1.9	6.9	1.3	7.0	7.0	7.0
	Dikhil	6.8	4.6	5.2	2.0	4.9	1.5	6.7	3.6	6.3
	Tadjourah	7.0	6.2	3.3	5.0	4.0	2.1	6.8	5.6	6.8
	Obock	6.7	2.9	3.4	1.8	2.7	0.9	6.6	6.0	5.7
	Arta	6.8	3.7	2.3	1.7	4.1	0.8	6.3	5.7	5.1
	Total	6.9	4.5	3.6	2.6	4.8	1.5	6.7	5.6	6.0
Rural	Ali Sabieh	6.9	1.9	0.9	0.8	6.8	0.3	6.9	6.9	6.9
	Dikhil	6.7	2.9	5.0	0.5	3.3	0.8	6.5	4.0	6.4
	Tadjourah	7.0	5.5	4.4	1.8	1.8	0.0	6.6	5.6	6.8
	Obock	7.0	2.5	5.6	0.8	0.7	0.3	7.0	6.8	5.8
	Arta	6.9	1.1	2.2	0.5	2.1	0.1	5.9	6.4	4.7
	Total	6.9	2.9	3.8	0.9	2.9	0.3	6.6	5.8	6.2

Monthly Household Expenditures

The majority of households in rural areas were found to have a high to very high share of expenditure on food, limiting their ability to meet other non-food needs. In February 2022, the highest proportion of households with high and very high food expenditure share was concentrated in rural areas, with Tadjourah (75 percent), Ali Sabieh (74 percent) and Dikhil (62 percent) on the top of the list. Households with high and very high expenditures on food are considered very vulnerable and consequently food insecure.

In urban areas, the highest number of households vulnerable to food price inflation was in Arta (36 percent), Tadjourah and Ali Sabieh (both 22 percent). The loss of employment due to the COVID-19 pandemic, the decline in the country's GDP growth from 2020 to 2021, global increase food price and the inflation has limited household possibility to generate income for covering their basic needs.

Table 7: Food expenditure shares

Livelihood	Region	Food expenditure share categories			
		<50%	50%-65%	65%-75%	>75%
Urban	Djibouti Centre	81%	11%	4%	3%
	Balbala	57%	26%	8%	9%
	Ali Sabieh	55%	23%	16%	6%
	Dikhil	65%	22%	6%	7%
	Tadjourah	53%	26%	9%	13%
	Obock	75%	17%		8%
	Arta	36%	28%	14%	22%
Rural	Ali Sabieh	8%	18%	22%	52%
	Dikhil	22%	16%	17%	45%
	Tadjourah	6%	19%	35%	40%
	Obock	28%	35%	16%	21%
	Arta	22%	32%	10%	37%

Income and Livelihoods



In the FSNMS, households were asked about their different sources of income over the last three months preceding the survey. Urban households reported to have more diverse income sources (7-19 percent have more than one source of income) compared to rural households heavily relying on one source of income (Table 8). Rural households are therefore more vulnerable to income shocks, unemployment, price inflation, and drought.

Overall, households reported that the first important, second and third most important income source in urban livelihoods were wage employment (39-62 percent), petty trade (10-44 percent), and casual labour (9-27 percent). The high share of wage employment is not surprising given that employment in the public sector accounts for about half of the total formal employment.

Table 8: number of income sources

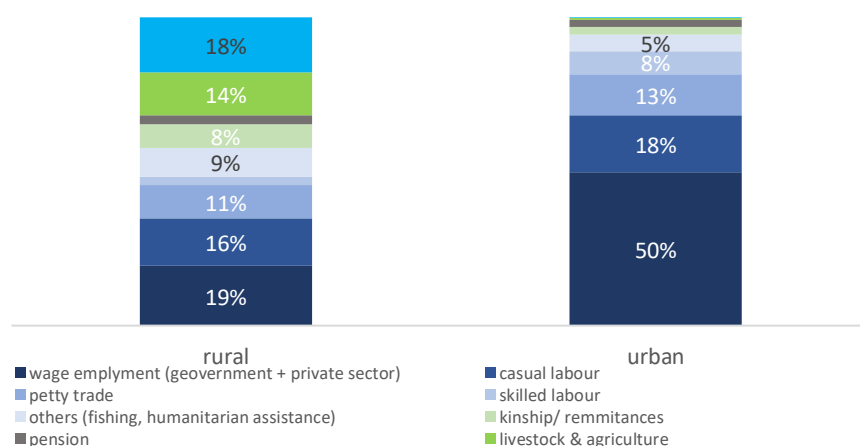
Livelihood	Region	1 source	2 sources
Urban	Djibouti Centre	81%	19%
	Balbala	86%	14%
	Ali Sabieh	93%	7%
	Dikhil	86%	14%
	Tadjourah	88%	12%
	Obock	84%	16%
	Arta	89%	11%
Rural	Ali Sabieh	100%	0%
	Dikhil	95%	5%
	Tadjourah	85%	15%
	Obock	97%	3%
	Arta	81%	19%

Casual labour, lacking predictability and durability and hence subjected to economic shocks, is predominantly in Ali Sabieh rural (34 percent), Balabala (24 percent) and Arta urban (27 percent). Obock rural (49 percent) and Arta rural (21 percent) have the highest dependance on livestock and livestock product sales. Sale of natural resource products (charcoal and poles/ firewood), was mainly reported in rural areas, highest in Ali Sabieh (29 percent), Dikhil (28 percent) and Obock (20 percent). In urban areas the most dominant livelihood is wage labor (50 percent).

Table 9: Income/ livelihood sources

Livelihood	Region	Wage labour (private/ government sector)	Casual labour	Petty trade/ trader/ shop owner/ street vendors	Sale of firewood/poles, charcoal, grass,	Kinship/gifts from family friends/remittances	Sale of livestock, livestock products, fish	Agriculture and sale of cereals, vegetables and other	Borrowing/ begging
Urban	Djibouti Centre	52%	17%	26%	1%	5%	0%		
	Balbala	52%	24%	19%	2%	2%	2%	0%	
	Ali Sabieh	39%	19%	37%	0%	6%	0%	0%	
	Dikhil	50%	19%	23%	6%	0%	1%	0%	1%
	Tadjourah	60%	14%	19%	1%	6%	0%		
	Obock	38%	9%	44%	0%	1%	8%	1%	0%
	Arta	62%	27%	10%	0%	1%	0%	0%	1%
Rural	Tadjourah	24%	19%	27%	9%	10%	10%		
	Dikhil	31%	10%	17%	28%	9%	4%	2%	0%
	Obock	6%	1%	9%	20%	12%	49%	1%	1%
	Arta	29%	19%	18%	5%	5%	21%	1%	1%
	Ali Sabieh	11%	34%	13%	29%	6%	2%	6%	

Fig. 12: main livelihood sources



Only 14% of rural households reported that livestock and agriculture as their main source of income. In comparison with 2020, households' reliance on livestock and agriculture decreased by 10% in rural areas. The drought conditions and lack of surface water sources for vegetable farming coupled with economic downturn caused by COVID-19 can be the main reason of this decrease.

Income poverty increased slightly in Djibouti city since 2017 – from 14 to 16 percent and in line with the pace of inflation and the limited growth on the GDP. The majority of the households had only one member with an income in the six months preceding the assessment, disproportionately more in rural areas (95 percent) compared to urban areas (88 percent). Djibouti city had the highest proportion of households with more than one earning member (12-18 percent), reflecting more income earning opportunities compared to other regions.

Overall, households' income had decreased in the last six months, with the highest decrease in rural areas of Arta (15.2 percent), Dikhil (14.3 percent) and Ali Sabieh (12.7 percent). Access to credit services is more developed in urban areas, with the highest availability of services in Obock and Tadjourah urban. The COVID-19 pandemic's impacts and the lack of employment opportunities were the most cited constraints to earning an income while drought was the predominant constraint in rural areas, mainly in Ali Sabieh rural (27 percent).

Table 10: Income poverty

Region	% of income below the extreme income poverty line of 1.90 pp/pd (Urban)	% of income below the extreme income poverty line of 1.90 pp/pd (Rural)
Balbala	16%	
Djibouti Centre	16%	
Dikhil	27%	58%
Tadjourah	27%	52%
Ali Sabieh	30%	70%
Arta	32%	59%
Obock	40%	67%
Average	27%	61%

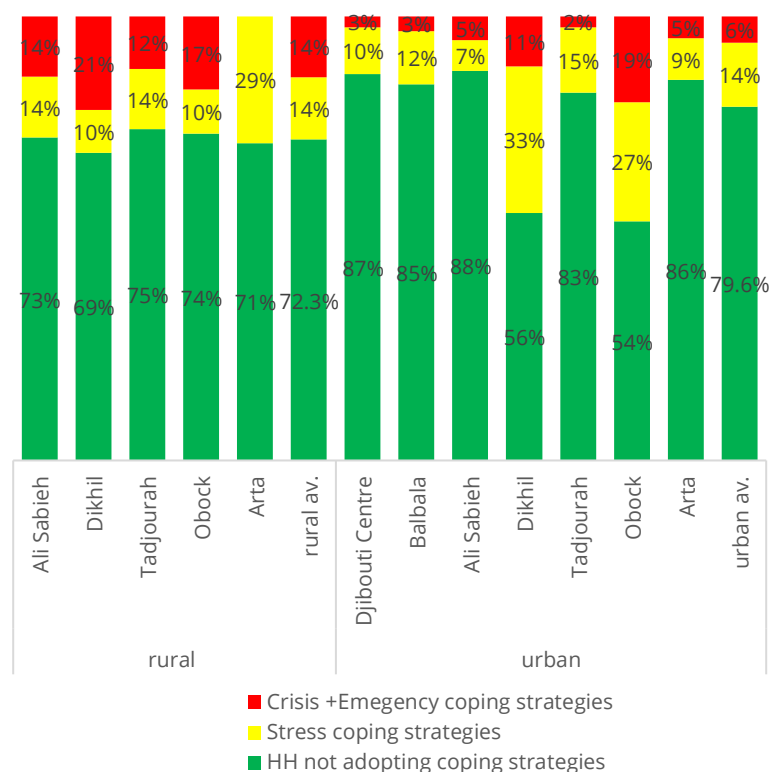


Livelihood-based Coping Strategies

On average, 14 percent of all rural households resorted to extreme livelihood coping strategies (crisis + emergency). This was 6 percent for urban households.

Borrowing money or food (debts) was the most prevalent livelihood coping strategy used by households – 18 percent in rural and 13 percent in urban areas. Involving in illegal activities linked to people smuggling to and from Yemen was reported as an extreme livelihood strategy in Obock urban (8.4 percent), and Dikhil rural (10,5 percent) given its geographical position between Djibouti and Ethiopia.

Fig. 13: Livelihood coping



Overall, in urban areas sale of household assets or spending of savings and sending HHs members to eat elsewhere was adopted by 3-4 percent of HHs as livelihood coping mechanism, while the adoption of the remaining strategies was minimal in urban (Table 10).

Table 10: Livelihood coping

livelihood	region	Sold household goods	Spent savings	Borrowed money / food (incur debts)	Sent household members eaten elsewhere	Sold productive assets or means of transport	Reduced essential non-food expenses such as education, health	Removed/ withdrew children from school	Sold house or plot of land	Engaged in illegal or risky income-generating activities (theft/prostitution)	Begged and/ scavenged (asked strangers for money/food)
urban	Djibouti Centre	3%	2%	8%	3%		2%	0.4%			0.4%
	Balbala		0%	12%	2%	1%	0%	0.8%		0.4%	0.4%
	Ali Sabieh		3%	8%	2%		3%		0.8%		1.5%
	Dikhil	3%	7%	23%	9%		4%	6.3%		0.9%	0.9%
	Tadjourah	11%	7%	1%	2%		1%			2.5%	0.8%
	Obock	4%	8%	36%	8%	5%	7%	4.2%	7.6%	8.4%	8.4%
	Arta	1%	1%	11%	3%		2%	0.6%	1.2%	0.6%	1.9%
av. Urban		3%	3%	13%	4%	1%	2%	1.4%	1.1%	1.4%	1.7%
rural	Ali Sabieh	1%		18%	10%	5%	1%			1.8%	6.4%
	Dikhil	9%	6%	23%	5%	8%	6%	4.5%	0.8%	10.5%	
	Tadjourah	14%	3%	10%	8%	5%	8%	0.8%		4.2%	7.6%
	Obock	2%	7%	13%	7%	7%	8%	0.8%	2.5%	4.1%	3.3%
	Arta			28%	6%						
av. Rural		6%	3%	18%	7%	6%	5%	1.4%	0.7%	4.6%	3.6%

Reduced Coping Strategies

Precarious food security situation in the face of shocks pushes households to resort to multiple coping strategies, depending on households' vulnerability level. The reduced coping strategy index computes the frequency and severity of five standard food consumption behaviors into a score which is an indicator of households' food access or food security status.

Overall, 40.8 percent and 28.6 percent of rural and urban households in Djibouti adopted one or more food-based coping strategies in the seven days prior to the survey. The highest percentage of households that used food coping strategies in rural livelihoods was in Dikhil (63 percentage), Arta (52 percentage) and Obock (50 percentage). In urban areas, this percentage was the highest in Obock (71 percent), followed by Dikhil (64 percent). Mean rCSI showed similar trends across the regions.

Table 11: Livelihood coping

region	HH adopted reduced coping strategy (urban)	HH adopted reduced coping strategy (rural)
Djibouti Centre	20%	
Balbala	19%	
Ali Sabieh	19%	21%
Dikhil	64%	63%
Tadjourah	5%	17%
Obock	71%	50%
Arta	29%	52%
average	29%	41%

Among the food-based coping strategies adopted, the majority relied on less preferred and/or less expensive food, with the highest percentage adopted rural areas (38 percent) compared to urban (23 percent). Consumption of less preferred food was the highest in Obock (68 percent in urban and 60 percent rural), Dikhil (59 percent in urban and 60 percent in rural), and Arta rural (51 percent).

Borrowing food was also the highest in Obock urban (41 percent). In urban areas, the majority of households adopted one or two predominant food coping strategies while in the rural areas the adoption of the five strategies was evenly distributed (Table 12). The food insecurity is reflected in the severity of household coping strategies adopted, i.e. the more coping strategies adopted, the higher the food insecurity of the household.

Table 12: Livelihood coping

		Consume less preferred or less expensive	Borrow food or depend on help from relatives or	Decrease the amount of food during meals	Reduce the quantities consumed by adults /	Reduce the number of meals eaten in 1 day
urban	Djibouti Centre	11%	4%	8%	5%	4%
	Balbala	6%	7%	12%	2%	2%
	Ali Sabieh	17%	4%	5%	2%	2%
	Dikhil	59%	20%	11%	3%	3%
	Tadjourah	2%	3%	5%	2%	2%
	Obock	68%	41%	26%	22%	20%
	Arta	28%	7%	8%	4%	3%
av. Urban		23%	10%	10%	5%	5%
rural	Ali Sabieh	20%	15%	15%	15%	13%
	Dikhil	60%	20%	20%	9%	10%
	Tadjourah	11%	10%	13%	8%	9%
	Obock	50%	24%	25%	23%	18%
	Arta	51%	30%	22%	6%	8%
av. Rural		38%	19%	19%	13%	12%

Water, Sanitation and Hygiene (WASH)



In this FSMNS, three core WASH indicators were used to rank WASH severity, ranking from level 1 (normal) to level 3 (emergency). The final severity ranking was determined by calculating the average level from the three, with all parameters given equal weight: the indicators used were; **i. Water** – safe access to and use of an improved water source (borehole, tap stand, water yard) in less than 30 minutes walking distance as a main source of drinking water (composite indicator). **ii. Sanitation** – access to a latrine (private, shared, or communal/institutional). **iii. Health** – one or more household members affected by self-reported water or vector borne disease in the two weeks prior to the survey.

Overall, the WASH conditions are better in urban areas compared to rural areas. The WASH conditions in rural areas remains concerning, i.e. at crisis level. The quality of water, sanitation and hygiene services is key in preventing diseases, including waterborne diseases caused by the deprivation of drinking water.

Poor access to WASH services and goods combined with high levels of food insecurity has a detrimental impact on the health and nutrition of vulnerable households. Notably, the provision of fixed WASH infrastructure remains a major challenge in rural areas as some of the most vulnerable (pastoralists) are also nomadic, thinly spread across the country and are in constant seasonal migration.

According to the WFP, more than 50 percent of the rural households do not have access to basic drinking water services. About a third of these households use unsafe sources that do not meet minimum sanitary requirements (underground water/boreholes). Households with lowest access to an improved water source were in Tadjourah rural.

In urban areas, more than 90 percent of households with improved water sources have access to ONEAD, the national water agency, water. Most households do not treat water before drinking because in the city (Boulaos and Balbala) and in the urban district capitals, ONEAD provides already treated drinkable water.

Table 13: Water sources

livelihood	region	Running water (ONEAD interior connection)	Direct connection from borehole	ONEAD external connection	Public Tap	Tank	Borehole (well with pump)	Well (open/ traditional)	River / stream / rainwater run-off
Urban	Djibouti Centre	51%		48%	0%				
	Balbala	35%		62%	2%				
	Ali Sabieh	50%	1%	47%	2%				
	Dikhil	22%	1%	52%	25%				
	Tadjourah	69%	1%	16%	10%	2%	1%	1%	
	Obock	82%	1%	16%				1%	
	Arta	19%	7%	26%	40%	4%	4%		
	av. urban	45%	1%	41%	10%	1%	1%	0%	
Rural	Ali Sabieh	28%	5%	1%	13%		34%	19%	
	Dikhil	10%	20%	11%			41%	6%	11%
	Tadjourah	3%	19%	3%			21%	42%	3%
	Obock	2%	5%	14%			56%	22%	
	Arta		5%	6%	6%	20%	51%	5%	3%
	av. Rural	9%	12%	7%	3%	3%	40%	19%	4%

Except for Boulaos where a significant number of households (> 90 percent) have access to improved sanitation facilities, open defecation rates are very high – more than 80 percent in rural areas and 41-82 percent in urban areas (Table 14). The region with the highest rate of open defecation is Obock (99 percent in rural and 82 percent in urban).

Open defecation raises the risks of disease transmission in the process of handling faeces for those who do not use latrines.

Table 14: Sanitation

livelihood	region	HH Treat water before drinking	HH has access to water source	HH practices open defecation
Urban	Djibouti Centre	2%	93%	10%
	Balbala		90%	17%
	Ali Sabieh	2%	99%	56%
	Dikhil	1%	82%	41%
	Tadjourah	1%	98%	47%
	Obock	1%	99%	82%
	Arta	1%	99%	73%
	av. Urban	1%	94%	40%
Rural	Ali Sabieh	0%	75%	80%
	Dikhil	3%	58%	88%
	Tadjourah	3%	46%	88%
	Obock	3%	50%	99%
	Arta		66%	83%
	av. Rural	2%	58%	88%

Table 115: Access to water

livelihood	region	Water use-litres pp/day	Time (mins) to collect water from main
Urban	Djibouti Centre	24	6
	Balbala	29	12
	Ali Sabieh	21	2
	Dikhil	8	17
	Tadjourah	10	5
	Obock	6	1
	Arta	5	8
	average urban	18	7
Rural	Ali Sabieh	14	22
	Dikhil	7	21
	Tadjourah	6	23
	Obock	3	31
	Arta	4	26
	average rural	7	24

On average, daily per capita water use is acceptable in urban areas but significantly lower than the SPHERE standards of 15 liters pp/day in rural areas. There are variation in water access – higher than 20 liters/pp/day in Boulaos, and Ali Sabieh urban but lower or equal to 10 liters pp/day in the rest of urban centers.

The survey indicate that in rural areas, the households spend 21-31minutes of walking to collect water. The long water collection timing in these areas can be indicative of low pressures of water, long queues, few taps stands or long walking distance to water point.

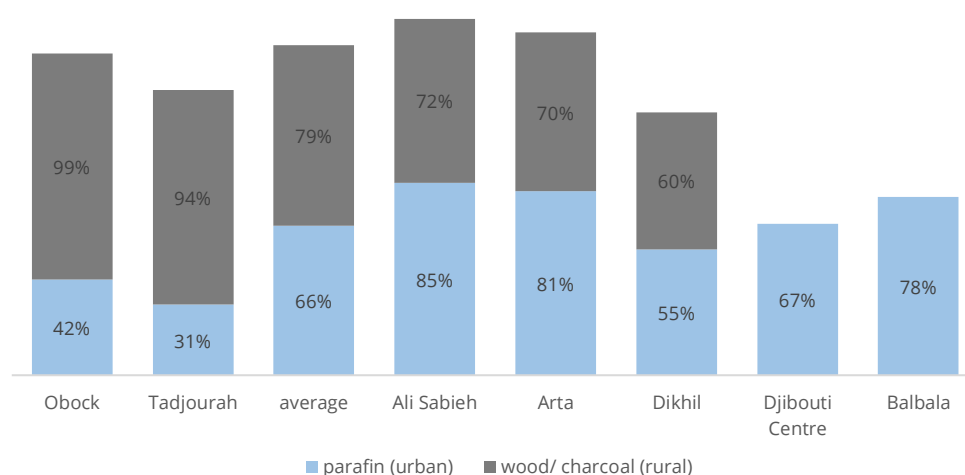
Housing and Fuel

The majority of houses in urban Djibouti are permanent with either block/brick or iron walls, iron roofed and cemented floor. In rural areas, houses have a more temporary structures, such as tukul and made of canvas. Tadjourah has about 70 percent of households made of tukul while Dikhil has about 39 percent of houses walled with cement blocks. Majority of rural houses have earthen floors (Fig. 14).

Fig. 14: Main housing material- walls

		cement blocks	bricks & wood	iron sheet, wood/ canvas	stones	baked bricks	toukoul / tent / kaôlo
Urban	Djibouti Centre	35%	21%	44%	1%		
	Balbala	30%	16%	53%			1%
	Ali Sabieh	62%	21%	12%	5%		
	Dikhil	84%	5%	11%			
	Tadjourah	71%	10%	17%			2%
	Obock	85%	13%	2%			
	Arta	38%	24%	25%	8%	2%	1%
Rural		52%	17%	29%	2%	0%	1%
	Ali Sabieh	1%	11%	10%	25%	1%	52%
	Dikhil	39%	3%	14%	6%		38%
	Tadjourah	19%	3%	3%	3%		70%
	Obock	1%	7%	27%		1%	64%
	Arta	14%	13%	22%	8%		43%
		16%	7%	15%	8%	0%	54%

Fig. 15: main source of cooking fuel



Paraffin is the main cooking fuel in urban areas while in rural its predominantly wood/charcoal. An exception is in Tadjourah where 52.3 percent of households use wood/ charcoal for cooking (Fig. 15)

The main Source of lighting in urban areas is electricity (74 percent), while in rural areas only 25 percent uses electricity as main source for lighting. Poor and food insecure households have no access to electricity given the limited availability and high price of electricity in Djibouti.

Nutrition Status Among Children Under 5 Years



Figure 16: GAM and MAM prevalence for children below 5 years by region



The results of the survey indicated a higher prevalence (5.4 percent) of Moderate acute malnutrition (MAM) among children below the age of 5 years living in the rural areas compared to those living in the urban settings (2.7 percent). As highlighted in Figure 12, the highest prevalence of MAM was observed in Ali Sabieh region for both urban (5.1 percent) and rural (17.4 percent) areas. Very low GAM rate of 1.8 percent was recorded in both rural and urban Obock with all the GAM cases being severe. For urban areas of Dikhil and Tadjourah, SAM prevalence was more than three times higher than the levels of MAM.

Nutrition Status Among Children Under 2 Years



Further analysis of the nutritional status among children below the age of 2 years showed higher prevalence rates of both GAM and MAM in rural areas compared to the urban. In rural Djibouti, 13.6 percent of children under the age of 2 years had MAM, with 2 out of 5 children living in Ali Sabieh being malnourished. For urban Djibouti, the highest prevalence of MAM was reported in Balbala (13.2 percent) followed by Dikhil (8.3 percent), Arta (6.9 percent) and Boulos (5.9 percent). For Tadjourah and Obock, MAM was absent in all the children included in the assessment albeit with Severe acute malnutrition detected in Tadjourah (7.1 percent). For all six regions, the prevalence of MAM was at 8.1 percent and GAM rate was found to be high at 12.7 percent.

Figure 17: GAM and MAM prevalence for children below 2 years by region



Food Consumption Score Nutrition

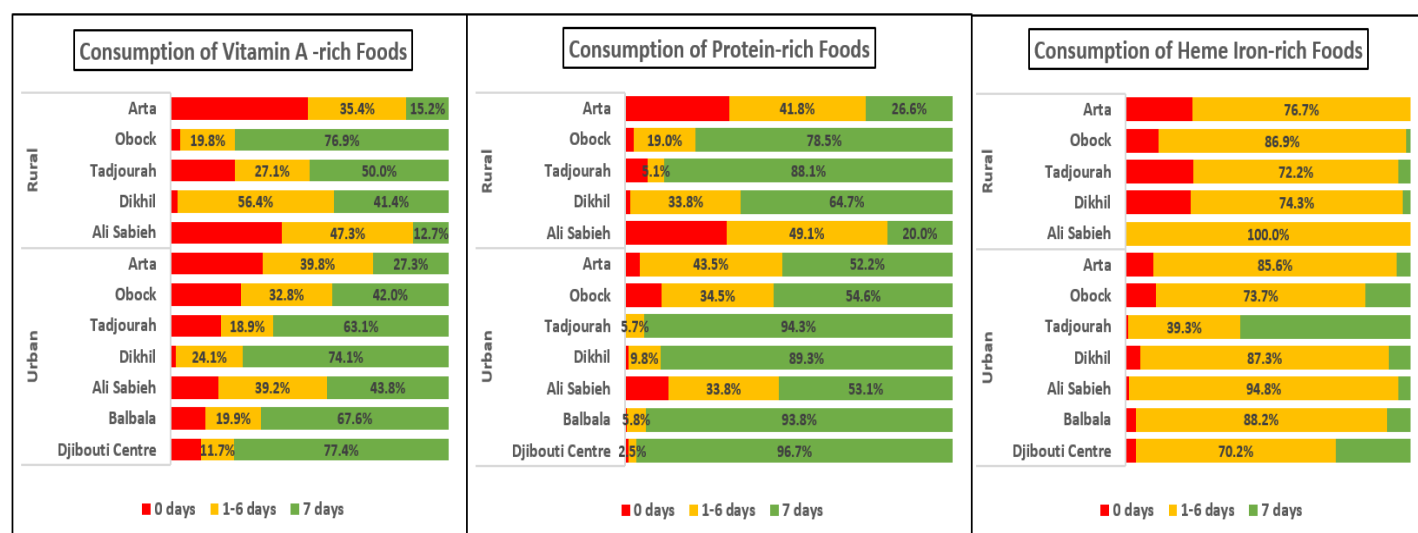


The food consumption score nutrition (FCS-N) was used as a proxy indicator to assess the level of food access for households in Djibouti focusing on consumption of protein, Vitamin A and Heme-Iron rich foods recommended for a good health and nutrition status.

More than half of households in urban Djibouti (58.6 percent) had access to Vitamin A rich foods daily for the 7 days preceding the survey. Additionally, more than 60 percent of the respondents from urban regions of Djibouti Boulos and Balbala, Dikhil and Tadjourah reported consuming vitamin A rich foods daily for the previous 7 days. Vitamin A is vital for improved immunity to fight against infections and especially for children below the age of 2 years for growth and development. However, 3 out of 10 respondents from urban Arta did not have access to vitamin A rich foods making them highly vulnerable to Vitamin A Deficiency associated with significant morbidity and preventable childhood blindness. In rural Djibouti, very low consumption of vitamin A rich foods was reported, with 49.4 percent and 40 percent of the respondents in Arta and Ali Sabieh, respectively, were unable to access Vitamin A rich food. In general, for all the respondents included in the assessment, 82 percent had access to Retinol rich foods at least once within the preceding 7 days.

However, intake of protein rich foods was relatively higher compared to the consumption of Vitamin A rich foods as more than 90 percent of the respondents from all the regions had access to protein rich foods within the preceding 7 days, with the exception of Ali Sabieh and Arta where protein intake, at least once within the past 7 days, was 78.7 percent and 86.7 percent, respectively. Animal source foods such as dairy, meat, fish and eggs have been found to be good sources of bioavailable protein that is essential for proper growth and development. In rural areas, one of the factors that limits access to markets. Close to 70 percent of rural localities are not accessible by paved road and 5 percent of them only by bush road. Isolation is perceived by 70 percent of the communities as a considerable obstacle for physical access to markets with consequences on the frequency and diversity of household food consumption.

Figure 18: Consumption of Micronutrients Urban vs. Rural areas



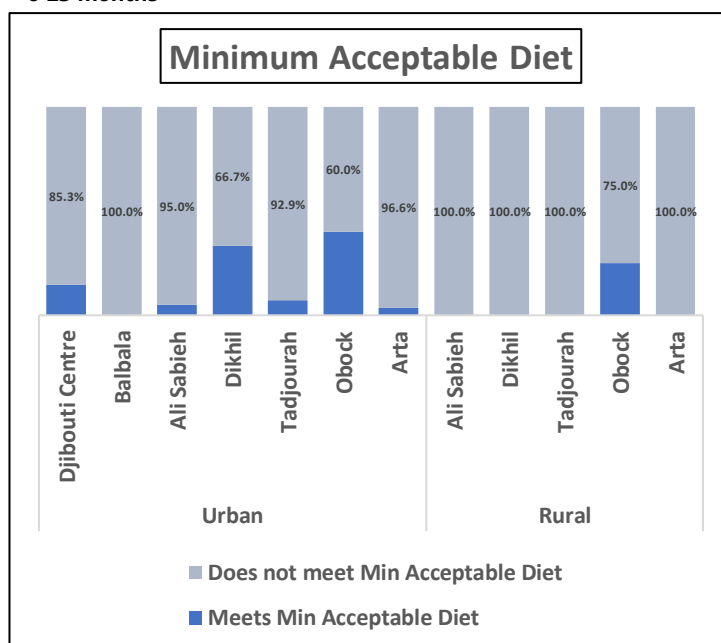
Minimum Acceptable Diet



MAD is a composite indicator that assesses both the quantity and the quality of diet among children below the age of 2 years. For optimal growth and nutrition, consumption of foods from different food groups in the right proportions is important in addition to continued breastfeeding, especially in children 6-24 months.

Significant disparities exist between rural and urban areas as only 1.7 percent and 11 percent of children met the MAD. For rural Djibouti, only Obock was found to have children meeting the MAD as shown in Figure 14. Diets low in quality and quantity among children 6-23 months can have negative impacts on their nutrition status, brain development, growth and compromise their immunity in fighting infections.

Figure 19: Minimum Acceptable Diet by region for children aged 6-23 months



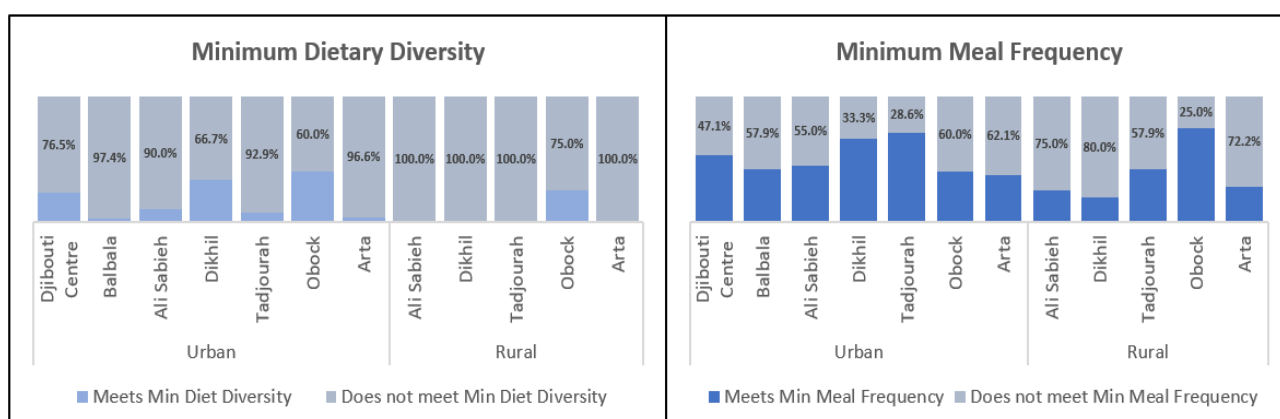
Minimum Dietary Diversity (MDD) & Minimum Meal Frequency (MMF)



Results of the MDD show that only 10.9 percent of children consumed foods from at least 5 food groups as recommended by WHO. As with MAD, intake of diversified diet was lower in rural (1.7 percent) compared to urban (14.2 percent) with all children from rural areas of Ali Sabieh, Dikhil, Tadjourah and Arta not meeting MDD. Consuming foods from different food groups provides the body with a range of key vitamins and minerals which prevent the development of health conditions that can be avoided.

The minimum meal frequency (MMF) assesses the quantity of food that a child is fed in the previous 24 hours. While only a small proportion of children included in the analysis met MDD, close to half (44.5 percent) were found to consume foods in the right quantities signifying adequate intake of non-diversified diet thereby limiting access to specific micronutrients. From the results, urban areas of Djibouti performed better (48.1 percent) than the rural areas (34.5 percent) with reference to the proportion of children meeting MMF.

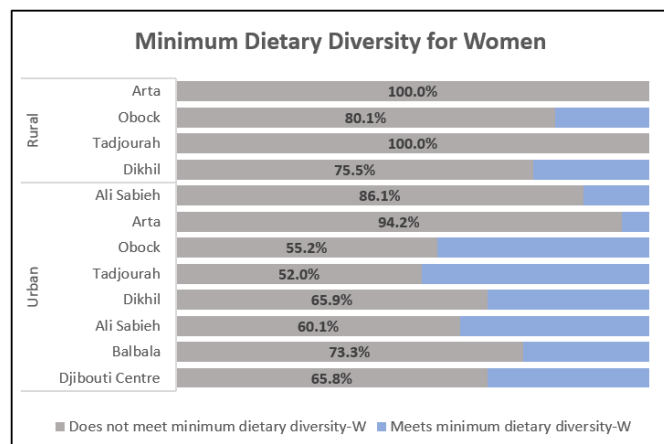
Figure 20: Minimum Dietary Diversity and Minimum Meal Frequency by region for children aged 6-23 months



Milk Feeds among Children under2 & Minimum Dietary Diversity for Women (MDD-W)



Figure 21: Minimum Dietary Diversity for Women by region



For non-breastfed children, only 25.9 percent received the recommended minimum of 2 milk feeds within the previous 24 hours, with the rural areas posting a lower proportion (12.1 percent) compared to the urban areas (30.9 percent).

The Minimum Dietary diversity assessment for women focuses on nutrient intake among women aged 15-49 years. Close to 3 out of every 4 women in Djibouti were not consuming a diverse diet which predisposed them to micronutrient deficiencies including iron deficiency anaemia.

More women from rural Djibouti (86.2 percent) compared to urban (68.3 percent) are not able to meet MDD. All the women from rural Tadjourah and Arta did not meet MDD. These indicators also demonstrate the inadequacy of children's diets which may be due to low food availability and low access to food, but potentially lack of adequate knowledge of nutritious diets.

Nutrition Status among Women of Reproductive Age (WRA) & Pregnant and Lactating Women (PLW)



Rapid assessment of nutrition status among women of reproductive age (15-49 year) and pregnant and lactating women was done with MUAC. Maternal malnutrition is linked to the development of malnutrition in children as elaborated in the intergenerational cycle of malnutrition. The proportion of WRA with a MUAC of below 210mm in Djibouti was 18.6 percent as more women from rural (23.1 percent) than urban (16.7 percent) were found to be malnourished. For PLW, the prevalence of malnutrition in rural Djibouti was 0.8 percent higher than in urban areas, where 7.4 percent of the group was malnourished. However, all PLW from Tadjourah region and Balbala were found to have a good nutrition status based on MUAC with the overall prevalence of malnutrition among PLW in Djibouti standing at 7.6 percent.

Figure 22: Prevalence of malnutrition among Women 15-49 Years by Region

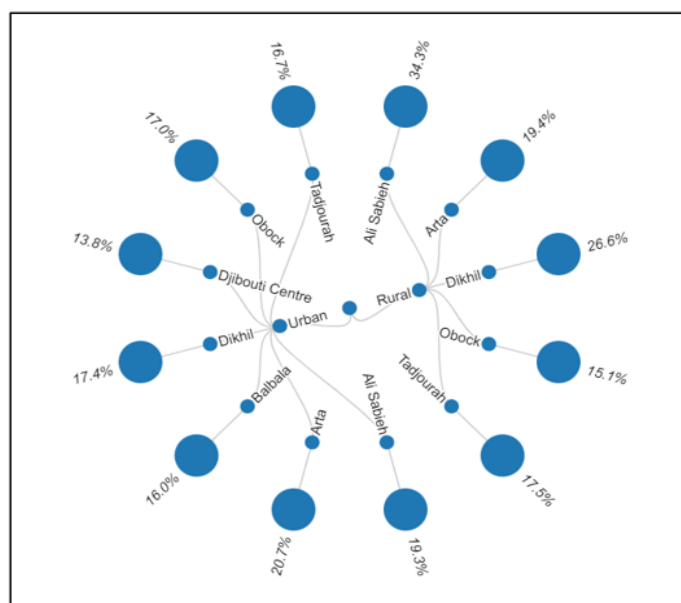
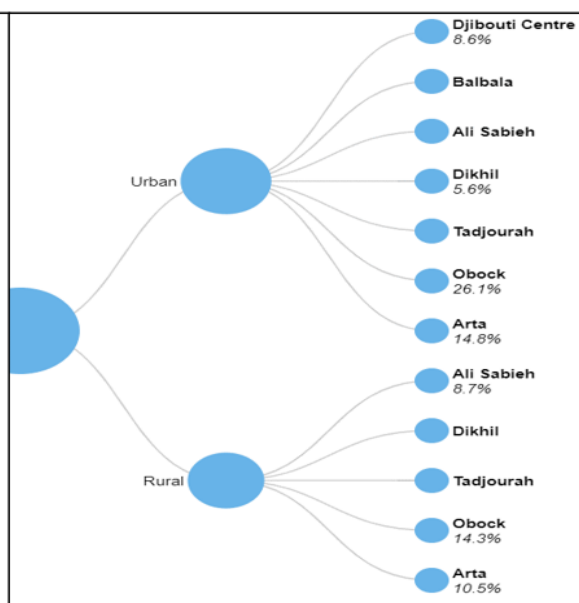


Figure 23: Prevalence of Malnutrition among Pregnant & Lactating women



Recommendations

Food security

- Humanitarian assistance should be sustained to avert the continued acute food insecurity conditions in most regions of the country, particularly in rural areas.
- Special attention needs to be given to the extremely vulnerable households such as households headed by disabled, and households without sustainable livelihoods. Sustainable support can be ensured through and under the national safety net programmes.
- To address the protracted food consumption gap of households, increased investments in livelihoods and market support are needed.

Nutrition intervention

- There is a need to sustain the current nutrition treatment programmes (Targeted Supplementary Feeding Programme) and scale this up to locations where coverage is limited.
- Given the high rates of malnutrition, particularly in rural area, malnutrition prevention programmes should be put in place to ensure malnutrition do not escalate beyond normal trends.
- Given that some malnutrition is caused by poor water, sanitation and child feeding practices, there is need to address the underlying causes of malnutrition and to strengthen the nutrition programmes associated with these causes.
- The quality and scope of programme monitoring, and Food Security and Nutrition Survey's should be strengthened to ensure the nutrition situation in counties where the nutrition situation is critical and projected to deteriorate are timely monitored.

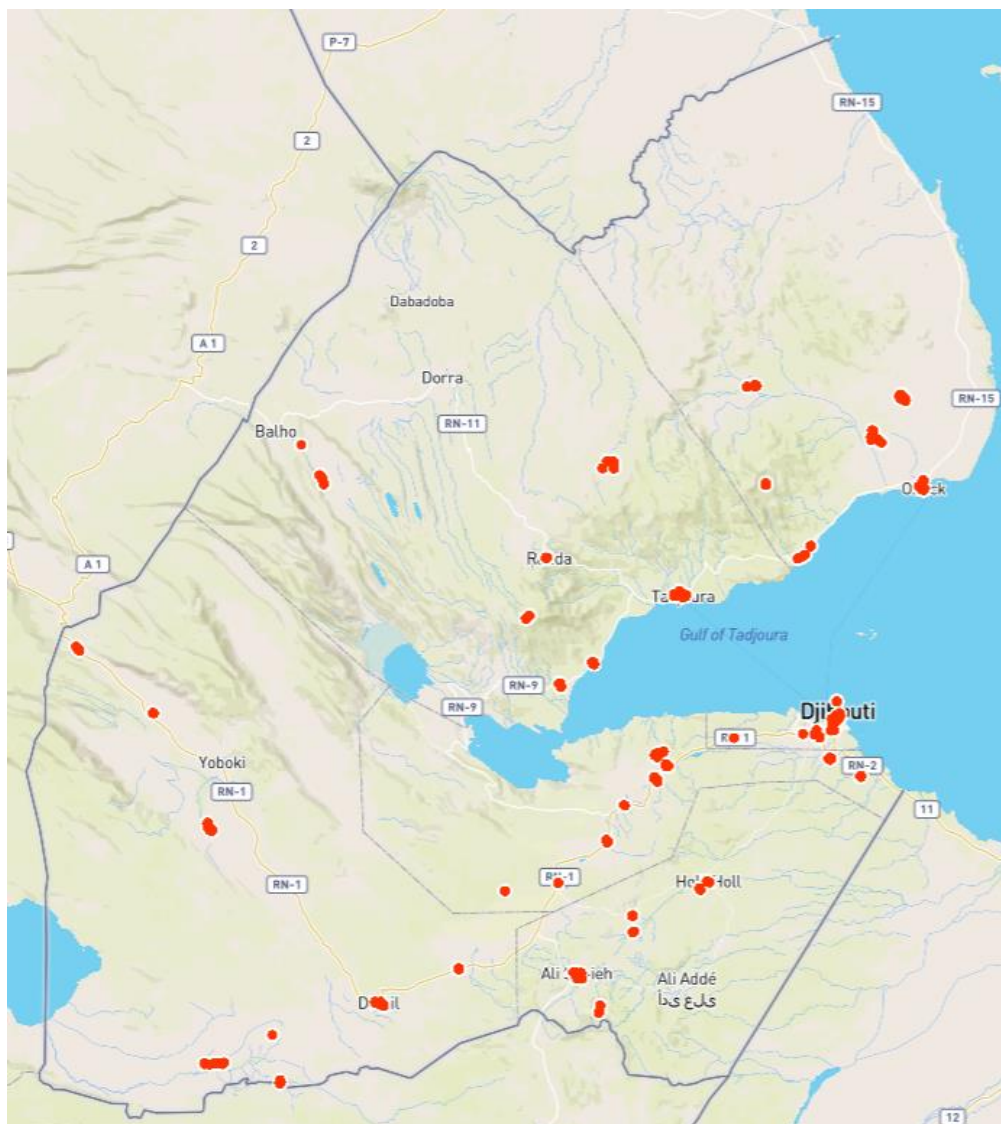
WASH

- To address the weak coverage of water and sanitation services and its detrimental impact on malnutrition and diseases, agencies involved in the WASH sector need to scale-up the provision of these services to the most vulnerable segment of the population.

Resilience building to mitigate shocks

- The humanitarian and development community and the Government of Djibouti need to support communities to reduce rural poverty and mitigate the impact of shocks by implementing resilience building programmes complemented with comprehensive accompanying measures to create employment opportunities.

Annexes I – FSNMS data collection points



Annexes II - Extract of WFP Post Distribution Monitoring report (PDM, December 2021) on WFP's supported refugee activity

In 2021, WFP provided food assistance to 20,516 refugees to meet their basic needs.

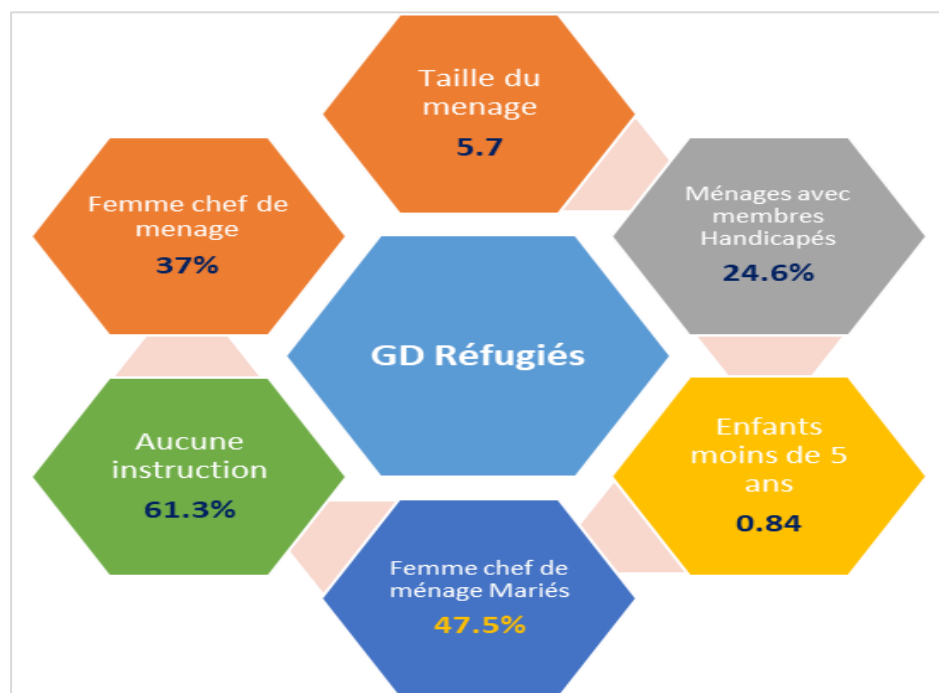
Refugees living in the Ali Addeh and Holl Holl settlements benefit from a combined assistance of in-kind food and direct cash transfers.

Refugees living in the Markazi settlement receive assistance through the provision of e-vouchers (Scope Card).

Assessment sample size : 445 households were interviewed out of a sample of 450, randomly selected from the three refugee settlements.

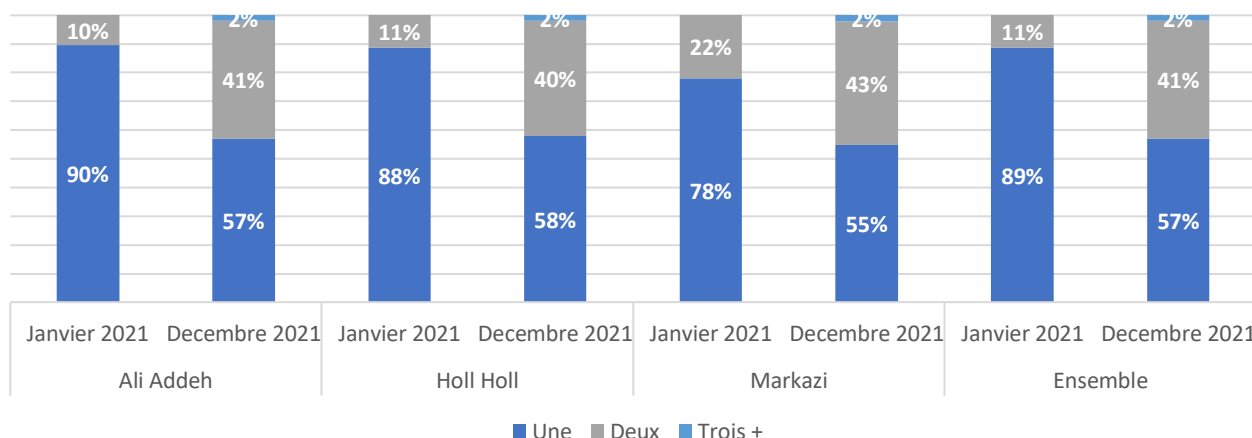
Among the 445 households, 148 households were from Ali Addeh settlement, 151 households are from Holl-Holl settlement and 146 households are from Markazi settlement. A quarter of the households surveyed were headed by women and the average household size was around 5.7. Households with disabled members represented 24.6 percent of the interviewed households.

Socio-demographic profiles of refugees



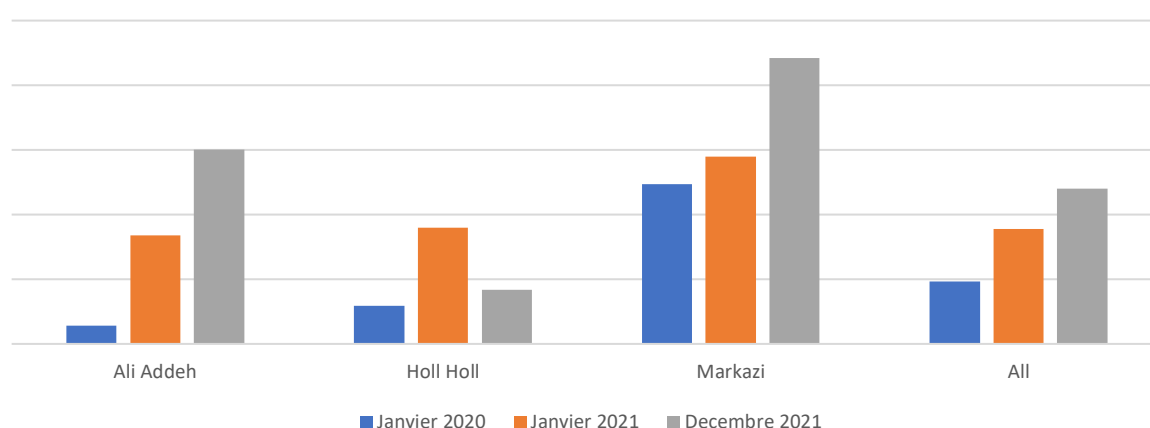
Source of income: The analysis shows that the primary source of household income remained the food assistance provided by WFP. 60 percent of households in Ali Addeh, 88 percent in Markazi and 58 percent in Holl-Holl declared food assistance as their main source of income. Casual labour is the second source of income in Holl-Holl (40 percent) and Ali Addeh (19.6 percent).

Tendances du profil de source de revenu des menages refugies
2020 - 2021



Food assistance dependency: Dependency on humanitarian assistance has increased since January 2020 due to an economic context worsened by the COVID-19 pandemic and/or donors directing their funds to other crisis countries. The dependency is furthermore exacerbated by high price and loss and/or lack of employment opportunities.

Tendances de la dépendance à l'assistance humanitaire



Gender, Protection and Accountability: According to the PDM survey, 100 percent of households in Ali Addeh, 99.3 percent in Holl-Holl and 93.2 percent in Markazi reported that the received assistance did not cause conflict within the household nor within communities.

The conflict situation within the household seems to be improving and gradually disappearing, from 14 percent in January 2020 to less than 5 percent on average in December 2021.

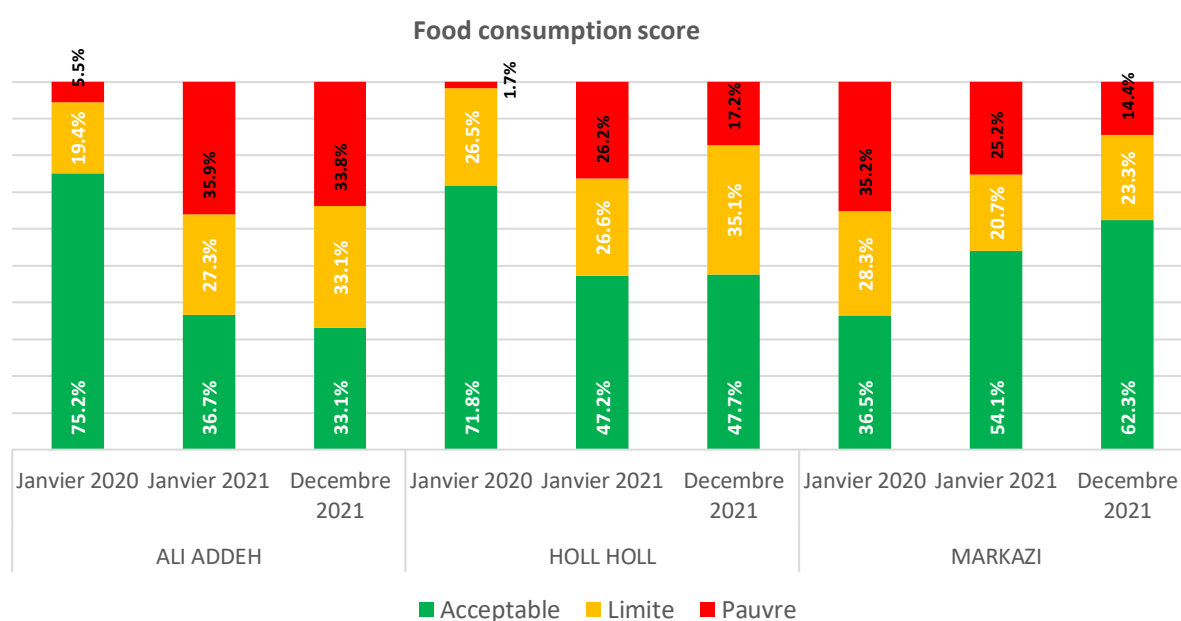
Women play a key role in decision-making on the use of humanitarian assistance: for 88.5 percent of households in Ali Addeh, 75.5 percent in Holl-Holl and 65.5 percent in Markazi, women are the only decision-makers. In Markazi, the involvement of men in decision-making is still very high, in line with the cultural norms.

Awareness: 63 percent and 77 percent of the refugees living respectively in the Ali Addeh and Holl-Holl settlements are well informed about their entitlements, while those in Markazi (17 percent) were not aware of the transfer values received through SCOPE Card. The analysis highlights the need to organize more information or awareness sessions for Markazi refugees on the use of the SCOPE card, the transfer value, the redemption options, and the availability of a feedback and response mechanism.

Results

The quality of food and the caloric intake has increased in all refugee settlements since January 2020, except in Ali Addeh camp where it was slightly worsened. However, the analysis shows a decrease in the food consumption score between January 2020 and January 2021.

The graph below shows that borderline and poor food consumption represent 66.9 percent in Ali Addeh, 52.3 percent in Holl-Holl and 37.7 percent in Markazi. These results indicate a level of severe food insecurity in the refugee camps. This drop in the food consumption score can partly be explained by the loss of the second source of income by households due to COVID-19, where informal jobs have been severely affected, in addition to the surge in food prices.



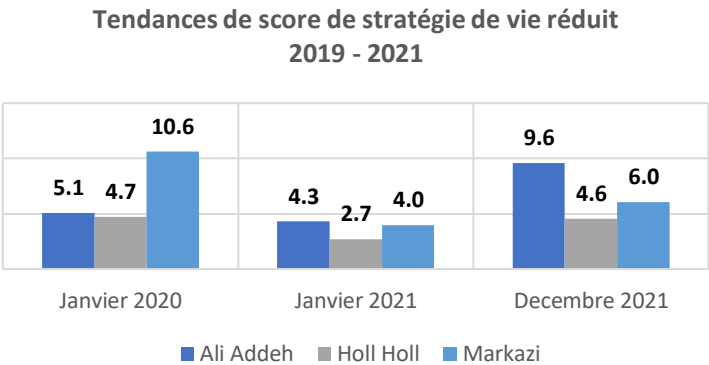
Dietary diversity and its frequency is greater among Markazi refugees who consume all food groups but less often vegetables (2 days out of 7) and fruits (1 day out of 7). These are foods rich in Vitamin A (58 percent) and Protein (83 percent). On the other hand, refugee households in the southern camps tend to consume only protein-rich foods (58 percent in Ali Addeh and 64 percent in Holl-Holl).

In December 2021, 44.7 percent of households with an acceptable food consumption score were male-headed households in Ali Addeh, compared to only 13 percent for those headed by women. For the Holl-Holl settlement, 49.5 percent of households with an acceptable consumption score were headed by men, compared to 44.5 percent headed by women.

In the Markazi settlement, more than 6 out of 10 households have an acceptable consumption score regardless of the sex of the household head. Only 21 percent of the households headed by men have a poor consumption score in Markazi (most of them being single households), compared to 10.1 percent of households headed by women. These results show the impact of the e-voucher modality in Markazi, whereby households can use their SCOPE card to purchase a variety of food items in WFP-contracted retailers, according to their preference.

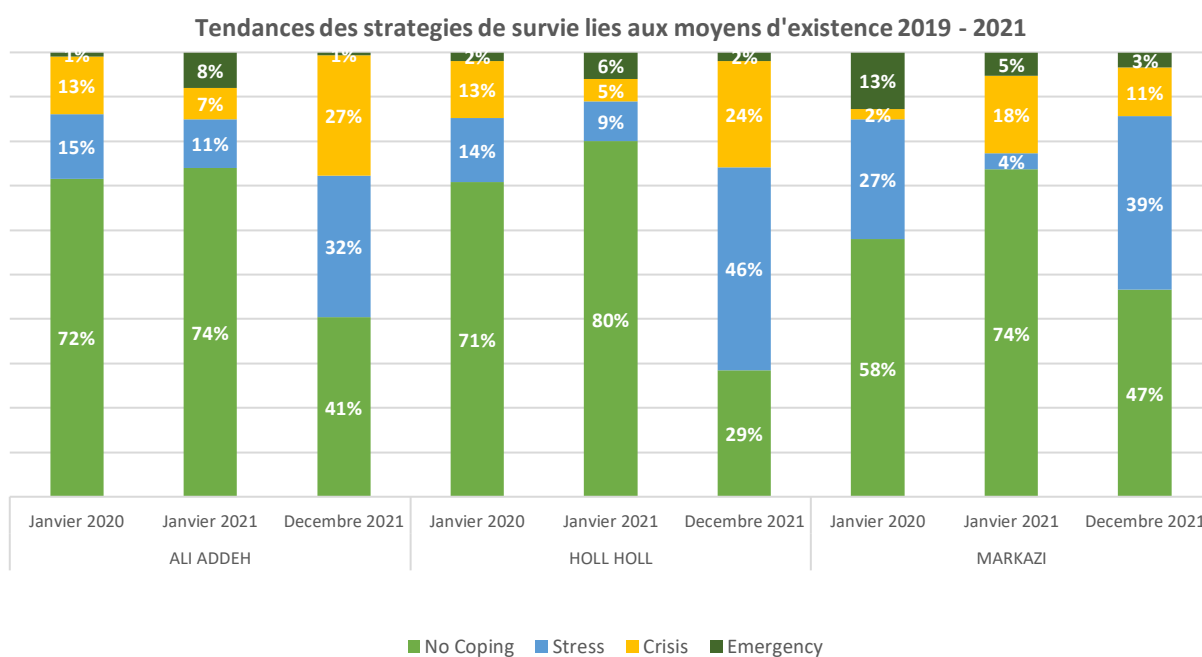
During the week preceding the survey, more than 2/3 of the refugee households resorted to a food survival strategy.

The coping strategies that households have resorted included the reduction of meals (37.5 percent) and buying less preferred foods (17.9 percent).



Compared to last year, refugee households were more likely to use coping strategies, an increase from 25 to 63 percent. This increase is reflected in a high proportion of households having used stress (+28 percent) and crisis (+15 percent) coping strategies.

Most of these households depend on food assistance and face unfavourable employment conditions. According to the World Bank's Post-COVID survey conducted in February 2021, "refugees were already less likely to be employed before COVID-19, and are more likely to lose their jobs during the pandemic, and don't show the same signs recovery as the nationals".



Compared to last year, refugee households in the three settlements resorted more to negative strategies, such as borrowing money or food, selling household goods, sending household members to eat somewhere else, which all indicate not only a reduced ability to cope with the food deficit they have faced, but also a probable inability to cope with future shocks due to reduced resources or increased debt.

Acronyms

COVID-19:	Coronavirus disease of 2019
CPI:	Consumer Price Index
EA:	Enumeration Area
FAO:	Food and Agriculture Organization of the United Nations
FSC:	Food Consumption Score
FSC-N:	Food Consumption Score Nutrition
FSNMS:	Food Security and Nutrition Monitoring System
GAM:	Global Acute Malnutrition
GDP:	Gross Domestic Product
HDDS:	Household Dietary Diversity
HH:	Household
INSTAD:	L'Institut National de la Statistique de Djibouti
LCS:	Livelihood Coping Strategies
MAD:	Minimum Acceptable Diet
MAM:	Moderate Acute Malnutrition
MDD:	Minimum Dietary Diversity
MDD-W:	Minimum Dietary Diversity for Women
MMF:	Minimum Meal Frequency
NDVI:	Normalized Difference Vegetation Index
ONEAD:	National Office for Water and Sanitation
PCA:	Principal Component Analysis
PLW :	Pregnant and Lactating Women
PP:	Per Capita
RAM:	Research Assessment and Monitoring
rCSI:	reduced Coping Strategies Index
SAM:	Severe Acute Malnutrition
SST:	Sea Surface Temperatures
TLU:	Total Livestock Units
WASH:	Water, Sanitation and Hygiene
WFP RBN:	Regional Bureau Nairobi (WFP)
WFP:	World Food Programme
WRA:	Nutrition Status among Women of Reproductive Age

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