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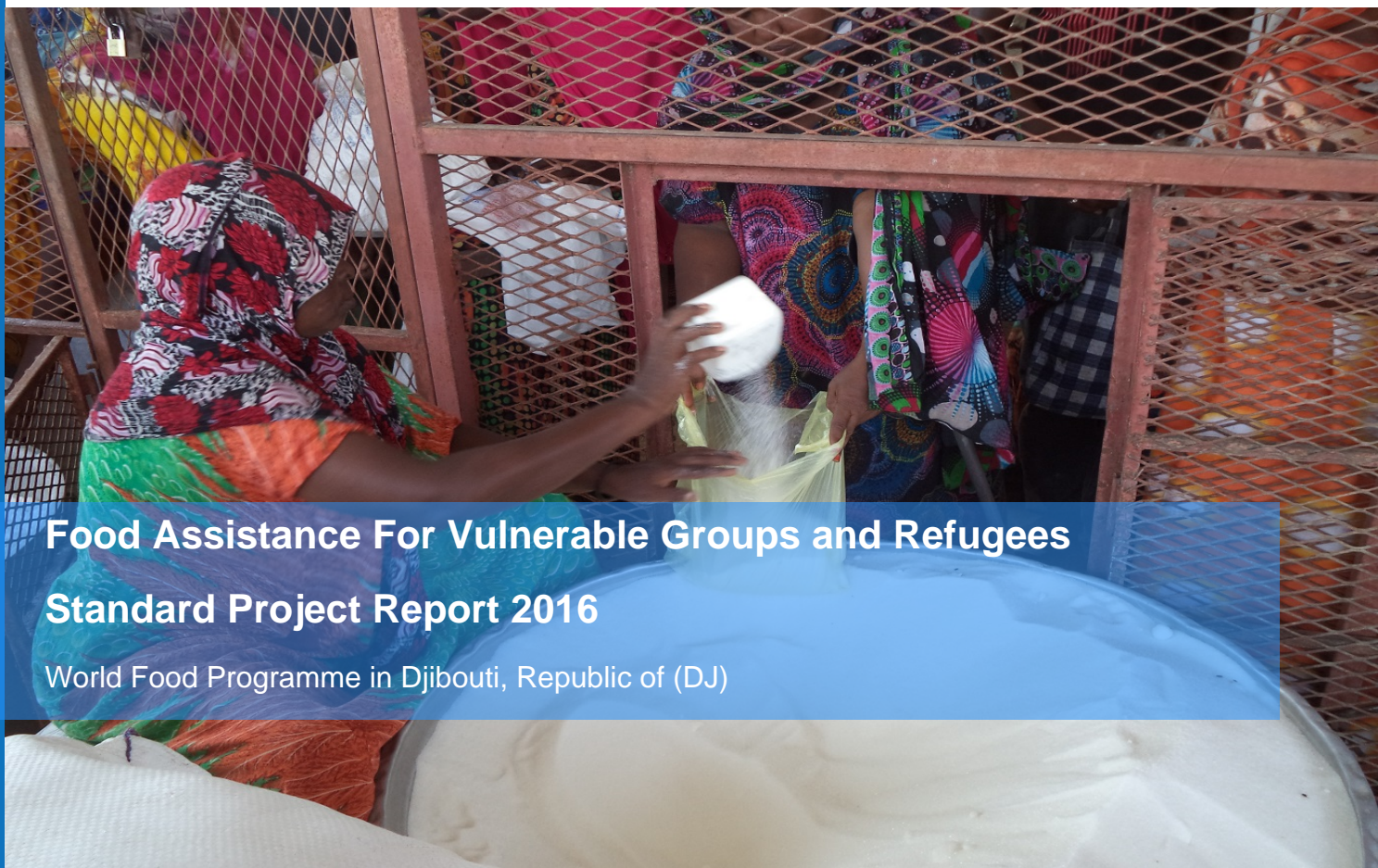
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<http://www.wfp.org/countries>
SPR Reading Guidance



Food Assistance For Vulnerable Groups and Refugees
Standard Project Report 2016

World Food Programme in Djibouti, Republic of (DJ)



World Food Programme

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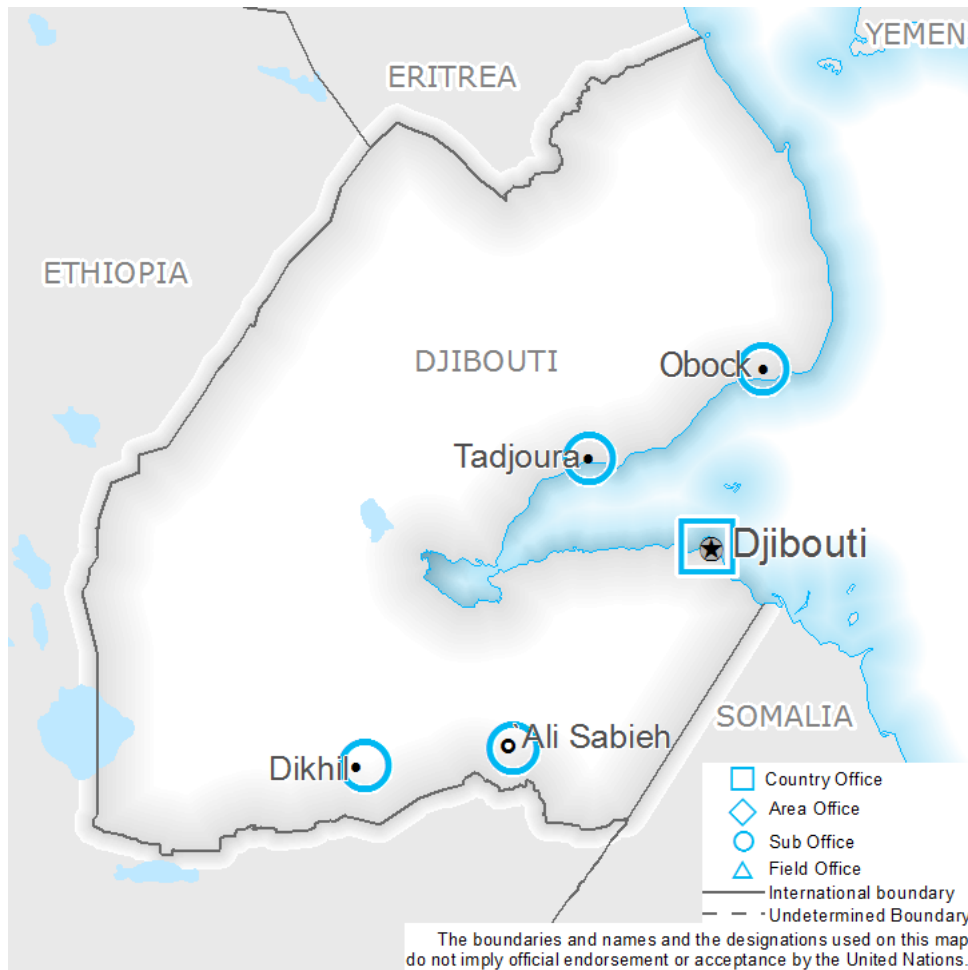
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Country Context and WFP Objectives



Country Context

Djibouti is a tiny country located in the Horn of Africa, and according to the national statistics entity, home to a total of 939,298 inhabitants, of which 60 percent are concentrated in the capital city of Djibouti. Ranked 168 out of 188 countries according to the 2015 UNDP Human Development Index, Djibouti is identified as a lower middle income and food deficit country with an economy dominated by the secondary sector while the primary sector represents only 3 percent of the gross domestic product. Despite recent economic growth, relative poverty is estimated at 79 percent, with higher rates (83 percent) in rural areas, while 42 percent of its population live in extreme poverty. The human inequality coefficient stands at 33.7 percent.

Relatively stable politically, the country had a peaceful presidential election process in April. Moreover, Djibouti has been hosting refugees from neighboring 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 fleeing hostilities in their country of origin since early 2015. According to the United Nations High Commissioner for Refugees (UNHCR), since the crisis in Yemen started, a total of 35,862 people of mixed nationalities had arrived in Djibouti by October 2016. Despite the ongoing conflict in Yemen, UNHCR has not reported any new influx of refugees in recent months. Moreover, from March 2016, some families returned to Yemen, mostly those originating from the Bab el Mandeb region. The returns seemed to be triggered by two main causes: improved security and safety situation in the area of origin and forthcoming climate-related hardships in Djibouti during the period from June until September. The social unrest in Ethiopia has brought asylum seekers of the Oromo group from Ethiopia to the Ali-Addeh camp, and though their status is yet to be confirmed by the Government of Djibouti, their presence has increased the numbers of people in need of humanitarian assistance.

Overall, according to UNHCR, as of October 2016, Djibouti counted 21,116 refugees of which 19,600 were living in camps.

With less than 1,000 km² of arable land (0.04 percent of 23,200 km²) and an average annual rainfall of 5.1 inches, the climate is hot, dry, and desert-like thus impairing agricultural production. Domestic production accounts for just 10 percent of food needs, with imports covering the remaining 90 percent; hence any variation in international food prices has a considerable impact on the poorest segment of the population, who spend 77 percent of their household budget on food.

The disparities between men and women remain significant, particularly in terms of access to land, work and other properties. Agricultural production remains a sector predominantly controlled by men.

The above-mentioned facts, combined with recurrent droughts due to climate change resulting in insufficient access to water for agro-pastoral activities, strongly contribute to food insecurity. Structural poverty, inadequate provision of safety-nets and lack of basic services such as health, education, and water and sanitation further exacerbate the already limited coping opportunities. These factors coupled with stresses from the influx of refugees and an impaired access to markets in rural areas have eroded resilience and reduced the population's ability to cope. Thus a big proportion of the population of Djibouti is affected by chronic food insecurity especially in rural areas, affecting around 60 percent of the population (with 16.5 percent severely food insecure) according to the 2016 WFP food security and monitoring system findings. The highest rates were registered in Dikhil and Obock with 79.5 percent and 72.2 percent respectively.

In the first quarter of 2016, the food insecurity situation was further exacerbated by the effects of the El-Niño phenomenon which negatively impacted the availability of grazing lands and, indirectly, food insecurity in the south-eastern and north-western regions that lead to an influx of Somali and Ethiopians pastoralists across the borders of Djibouti. In fact, during this period, Heys/Dadaa rains partially regenerated pasture and increased water availability thus creating favourable conditions to livestock and contributing to a seasonal improvement in food security with improved milk production and livestock sales in some parts of the country. However, in southeast pastoral, northwest pastoral of the Dikhil Region, and in Obock pastoral, the Heys/Dadaa rains started later, with below-average seasonal accumulation. As a result, the low rainfall could not significantly regenerate the vegetation; the lack of sufficient grazing lands resulted in further livestock losses, poor body conditions, and low milk production thus depriving the pastoralist population of income from the sale of livestock and related products.

The consequence of food scarcity coupled with income deficits was an erosion of the coping capacities, and reduced purchasing power for poor households. Rural populations moved to the capital and other major towns as the climatic conditions continued to devastate pastoral livelihoods. Dikhil and Ali Sabieh received externally displaced people whereas Tadjourah and Obock received internally displaced people. The conditions improved with the March to May Diraac/Sugum rains although they started later and initially exacerbated prolonged dry conditions associated with El Niño.

Undernutrition is another concern as UNICEF's 2013 Standardized Monitoring and Assessment for Relief and Transition (SMART) survey showed a national global acute malnutrition rate among children aged 6-59 months at 18 percent, and around or above the emergency threshold of 15 percent across all regions, with Obock having the highest global acute malnutrition rate of 25.7 percent. 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 five and pregnant women are anaemic. One-third of children under five and one-fifth of pregnant women are vitamin A deficient. Moreover, Djibouti has an alarmingly low national rate of exclusive breastfeeding. Due to cultural breastfeeding practices, boys are weaned earlier than girls, which put them at higher risk of malnutrition, particularly in food insecure areas.

As for education, despite significant efforts made by the Government of Djibouti, the gross primary enrolment achieved in 2016 was 78 percent. The government is very much concerned with the 20 percent not enrolled and how to reach them is one of the topics debated during workshops that the government organized for the preparation of its 2017-2019 Education action plan (under finalization). Male and female adult literacy in 2012 was 60.1 percent and 39.5 percent, respectively. The country is moving towards gender parity in primary school with the gender ratio (girls/boys) at 0.87.

There are limited social protection measures, including few safety nets, health and education services and infrastructure. Also, many women are employed in vulnerable and insecure informal sector jobs such as street vendors and khat redistributors – better and more secure jobs are needed to increase the income of women, who are often the providers for the family. Job creation and skills development targeted for such jobs are critical for the urban poor.

The State Secretariat for National Solidarity was responsible for coordinating efforts on social protection and safety nets and implementing all social protection projects. The State Secretariat for National Solidarity, now named State Secretariat for Social Affairs, has developed a social register, which will capture information on the vulnerability of

poor households and help determine the type of assistance to households.

Djibouti has ratified a number of international conventions and texts pertaining to social protection, gender equality and woman 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 propounding equality, but not assigning men and women the same legal rights. For example, the law does not require equal pay for equal work; and as provisioned by Sharia law, men inherit more than double of estates than women.

Response of the Government and Strategic Coordination

The Government adopted Djibouti's Vision 2035 with the ambition to reduce absolute poverty to one third by 2035, and developing a national food security and nutrition strategy, an Emergency Nutrition Plan of Action, a National HIV Strategic Plan and a National Strategy to fight tuberculosis.

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. WFP's operations in Djibouti are aligned with the aforementioned vision with a strategic orientation geared towards helping the country make sustainable progress to the targets set forth by the Zero Hunger Challenge and the Sustainable Development Goals (SDG), particularly SDG 2: "End hunger, achieve food security and improved nutrition and promote sustainable agriculture". Focus is put mainly on the food access and nutrition pillars, while also contributing to increasing smallholder productivity.

WFP worked with the State Secretariat for Social Affairs in the development of a social registry whereby vulnerable people are identified according to the eligibility criteria, which WFP contributed to. Both institutions are collaborating on an electronic voucher transfer project in suburban settings using the social registry. Furthermore, WFP is fine-tuning its targeting system in the rural area and will share its database with the Secretariat for its integration in the social registry.

Assistance to refugees is coordinated by the National Office for Assistance to Refugees and UNHCR. WFP co-leads the food security cluster with FAO, and actively participates in the nutrition cluster; both clusters foster synergy around Sustainable Development Goal 2 - End hunger, achieve food security and improved nutrition and promote sustainable agriculture and Sustainable Development Goal 17 - strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

The 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 United Nations Development Assistance Framework (2013-2017) accordingly. WFP is implementing a school meals project in partnership with the Government of Djibouti, which demonstrated significant efforts towards national ownership through a substantial financial allocation; WFP supplies dry food commodities while the government's own resources are used to purchase fresh food.

WFP sought complementary partnerships by working closely with the Rome-based agencies to increase resilience to shocks of rural food insecure populations and in moving forward the resilience agenda.

Summary of WFP Operational Objectives

Recognizing the continued need for humanitarian assistance to refugees, while also addressing the food insecurity and undernutrition issues affecting both rural and urban populations in Djibouti, in 2016, WFP mainly focused on food access and nutrition, while also promoting progress towards resilience. Key elements of its strategy include well-targeted and comprehensive food assistance, curative and preventive nutrition approach, as well as supporting a nationally-owned school meals programme.

Strategic partnerships are considered key to optimize WFP's added value and impact, enhance the resilience of rural food-insecure populations to manage chronic shocks and stressors, and help the government to build a national safety net system.

The protracted relief and recovery operation (PRRO) 200824 (2015-2017) aims to ensure adequate food consumption for targeted food-insecure households or individuals. Unconditional or conditional relief assistance was provided to refugees and local communities in the form of food and/or cash-based transfer in both rural and urban

areas. More specifically, registered refugees in Ali Addeh and Hol-Hol received a combination of food and cash, whereas the refugees in Markazi camp, as well as targeted drought-affected rural households, received food; WFP also distributes electronic vouchers to the most vulnerable households in the suburbs of Djibouti city. Refugee girls received a take home ration to encourage girls' school enrolment and attendance. Following recommendations from the last Comprehensive Food Security and Vulnerability Analysis, targeting of different categories of beneficiaries has been implemented for general food distributions.

Nutrition activities support the treatment of acute malnutrition in pregnant and lactating women, children aged 6-59 months, as well as prevention of acute and/or chronic malnutrition within the 1000 days window of opportunity. In 2016, prevention of chronic malnutrition activities were expanded to the local community in one Obock region. People living with HIV on anti-retroviral treatment and TB patients on direct observation treatment are provided with specialized nutrition products to support treatment and recovery. In addition, WFP is supporting a safety net intervention seeking to mitigate the effects of HIV/AIDS on affected households through income generating activities.

Food assistance for assets is provided to moderately food-insecure communities to enhance their resilience to chronic shocks and risks related to climate change. In this regard, WFP is engaged with the Ministry of Agriculture and World Bank in an innovative program of community rural development and water mobilization focusing on the mobilization of surface water, land management and capacity building, with a particular attention to strengthening community development.

Through the development project DEV 200498 (2013-2017), school children enjoyed diversified school meals in targeted rural primary and upper-primary schools thanks to a combination of WFP-internationally purchased commodities and locally purchased fresh food with complementary funds allocated by the Government of Djibouti. A take-home ration of oil was provided to girls in grades 3 through 5 as an incentive for parents to send girls to school and maintain their enrolment and attendance through to the ninth grade. WFP is supporting the capacity of the government, in particular the Ministry of Education and Vocational training towards the establishment of a sustainable national school meals programme logistics hub, which allows timely and cost-effective pre-positioning of supplies for vital WFP operations in the region and offers logistics common services to other humanitarian and development actors through the establishment of a Humanitarian Response Depot.

Country Resources and Results

Resources for Results

Contrary to the previous year, the funding situation faced a number of challenges during this reporting year. The situation was even worse for the development project which encountered an unprecedented shortfall. Despite this, some activities continued, thanks to remaining resources from the previous year. However, WFP could not pursue a series of planned trainings, and take-home rations for girls could not be distributed for the period from January to May corresponding to the second and third terms of the 2015-2016 academic year. In spite of some funds received in September, a pipeline break could not be avoided because of the long lead-time for internationally procured food commodities (normally it takes 3-4 months to procure and deliver food commodities in the country) which especially affected the first term of the 2016-2017 academic year. As some contributions were earmarked, it was not possible to borrow from the PRRO 200824. As a result, reduced rations and food baskets, especially rice which is a staple food, were delivered to schools. Whole wheat flour was substituted for rice but it was not as accepted as the students and the communities were not used to wheat flour-based for meals.

To avoid this situation to occur again during the remainder of the school year, the Government of Djibouti's own resources were allocated to fill a critical WFP pipeline break. WFP participated in supporting the government by providing logistic support and transport, funded from its own savings. The government's resources were extended to the PRRO as well, especially for refugees and support to nutrition activities, including HIV/AIDS and TB. WFP will continue discussions with the Ministry of Education regarding the financial sustainability of the national school meals programme. While there is no clear funding strategy set yet, the Government of Djibouti has drawn on lessons for the 2016 shortfalls and has started to devise an improved financial governance in this area. As evidence of the government's commitment is a combination 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 established priorities and needs of the supported schools and priorities for enhanced efficiency and effectiveness, starting in January 2017.

For the PRRO, WFP continued to prioritize assistance to refugees and nutrition interventions, with no ration cuts implemented for the whole year. Due to earmarked contributions, the country office faced major challenges in purchasing the needed commodities at the best prices and at the right time. The country office worked closely with the regional bureau to attract more donors. Following an appointment of a budget and programming associate at country office level in April 2016, improvements in international purchase process, pipeline management and donor awareness are significantly noticeable.

Once confirmed, contributions were programmed immediately according to the pipeline situation and established priorities. Furthermore, contribution's expiration dates were better managed, and a balance was secured and used to purchase commodities through the Global Commodity Management Facility following a thorough cost analysis on other direct operational costs. A budget revision was done for the school meal project as a corrective measure to adjust the Landside, Transport, Storage and Handling rates to put an end to hindrances that had been brought about by inappropriate rates. Sound management of resources also helped the country office to cover the need of an additional 5,000 new Ethiopian asylum seekers.

Despite the funding difficulties described above, WFP was able to introduce biometric ID checks for distributions in Hol-Hol and Ali-Addeh camps as of March 2016. This new method of distribution greatly improved the coordination between WFP, United Nations High Commissioner for Refugees and Office National d'Assistance aux Réfugiés et Sinistrés, the only three agencies currently utilizing up to date beneficiary lists. Biometrics facilitated good resource management and up-to-date beneficiary data. Moreover, monitoring staff were trained in ONA, a data aggregation and visualization tool, the use of which started to be used in food basket monitoring in the last quarter of the year. WFP also hosted a decentralized review of the PRRO, and conducted a review of the development project.

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 performance, commissioned a staffing structure review in order to align the resources deployed 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. Furthermore, the Peer Support Volunteer system has been established and a first aid training conducted for all staff, with the aim to promote staff's wellness and equip them with minimum skills to save their lives or others' in appropriate circumstances.

Achievements at Country Level

Under the PRRO 200824, WFP could meet the food and nutritional needs of refugees through a combined food and cash modality, and provided treatment and prevention of undernutrition. The latest food security monitoring system survey showed an improved food consumption score for this group of beneficiaries. The results were also satisfactory among the communities and households who benefited from food assistance for assets with the creation of water systems, soil fertility, anti-erosion enhancement measures, reforestation and agro pastoral activities, all supporting the communities resilience while ensuring quality food consumption among the participating households. Results were less marked among the severely food insecure drought-affected populations in Djibouti owing mainly to external factors such as effects of El Niño-induced internal and external population displacement. Performance of care and treatment for people living with HIV was very good, diversified for Tuberculosis directly observed short course treatment patients depending on the indicator measured, but poor in the treatment of moderate acute malnutrition due to institutional constraints.

From a system perspective, as of March 2016 biometrics was introduced in the distribution to refugees in the camps of Hol-Hol and Ali-Addeh as of March 2016. This tool highly enhanced the coordination between WFP, United Nations High Commissioner for Refugees, Office national pour l'assistance aux réfugiés et aux sinistrés. The introduction of biometrics reinforced the coordination among the stakeholders; the mechanisms were discussed and decided jointly, while roles and responsibilities of each stakeholder through standard operational procedures convened and signed by all parties. Using biometrics ensures up-to-date beneficiary data, avoiding the risk of double counting, and ultimately contributes to maximize efficiency of resource utilization.

WFP successfully encouraged the development of an interagency complaint and feedback mechanism (CFM) in refugee camps for transparency and communication purposes on issues related to food and non-food assistance to refugees. This CFM is about to be implemented and will help to ensure social cohesion within the camp populations and hence facilitate interventions for all actors. Furthermore, WFP was also able to implement an innovative feedback mechanism for the cash-based transfer (CBT) project in the urban areas of Djibouti thanks to its local technical partners. The implementing partner (Union Nationale des Femmes Djiboutiennes) maintained helpdesks using tablets in all the targeted quarters to record complaints, while a technology provider (NOMADCOM) availed a platform to operate a helpline by WFP. With this system beneficiaries have the possibility to register their complaints via their cell phones through a simple numeric sequence. Once the complaint is recorded, a WFP officer calls the beneficiary and attempts to solve his/her issue related to the cash transfers.

For general distributions, the targeting system has been improved since the beginning of this year. A participatory approach involving communities and local authorities is used to identify the neediest among the rural population impacted by drought. Livelihood and chronic poverty criteria were applied to establish the lists of beneficiaries. The lists will be shared with the government to help updating the national social register. The participatory approach helped communities to understand different household vulnerabilities and have given up the practice of sharing the ration among all the households within a community which used to be common in the past.

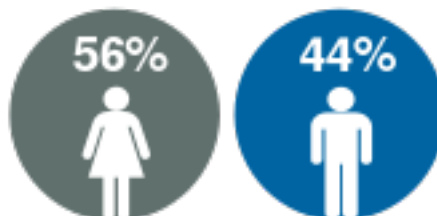
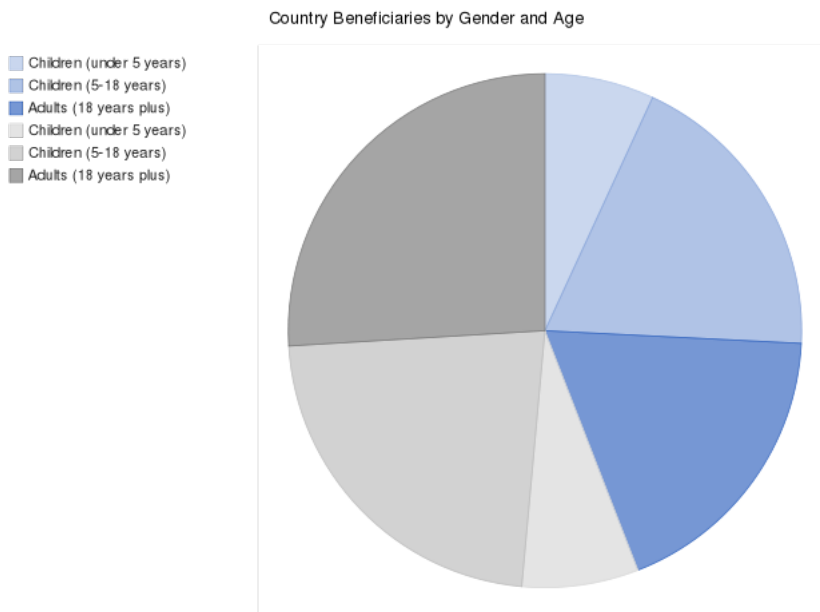
The CBT project in the urban areas of Djibouti represents a success in terms of advancements in WFP's endeavour to support government systems and policies. In this regard, WFP, the World Bank and the Secrétariat d'Etat chargé de la solidarité Nationale (SEAS) have worked together over the past five years to refine the targeting system for social safety nets projects thanks to the development of the national social registry, from which WFP now directly selects its beneficiaries through the PMT (proxy means test) methodology. The Ministry of Labour's decision to use WFP's list of beneficiaries for their inclusion in the national social health insurance coverage program (PASS) demonstrates the efficiency of WFP's targeting system.

In the school meals area, 2016 was marked by a significant improvement in the collaboration between WFP and its counterpart, the Ministry of Education and Vocational Training. The most important achievement was the consensus reached on the need to establish the level of government's capacities through an assessment using the System Assessment for Better Education Results (SABER) tool. The SABER workshop is to be held by end of March 2017 and will allow a strategic planning for a sustainable national school feeding programme.

The monitoring system was improved and food security and outcome monitoring (FSOM) surveys are now systematically conducted twice a year, in May-June and October. Quarterly Distribution Monitoring (DM) and Food Basket Monitoring (FBM) were instituted. A centralized evaluation was conducted for the PRRO whereas the Development project underwent a mid-term review.

Annual Country Beneficiaries

Beneficiaries	Male	Female	Total
Children (under 5 years)	8,169	8,712	16,881
Children (5-18 years)	22,388	26,792	49,180
Adults (18 years plus)	21,695	30,753	52,448
Total number of beneficiaries in 2016	52,252	66,257	118,509





Annual Food Distribution in Country (mt)

Project Type	Cereals	Oil	Pulses	Mix	Other	Total
Development Project	353	59	67	137	91	706
Single Country PRRO	6,138	659	1,311	571	324	9,004
Total Food Distributed in 2016	6,491	718	1,378	708	415	9,711



Cash Based Transfer and Commodity Voucher Distribution (USD)

Project Type	Cash	Value Voucher	Commodity Voucher
Single Country PRRO	431,141	248,254	-
Total Distributed in 2016	431,141	248,254	-

Supply Chain

The commodities utilized by WFP in its operations are 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 transported to the final delivery points by road. In accordance with the beneficiary food habits, WFP buys wheat flour, sorghum/millet, rice, sugar, yellow split peas, vegetable oil, iodised salt, SuperCereal, SuperCereal Plus and high energy biscuits. The United Nations Humanitarian Response Depot as it receives all in-transit goods including GCMF stocks, and enhances operations efficiency across the region.

The cash-based transfers (CBT) activity in the urban area of Balbala was implemented in partnership with 23 traders (semi-wholesalers and retailers) who were successfully assessed in the target area (Balbala) by the logistics unit.

Some post-delivery losses were registered and were due mainly to the deterioration of packaging material at partners' storage facilities. To mitigate the risk of such losses happening again WFP organized a stock management training for cooperating partners' staff involved in food commodity handling. WFP will also communicate more closely with its suppliers to ensure that good quality bagging is used. Some losses are also attributed to long storage duration. To reduce storage duration, particularly given Djibouti's hot climate, WFP will manage its supply chain to more effectively ensure that procurement and deliveries of food commodities in country are staggered according to operational needs.



Annual Food Purchases for the Country (mt)

Commodity	Local	Regional/International	Total
Iodised Salt	-	24	24
Plain Dried Skimmed Milk	-	49	49

Commodity	Local	Regional/International	Total
Rice	-	694	694
Sugar	-	92	92
Wheat Flour	-	1,105	1,105
Wheat Soya Blend	-	698	698
Total	-	2,662	2,662
Percentage	-	100.0%	

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

Commodity	Total
Split Peas	1,486
Sugar	130
Vegetable Oil	360
Total	1,976

Implementation of Evaluation Recommendations and Lessons Learned

During 2016, WFP hosted a centralized evaluation of its protracted relief and recovery operation (PRRO 200824) as well as a mid-term review of the development project (DEV 200498). Preliminary reports for both studies were not released until early 2017. Nevertheless, the formulation of the development project (2013-2017) built on the findings of the decentralized evaluation of the previous project (DEV 107270) conducted in 2012. Pending the availability of sufficient resources and complementary partnerships, WFP has been taking into account the recommendations from the above-mentioned evaluation throughout the lifetime of the currently live development project.

In 2016, a dynamic dialogue between WFP and its main partner, the Ministry of Education and Professional Training (MENFOP), was very fruitful. The main outcome was an agreement to conduct a System Approach for Better Education Results (SABER) as soon as possible, in order to identify the existing gaps with regards to the establishment of a sustainable nationally-owned school feeding and to determine its priorities. The SABER workshop to take place by the end of March 2017, represents the perfect occasion to analyse some pending recommendations from the evaluation of the DEV 107270, as well as the mid-term review of DEV 200498 such as the development of a national school meals policy can be taken into account and find a privileged place in the inclusive work plan to be developed in the aftermath of the workshop.

On the operational side, WFP sought alternatives and diversification of activities for beneficiaries that no longer received general food distribution (GDF), to enhance the social cohesion and WFP staff's security. The operation's coverage was reduced, thus alleviating the workload of the field monitors and improving their presence at distribution sites, while WFP intensified the food assistance for assets (FFA) activities especially those related to soil conservation and water, and income generating handicraft activities for women. These activities contributed to the resilience of the population, women empowerment and set a foundation for sustainable livelihoods in a post-drought context. These types of activities aroused enthusiasm and a great dynamic among the participating communities.

Project Objectives and Results

Project Objectives

The protracted relief and recovery operation (PRRO) seeks to boost the population of Djibouti's resilience and the development of safety nets, while still meeting the humanitarian needs of the most vulnerable people.

To achieve this goal, WFP's assistance efforts focus on meeting the food and nutritional needs of refugees and the most food insecure populations in Djibouti, in line with the WFP Strategic Objective 1 – Save lives and protect livelihoods in emergencies. WFP ensures that registered refugees living in camps and the most food-insecure Djiboutian populations have access to food to cover their minimum daily caloric need. Moreover, specialized nutritious foods and nutrition education and counselling are provided to treat moderate acute malnutrition among children 6-59 months and pregnant and lactating women (PLW), and to prevent chronic malnutrition among children aged 6-23 months and PLW. In areas with global acute malnutrition exceeding the emergency threshold, the target group for the prevention programme was expanded to include children 24-59 months to prevent acute malnutrition. WFP also distributes cash to refugees in camps and electronic vouchers to the most vulnerable households in the suburbs of Djibouti city. Refugee girls receive a take home ration to encourage girls' school enrolment and attendance.

Enhancing the resilience of rural populations to chronic shocks related to climate change is another area of intervention of this PRRO. WFP supports social service delivery and asset creation in line with Strategic Objective 3 – Reduce risk and enable people, communities and countries to meet their own food and nutrition needs.

Finally WFP, in line with Strategic Objective 4: Reduce undernutrition and break the intergenerational cycle of hunger, WFP supports the National Nutrition Programme with interventions to prevent chronic and acute malnutrition, and treat moderate acute malnutrition among vulnerable populations, in particular treatment of PLW and children. Assistance targets PLW and children aged 6-59 months with moderate acute malnutrition, whereas children aged 6-23 months and PLW are targeted regardless of their nutritional status for prevention of chronic malnutrition. In areas where global acute malnutrition rates exceed the emergency threshold, the target group was expanded to include children aged 24-59 months to prevent acute malnutrition.

Moderately acute malnourished people living with HIV on anti-retroviral therapy (ART) and tuberculosis patients on direct observed treatment short-course (TB-DOTS) are provided with specialized nutritious foods to support their nutritional recovery and promote adherence to the ART and TB-DOTS. In addition, through a safety net intervention, WFP provided TB outpatients with family take-home rations to support their households' food security.



Approved Budget for Project Duration (USD)

Cost Category	
Capacity Dev.t and Augmentation	31,500
Cash & Voucher and Related Costs	4,796,680
Direct Support Costs	8,213,158
Food and Related Costs	26,984,301
Indirect Support Costs	2,801,795
Total	42,827,434

Project Activities

Under the PRRO 200824, WFP addresses food needs of refugees, urban poor and rural drought-affected populations. In line with the global WFP strategic plan, three objectives are pursued:

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 acute malnutrition

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 an international NGO responsible for screening, treatment and nutrition sensitization in refugee camps. A SuperCereal plus ration was distributed to the infants whereas PLW received a premix of SuperCereal, oil and sugar.

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

Activity 2: General food distribution

Provision of emergency food assistance: All registered refugees residing in Ali Addeh and Hol-Hol camps, in southern Djibouti, received monthly combined food and cash transfers, whereas the Yemeni refugees residing in the Markazi camp, in northern Djibouti, were assisted with food only. The combination of food and cash enables refugees to diversify their diet and increase their purchasing power while, at the same time, stimulating local markets. When cash was offered, food baskets were adjusted so that refugees received the equivalent of three kilograms of the cereal ration in cash, so they could purchase other preferred commodities. The transfer value was based on the local market cost of the in-kind food basket. Market preconditions were not met in Obock to implement the mixed approach, hence Yemeni refugees in Markazi camp received the full in-kind food assistance.

WFP also continued to support the onsite feeding of migrants from Ethiopia in transit back to their home country. Furthermore, since October 2016 WFP also provided assistance to people affected by El Niño induced drought. This included internally as well as externally displaced populations from eastern Ethiopia and the Somaliland region of Somalia. Daily rations included cereals, pulses, vegetable oil, sugar and salt for all these groups.

As usual, UNHCR was in charge of refugee targeting, in coordination with WFP and Office Nationale pour l'Assistance des Réfugiés et des Sinistrés (ONARS). To facilitate distribution procedures, WFP successfully introduced a pilot on biometrics system in the southern camps of Ali Addeh and Hol-Hol. The expansion to Markazi camp is expected in early 2017. The International Organization for Migration was responsible for the identification of migrants and asylum seekers. The identification of El Niño displaced people was conducted by the humanitarian community through joint assessments missions with the coordination of ONARS.

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 communities, whereas vulnerable households in Balbala, on the outskirts of Djibouti, benefited from a seasonal cash-based transfer in the form of a value voucher. However, only two transfer rounds out of the three planned could take place in 2016; the third round of distributions will take place January 2017. In rural areas, WFP collaborated with the local authorities and communities to apply a targeting system and a beneficiary database established in 2015, and based on specific vulnerability criteria for general targeted distribution. The targeting process is three-fold, including:

- (i) regional targeting using the findings of the 2014 Comprehensive Food Security and Vulnerability Assessment;
- (ii) village level targeting based on the results of Food Security Outcome Monitoring by programme staff; and
- (iii) household targeting exercise by local committees.

Localities where food insecurity prevalence was greater than 30 percent and where global acute malnutrition (GAM) rates exceeded 15 percent were prioritized. Criteria for household targeting included, but were not limited to: households headed by women, households headed by individuals with disability or a chronically ill person; a household without any assets, or an employed person or livestock; households stricken by shocks such as floods, poor harvest, loss of livestock, etc.

For the urban cash-based transfers (CBT), WFP worked closely with the government counterpart using the unified poverty register, set with the support of the World Bank, as a targeting tool. The poverty register is still to be extended to rural areas. The planned start date for the use of SCOPE, WFP's beneficiary and transfer management platform, is 2017, particularly with the urban cash-based transfer beneficiaries and in refugee camps. Recognizing their access to other food sources, urban households received 50 percent of their daily food requirements through value vouchers. Each household (average size of five people) received the equivalent of USD 45 per month. Beneficiaries can purchase their choice of foods from selected shops. Sensitization and education on the nutrition value of different food groups is carried out concurrently during the implementation of the programme.

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

Activity 3: Take-home rations for school girls

As recommended by the 2013 UNHCR/WFP joint assessment mission (JAM), WFP continued to provide an incentive for girls to prevent drop-outs related to early marriages. All school girls from grade 3 to 7 attending 80 percent of the school days were provided with take-home rations of vegetable oil.

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 1: Asset creation

Building on the resilience roadmap, WFP expanded its food assistance for asset (FFA) programme focusing on water catchment, water retention systems, soil fertility, anti-erosion enhancement measures, reforestation and agro-pastoral activities. Communities in rural districts with convergence of recurring food insecurity and shocks were prioritized for asset creation activities. To maximize the impact, WFP prioritized geographical locations where collaboration with the Food and Agriculture Organization and the International Fund for Agricultural Development is strong, as well as where strong operational links exist with the World Bank through the Rural Community Development and Water Mobilization (PRODERMO) project. Within the framework of this project, communities were represented by local steering committees created in each intervention zone. These committees served as an interface between the community and the project management unit of the Ministry of Agriculture. The local steering committees' responsibilities included: (i) activity prioritization, (ii) negotiation of the planning modalities with the project staff and local authorities, (iii) community mobilization, (iv) creation of watering places and pasture management committees, (v) activity and impact monitoring, and (vi) reception of the asset created, and maintenance. The FFA food basket was linked to local labour rates, corresponding approximately to the local market cost of the food basket for a family of five. It consisted of cereals, pulses, vegetable oil and sugar. The planned introduction of a cash-based transfer modality could not be implemented this year. The food assistance for asset activities mainly targeted three regions (Tadjourah, Obock and Dikhil).

Activity 2: Vocational training

WFP supported two training centres in the capital for economically vulnerable children to promote their education and thus facilitate their access to formal employment opportunities and reduce their vulnerability to food insecurity. The Centre for Child Protection (CPE: Centre de Protection de l'Enfant) has been hosting girl orphans since 1978, providing a safe living environment. Since 2004, catering has been expanded to dumb, deaf and ear-hardened children. The other centre is run by the Djiboutian Association for Protection of Needy Children (ADPEB) which welcomes street children since 2015, providing them with two daily meals conditioned by their attendance to refresher courses. By hosting these girls and tending to street children, the centres shielded these children from begging, delinquency, child prostitution, sexual abuse and child exploitation.

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 and pregnant and lactating women and school children

Activity 1: Treatment of acute malnutrition

WFP continued to provide treatment for moderately acute malnourished to children 6-59 months of age, as well as to PLW in rural areas. Children 6-59 months with MAM were given SuperCereal plus for a maximum of 90 days,

along with counselling, monitoring of recovery and cooking demonstrations, while PLW with MAM received a take-home ration of SuperCereal, sugar and oil from the point where the pregnancy is identified at a health centre up through six months of lactation.

For treatment of moderate acute malnutrition, beneficiaries were targeted based on national and regional global acute malnutrition (GAM) rates and operational reach determined in consultation with the Ministry of Health and United Nations Children's Fund (UNICEF). Admission was done 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 of >125 mm or WHZ > -2 for two consecutive measures. Children who did not recover within three months in the programme were referred for medical examination, while children who suffered deterioration were referred to UNICEF for severe acute malnutrition 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 measures, or once their infant was six months old. WFP partners are responsible for the screening and the management of treatment of moderate acute malnutrition through the health centres.

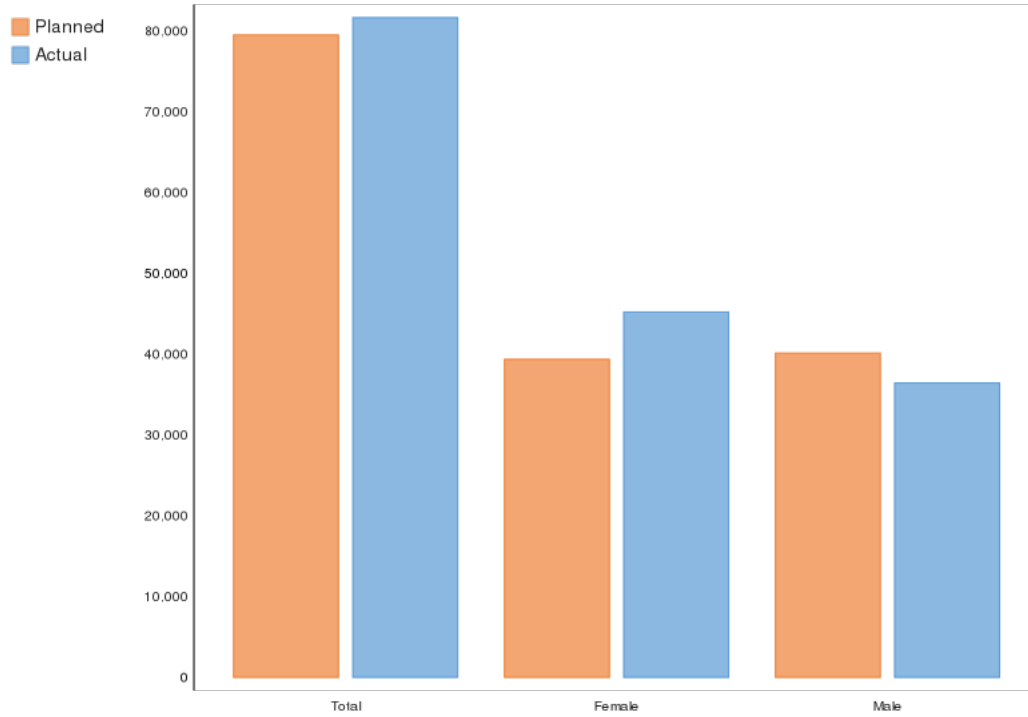
Activity 2: Prevention of acute and chronic malnutrition for children 6 to 23 months and pregnant and lactating women (PLW)

The prevention component was introduced in 2015 and focused on southern refugee camps, as well as regions with the highest levels of food insecurity, stunting, and acute malnutrition. The programme began in Obock region with the plan to gradually expand to Dikhil. This allowed for lessons learned from Obock to be incorporated before expanding the programme. All children aged 6-23 months and PLW residing in the camps, as well as in Obock region were targeted for prevention of stunting, in line with the "First 1000 days" window of opportunity. Children aged 24-59 months were also targeted for prevention of acute malnutrition in Markazi camp and host communities in Obock region where GAM rates exceeded the emergency threshold of 15 percent. Children received SuperCereal plus rations whereas PLW received a SuperCereal, sugar and oil.

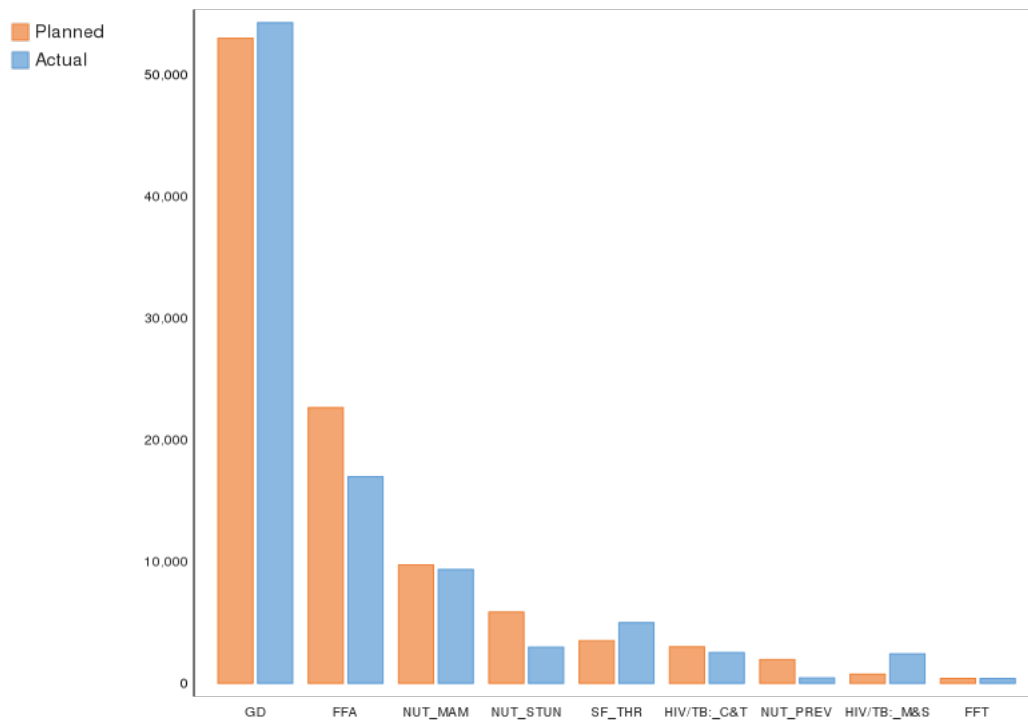
Activity 3: HIV/Tuberculosis (TB) Care and treatment and Mitigation and Safety Nets

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 patients receiving directly observed treatment, shortcourses (DOTS). TB treatment clients include inpatients as well as outpatients. This food assistance promotes adherence to treatment, which would otherwise be hampered by the side effects while improving/stabilizing the nutritional status of the patients as well as the food security of their households. The food basket for PLHIV and TB in patients comprised cereals, pulses, vegetable oil, SuperCereal and sugar; PLHIV were provided with a family ration for five persons while inpatients benefited from individual daily on-site three meals with an addition to salt. TB outpatients ration included SuperCereal, vegetable oil and sugar for four persons. Targeting was conducted by health structures in conjunction with local associations of PLHIV.

Annual Project Beneficiaries

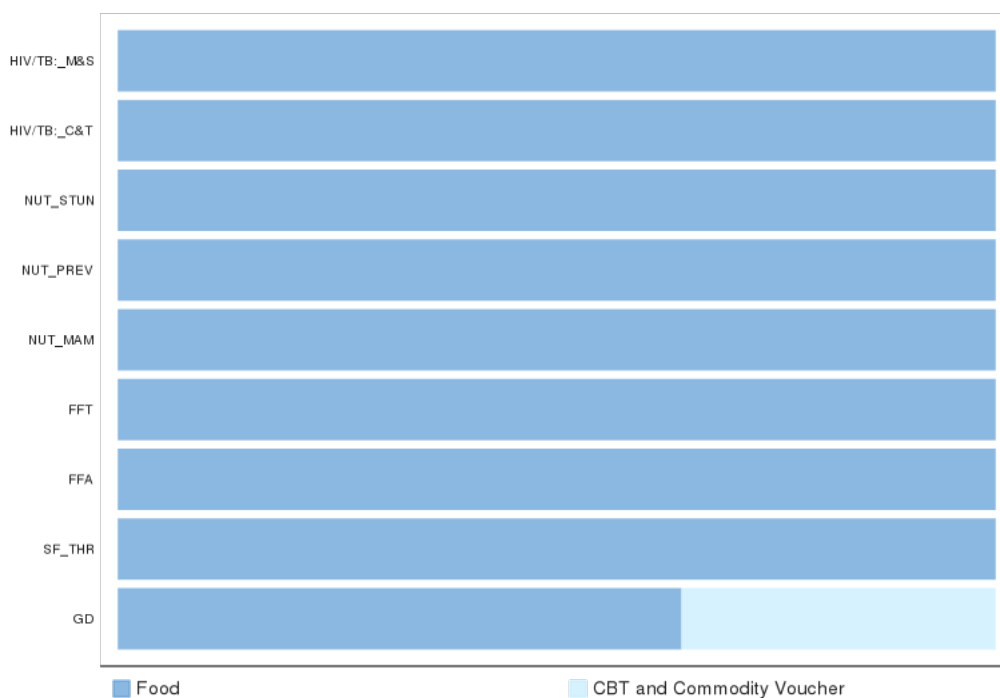


Annual Project Beneficiaries by Activity



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
High Energy Biscuits	1	-	-
Iodised Salt	30	9	29.0%
Rice	2,395	268	11.2%
Sorghum/Millet	3,004	2,596	86.4%
Split Peas	1,733	1,311	75.7%
Sugar	475	315	66.5%
Vegetable Oil	804	659	82.0%
Wheat Flour	2,467	3,275	132.7%
Wheat Soya Blend	1,804	571	31.7%
Total	12,712	9,004	70.8%

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

Modality	Planned (USD)	Actual (USD)	% Actual v. Planned
Cash	837,783	431,141	51.5%
Value Voucher	440,388	248,254	56.4%
Total	1,278,171	679,395	53.2%

Operational Partnerships

Apart from the unconditional food assistance to rural drought-affected populations where WFP handles the WFP distributions, WFP implemented its activities through bilateral or tripartite agreements involving mainly government ministries/departments and or non-governmental organizations (NGOs). WFP formed two partnerships with international NGOs to support the provision of food assistance to refugees, in particular in the area of nutrition and school meals. Local NGOs were very much involved in food assistance for assets activities, as well as in support to the nutrition counselling activities funded by the World Bank through the Agence Djiboutienne de Développement Social (ADDS).

In alignment with the 2013–2017 United Nations Development Assistant Framework, WFP, jointly with the other United Nations agencies, formulated a gender programme in collaboration with the ministry overseeing women and family affairs. A tripartite agreement defining the roles and responsibilities of WFP, the United Nations High Commissioner for Refugees (UNHCR), and the Office Nationale pour l'Assistance des Réfugiés et des Sinistrés (ONAR) to provide assistance to refugees is reviewed and signed every year. In 2016, new elements were added pertaining to the distribution of cash through biometrics and establishing an interagency complaints and feedback mechanism. Moreover, under the presidency of the Ministry of Agriculture, the Food Security Working Group is co-led by WFP and Food and Agriculture Organization (FAO). WFP is also a member of the nutrition working group presided by the national nutrition programme (PNN) with UNICEF support.

Participating in the various working groups ensured cohesion between different actors' interventions, and at the same time, promoted the development of informal but productive synergies, while avoiding duplication of efforts in addressing hunger solutions in Djibouti.

For the Food Security Outcome Monitoring and Food Security Monitoring System surveys, WFP worked with FAO and Direction de la Statistique et des Etudes Démographiques (DISED), the national body for statistics to ensure national ownership. WFP participated in the Integrated Food Security Phase Classification trainings supported by FAO in Kenya and at national level, in a complementary effort to avail harmonized food security data. WFP also worked in partnership with State Secretariat for Social Affairs (SEAS) at policy level in developing a targeting approach to support the national protection strategy, through a safety-nets project supported by the World Bank.

More specifically, food assistance to refugees is provided through tripartite agreements between WFP, UNHCR and ONARS, the government body for assistance to refugees and disaster-affected people, for general distribution; and between WFP, UNHCR and international organization Africa Humanitarian Action (AHA) on nutrition programme implementation. Africa Humanitarian Action not only offered screening and moderate acute malnutrition treatment services, they also provided refugee communities with access to nutritional sensitization at household level. Partnerships were also key to complement food and cash assistance for refugees with income-generating activities supported by other operational partners in refugee camps. Activities ranged from agricultural production to economic growth with the opening of small shops in camps. Most refugees have limited or no income, and therefore rely almost exclusively on food assistance. Promoting self-sufficiency is the key to empowering refugees to improve the quality of their livelihoods. To avoid duplication WFP also consorted with charitable NGOs from the Gulf region distributing timely food assistance in the camps during Muslim holidays.

The cash-based transfer project in the urban areas of Djibouti was an example of a successful complementary strategic partnership. WFP, the World Bank and SEAS have worked together over the past five years to refine the targeting system for social safety nets projects thanks to the development of the national social registry, from which WFP now directly selects its beneficiaries. The Ministry of Labour is now using WFP's list of beneficiaries for their inclusion in the national social health insurance coverage program.

As part of the food assistance for assets programme to contribute to sustainable resilience within communities, WFP has established partnerships with key food security actors including the World Bank, FAO, International Fund for Agricultural Development, local and international NGOs, as well as the Ministry of Agriculture through complementary efforts to provide an integrated package of programme responses. Water catchments in rural areas provide water for households and protected livelihoods, while reforestation, pastoral activities and the development of water retention and soil structures contributed to the alleviation of the impact of climate change. The realization of tanks and reservoirs reduced travel time to retrieve water which allowed women more time to focus on income-generating activities. This contributed to increasing empowerment of women. However, there is a need to diversify WFP's partnerships and foster coordination efforts with local NGOs, such as for reforestation projects to ensure the continuity of food assistance for assets activity at community level.

The nutrition activities including treatment and prevention of malnutrition, and support to people living with HIV and tuberculosis patients are embedded within an action plan with the Ministry of Health. The national nutrition programme and the Executive Secretariat of the Fight Against HIV/AIDS, Tuberculosis and Malaria were particularly involved in activity coordination, whereas local entities were involved in targeting and food distribution. WFP provided formal support to nutrition sensitization activities taking place as part of the asset creation activities through the World Bank's project; this support was outlined in an agreement signed with ADDS, the World Bank's cooperating partner. In addition, WFP benefited from a wide presence of ADDS agents at grassroots level to implement the prevention of malnutrition programme outside camps. WFP's nutrition activities are aligned with the interventions of other actors in the sector such as UNICEF for the treatment of severe acute malnutrition and prevention of micro-nutrient deficiencies, World Health Organization in the prevention of VIH and TB, and Action contre la Faim in nutrition and food security.

Performance Monitoring

Food Security and Outcome Monitoring (FSOM) surveys are now systematic and are 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, and gather information on beneficiaries' access to and utilization of food assistance, their perception about it, and the level of satisfaction regarding the food assistance received. WFP collaborated with the National Demographic and Statistics Department (DISED), who provided enumerators and approved the methodology proposed by WFP.

One-day field test are organized prior to data collection using android tablets, which have been pre-configured with the survey questions. Enumerators spend an average of five days in each camp collecting data, which are submitted electronically from the tablets to ONA, an online data aggregation and visualization platform. A debriefing session is held after the field-work in order to share lessons learned. The surveyed population is twin-track: i) the survey targeted beneficiaries of general food distribution (host communities and refugees) and food assistance for asset activities; and ii) non-beneficiaries were consulted to determine their perception of WFP's food assistance.

The FSOM survey serves as the outcome monitoring and food security situation monitoring in rural Djibouti. For rural food distributions among drought-affected people, households were selected using simple random sampling from WFP beneficiary lists for host communities. For refugees, WFP uses UNHCR's lists in each camp, to allow the collection of statistically representative data. For non-beneficiaries, households were selected using simple random sampling from information provided by DISED. In 2016, the two rounds of FSOM surveys were conducted in close collaboration with FAO and UNICEF. The survey included nutrition indicators such as Minimum Acceptable Diet (MAD) for children aged 6-23 months and mid-upper arm circumference (MUAC). In October 2016, WFP Djibouti expanded the nutrition indicators to coverage and participation with the aim to enhance the efficiency of WFP's activities in treatment and prevention of acute malnutrition programmes in the camps.

The information will be used as a complement to corporate food security outcome indicators as of January 2017. Before the upcoming FSOM survey scheduled in May 2017, the Nutrition and VAM units will work jointly in order to increase coverage and frequency of data collection and boost the quality of data and reporting thanks to a better understanding of expectations for programme implementation and monitoring. In September 2016, the country office began quarterly distribution monitoring and food basket monitoring using android tablets in the rural areas where food assistance was provided. Food basket monitoring serves the main purpose of verifying whether the quantity of food received by beneficiaries corresponds to the defined entitlement. The distribution monitoring and food basket monitoring were conducted by WFP field monitors based in the five districts. WFP is using the corporate Country Office Tool for Monitoring Effectively (COMET) that was rolled out in 2015 to track all output and outcome related data. The national capacity index outcome data was not collected as capacity strengthening activities had not taken place. WFP, in collaboration with the government and other United Nations agencies plan to carry out activities.

Results/Outcomes

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

All MAM treatment indicators were satisfactory, and improved from the previous year. The good performance could be attributed to the efforts of the cooperating partner who, in addition to the appointment of a nutritionist in the Markazi camp, provided its staff with training on community management for malnutrition, infant and young children feeding (IYCF), and organized practical trainings on weight for height and MUAC measurements. In addition, they provided cooking demonstrations for specialized nutritious foods. Over-achievement in programme coverage was a result of asylum seekers fleeing Ethiopia. As of December, around 5,000 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: General Distribution (GD) in refugee camps (Ali-Addeh, Hol-Hol and Markazi), rural regions (Tadjourah, Obock, Dikhil, Ali Sabbieh and Arta), and Balbala (Djibouti city).

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 2016 food security outcome monitoring system (FSOM) revealed that poor food consumption in rural areas had increased from the midline (October 2015), however it was still near the baseline level (May 2015). While improvement was recorded for refugees, the outcome level remained below the target in both areas.

The severity of the situation in some regions, namely Obock, Dikhil and Ali Sabbieh, 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 El Niño phenomenon also contributed to this with drought, poor vegetation and limited grazing as a result. The arrival of displaced pastoralists from neighbouring Ethiopia and Somaliland with their livestock further exacerbated the situation. Thus, most of the cattle, which is a key source of protein, was slaughtered during the peak of the drought. The situation was slightly better for refugees. In addition, and particularly for the Yemeni refugees residing in Markazi camp, additional assistance from some international organizations reinforced their food security.

The Dietary Diversity Score (DDS) measures the number of different food groups consumed over a given period. An increase in the score shows an increase in the quality of the diet. The October 2016 FSOM findings showed a slight decline in dietary diversity in the Djiboutian populations from the midline (October 2015) with a large proportion having a limited diet. The situation is slightly better in refugee households, and closer to the target.

The Coping Strategy Index (CSI) measures the frequency and severity of behaviours households engage in when faced with food shortages. An increase in the CSI implies a deterioration of the food security situation of the household. The October 2016 FSOM survey showed a deterioration of the situation, the CSI level having doubled in the rural areas.

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

Activity: Take-home rations for school girls.

The influx of Ethiopian asylum seekers resulted in increasing numbers of refugees in the southern camps, hence the significant increase in school enrolment rates. For this reason, it is not possible to determine the effect induced by the take-home rations, particularly on the high levels of rate of change in primary school enrolment in both girls and boys, although boys do not receive the ration. With the Government of Djibouti's recent measure to take the responsibility for the schooling of refugees, it is hoped that there will be an improvement in the curricula to stimulate attendance. The reasons for lower attendance rates will be investigated during the coming Joint Assessment Mission taking place in March 2017, where school girls will be interviewed as well as other refugee community members. Recommendations will be formulated thereafter and actions taken accordingly.

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. Performance in this area dropped but remained above the target. The decrease is attributable to pipeline breaks, which resulted in reduction of the length of activities and number of assets created. In 2016, WFP prioritized easily executable activities including physical assets such as tank creation, tree planting and reforestation, as well as training on hygiene and nutrition. In 2016, WFP also concentrated efforts to maintain assets created in the previous year.

Food consumption scores in food assistance for assets (FFA) beneficiaries kept improving, and the proportion of households with poor FCS decreased by a half in both men and women-headed households as compared with the previous year, and very significantly in households headed by women. The types of activities promoted allowed women enough time to get involved in income generating activities, thus empowering them.

The quality of diet in targeted households remained satisfactory and surpassed the target in women-headed households. The diet diversity is a result of WFP food assistance coupled with agro-pastoral production (fruits, vegetable, meat and milk), therefore WFP will seek to increase its support to agro-pastoral initiatives.

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: MAM treatment in Tadjourah, Obock, Dikhil, Ali-Sabieh and Arta

The MAM treatment programme performance indicators for host population deteriorated further in 2016, showing high default rate and very low recovery rate. Multiple factors may explain the poor performance including: 1) nutrition services deficit in one region (Arta), which remained without a nutrition focal point for three consecutive months, resulting in substantial inconsistencies in the availability of nutrition services at the health facilities during this time period; and 2) a significant increase in the default rate in the urban areas of Djibouti, particularly during the hot season where the default rate reached 90 percent due to migration to neighbouring countries and rural areas to escape the heat between June and September. In order to address this situation in the urban area, WFP will, in close collaboration with the government counterpart and Action contre la Faim (ACF), ensure continuity of nutrition support in this period and in coordination with health facilities. 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 in order to reflect reality.

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 will be gradually implemented starting with Obock region to allow lessons learned to be incorporated before expanding to other regions. The implementation was delayed and distribution of specialized nutritious foods did therefore not start until November 2016, while the start of the nutrition messaging and counselling activities have been pushed to 2017 to allow more planning time. Due to the short implementation period, corporate indicators for prevention of stunting and acute malnutrition were not collected and are therefore not reported on for the host population.

The Minimum acceptable diet (MAD) is among World Health Organization's core indicators for assessing infant and young child feeding (IYCF) practices. Minimum acceptable diet is a composite indicator combining minimum dietary diversity and minimum meals frequency. While attempts were made to assess the MAD of the children enrolled in the stunting prevention programme for the refugees, the quality of data was inadequate to allow a reliable conclusion. Though the nutritional issues are partly rooted in contextual factors such high level of food insecurity and dependency on general food assistance, which will need to be addressed through non-nutrition specific interventions, inadequate IYCF practices, particularly poor breastfeeding practices, also play a crucial role for poor nutrition outcomes. The introduction of nutrition education and counselling in 2017, aims to improve IYCF practices.

Moreover, most of the population depends on food assistance from WFP and specialized infant formulas are not included in the food basket. Children and adults eat from the same plate depending on food availability in the household. Moreover, food insecurity in Obock region has been hindered by poor rainfall for two consecutive years.

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

The antiretroviral treatment adherence indicator decreased (-15 percent), but remained above the target. The principal reason is implementation difficulties with our cooperating partner leading to an interruption of distributions. It took time to identify a new partner to take over the distributions. Adherence dropped as some patients would not continue their treatment without the incentive of the ration.

While there has been a significant improvement in the nutritional recovery of ART clients, the recovery rate remained a little below the target. It is assumed that WFP's food assistance is certainly not the only accountable factor towards this performance. To understand the reasons behind these results, WFP will discuss with other stakeholders, in particular Ministry of Health and those involved in HIV care and treatment; this consultation will help maintain and further strengthen the programme quality.

Nutritional recovery of TB-DOTS clients in rural areas remained high meeting the target at baseline, midline and endline. In the urban area, there is only one centre located in Djibouti city, and it faced operational constraints during the 2016 six last months so data could not be collected. TB treatment success rate which is a percentage of TB cases receiving WFP food assistance registered under TB-DOTS in a given year that have successfully completed treatment, slightly decreased in rural areas.

Progress Towards Gender Equality

The proportion of households where women and men together make decisions over the use of food assistance deteriorated in all activities. While men showed less and less involvement in food assistance management in the southern refugee camps (Mostly Somali), 50 percent of surveyed refugees in Markazi (Yemeni refugees) declared that decisions are made by men. The explanation is that in Somali culture, it is traditionally the women who oversee household food consumption. In communities implementing food assistance for assets (FFA) activities, this indicator fell below the target.

Although there was an improvement in the representation of women in leadership positions within the food management committees in FFA, the indicator remains far from the target; and it declined in general distribution (GD). The proportion of women members of project management committees trained on modalities of food, cash or voucher distribution remained unchanged in FFA but highly decreased in GD, which may be one of the factor of the low representation in leadership position. 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.

Introducing a gender perspective in FFA activities and cash-based transfers promoted the reduction of vulnerability in women and young girls in particular. In the FFA scheme, the provision of an integrated package of programme responses aiming at raising agricultural productivity and resilience to natural shocks, through the implementation of sustainable land management, rehabilitation, and stabilization practices or activities had a positive effect on gender imbalances. WFP strove to support activities adapted to women (up-keeping of hydraulic works, the World Bank's Community Development and Water Mobilization project, tree plantations) and sensitized men on women's participation. This participation contributed to women empowerment, like in Abaitou (in Dikhil district) were each one of the 40 members of a women association participating in the setting-up of an agricultural perimeter could exploit 0.25 ha of land to develop economic activities. Also the urban safety net programme includes a complaints feedback mechanism that is managed in collaboration with Union Nationale des Femmes Djiboutiennes, so the gender aspect is reflected.

The asset creation activities implemented in collaboration with the government and the World Bank includes mobilization of women through linkages with nutrition programmes, so that women can be trained to facilitate nutrition and health sensitization sessions instead of doing hard labour work. The target audience for the sensitization activities include both men and women. Given the numbers of new arrivals in camps with new unplanned enrolments in the course of the school year as a collateral effect, the contribution of the take-home rations to refugee school girls to the improvement of school girls' attendance and the reduction of early marriages for girls, as well as child labour could not be established this year. Successful introduction of biometrics in Holl Holl and Ali Addeh resulted in reduced distribution time, which mostly benefits women as they are the main food/cash collectors.

In all cases, WFP is investigating the decline of the gender indicators in the host population. WFP is committed to find out and take appropriate corrective measures to improve the progress towards gender equality. The Country Gender Action Plan, which will be validated in early 2017, represents a valuable tool to mainstream a gender perspective throughout all the activities in the future. WFP is part of the UN Joint Programme for Gender, which will serve as a platform to explore potential partnerships in conducting community sensitization on gender, and/or WFP field monitors and government counterparts could be trained and gender sensitization made an integral part of the project management.

Protection and Accountability to Affected Populations

Transparency, security and accountability towards its beneficiaries and communities is of great concern for WFP. Security conditions remained unchallenged in 2016 because of the socio-political stability prevailing in Djibouti. Although still below the target, the proportion of people informed about the programme showed some improvement in both food-assistance-for assets activities and general distributions. However, there was a noticeable deterioration of this indicator in Ali-Sabieh (refugee camps), which was due to the continuous arrival of new refugees and asylum seekers, which increased pressure on staff to focus on registration and the setting-up of minimum living conditions for the newcomers.

On the other side, a 2016 centralized evaluation by WFP showed that problems faced by the beneficiaries (refugees and hosts) were related to under-distribution of entitlements. Host beneficiaries complained about the length of the waiting time and lack of a queue dedicated to women at distribution sites. For refugees, lack of crowd control mechanisms, coupled with deficit of information with regard to the ration and cash entitlement was the main subject of grievance; in Markazi camp, the issue of unregistered people receiving food rations was mentioned.

In order to facilitate a two-way stream of communication between beneficiaries and WFP, WFP and its partners increased their efforts to set-up complaints and feedback mechanisms (CFM) to receive, register and manage all complaints and responses linked to food assistance activities, in particular in the refugee camps and the urban cash-based transfer (CBT) project.

For refugees, until 2016, each single stakeholder was applying its own system without any coordination. The refugees requested a unique post to place their complaints. To this end, and in agreement with its partners (UNHCR, Danish Refugee Council, Lutheran World Federation), WFP took the necessary steps for the setting-up of an inter-agency CFM. This consisted of establishing a helpdesk within each of the three refugee camps to provide women, men, girls and boys improved access to information on WFP activities and those of its partners. WFP encouraged beneficiaries to lodge any complaints both safely and confidentially. The helpdesk will operate in each refugee camp for seven hours a day, Sunday to Thursday, except during the month of Ramadan when the office will operate only four hours. At all times, the most basic composition of a helpdesk will be of at least two agents: a male and a female. A centralized ONA database platform will be used to receive, process and evaluate the synchronized complaints. Two tablets and smartphones shall be placed in each helpdesk to allow real-time registration of complaints.

The helpdesks in Ali-Addeh and Hol-Hol became operational in February 2017, and in Markazi camp in March. Activities have thus far included beneficiary sensitization regarding the complaints feedback mechanism and a single inter-agency questionnaire was elaborated using the WFP ONA platform. WFP and its partners will utilize ONA to produce monthly reports on the complaints and feedback received. These shall be shared with key personnel in programming and/ or protection fields of each respective organization for an appropriate follow up. The purpose of the CFM will be clearly communicated to the refugees. All employees of WFP and its partner agencies, in charge of operating the helpdesks, will be trained at the refugee camps on the procedures of the CFM. Moreover, the introduction of biometrics helped improve beneficiary identification and distribution process.

For cash-based transfers, the CFM was reinforced through two-modality placement of complaints: helpdesks using tablets, available in all targeted neighbourhoods and open seven hours a day (for non-beneficiaries only); and a helpline for beneficiaries only. Overall, 1298 complaints were recorded; most of the complaints (64.7%) were from non-beneficiaries appealing against their exclusion from the project. As for the project beneficiaries (28.7 percent) their concerns were mainly linked to systems including phone numbers, codes, and increase in food commodities prices in affiliated shops. The remaining 6.6 percent were about non-beneficiaries complaining about issues other than exclusion. In case of exclusion, WFP recorded the complaint and referred to the targeting criteria to resolve the issue. Through the helpline, the CFM was successful in 93 percent of cases.

Helpdesks and helpline managers were trained in complaints management. Using a helpline significantly reduced the time for addressing complaints. Nevertheless, recourse to the helpline was limited in favour of the helpdesks due to the fact that the approach was not efficiently explained to the beneficiaries. The sensitization sessions

planned for 2017 are expected to enhance confidence in the efficiency of this tool.

In all cases, the CFM will deal only with complaints, concerns, questions, and comments related to food assistance activities, such as problems arising at distribution points but also intra-household gender dynamics related to cash or in-kind food assistance. In line with the UN system-wide responsibility for staff members to uphold the highest standards of conduct, the CFM will receive and guide both cases of gender based sexual violence and sexual exploitation and abuse (SEA) complaints relating to WFP's food assistance and activities to the appropriate channels.

Story Worth Telling

In 2010, Safia and her five children fled their home in Beletwein, south Somalia. For the past six years, they have been living in the Ali-Addeh refugee camp, in the south of Djibouti, near the Somali border. Djibouti is an important destination for people running away from insecurity, violence and poverty in countries like Somalia, Ethiopia, Yemen and Eritrea. However, it is one of the least developed and most food insecure countries in the Horn of Africa, which means that many refugees depend mainly on humanitarian assistance.

Since October 2014 and the introduction of cash as a complement to food in the refugee assistance, Safia receives every month a food parcel containing wheat flour, pulses, vegetable oil, sugar and salt, as well as cash with which she can buy food at local stores. Thanks to this mixed form of assistance, refugees like Safia can better provide for their children and choose the food they prefer.

The introduction of cash in the Ali-Addeh and Hol-Hol camps, supported since November 2015 by fingerprint technology to verify beneficiaries' ID in order to reduce irregularities, increase transparency thus to ensure food and cash entitlement reach the right beneficiaries, has had many positive effects. The combination of food and cash assistance is conducive to the development of income-generating activities launched by operational partners (Danish Refugee Council and Norwegian Refugee Council). Activities range from the fields of agricultural production to economic growth with the opening of small shops and businesses in camps, and Safia was able to take up a job. With the help of her donkey, she delivers water in the camp three times a day and receives a payment for the service provided. Her work and the support she receives from WFP have enabled her to take care of her children, boosting her positive outlook on life and hopes for a better future.

Just like Safia, Nima has also benefitted from this combined assistance. Some 20 years ago, she and her four children fled Somalia and moved to the Ali-Addeh camp where they have been living since. When Nima first arrived at the camp, she made a living selling food, but profits were low and soon she had to give up her job. Now, with the help of WFP and the income she gets from her new job, Nima has bounced back. "I began to work as a butcher after the introduction of cash at Ali Addeh camp," she said.

As Nima and Safia, all refugees get their cash and food rations regularly. That amount of cash in the camps helped to jump start the local economy. Income generating activities would have been a lot more difficult to develop and less successful if the purchase power of the camp population had not been boosted by the global amount of cash injected every month through WFP assistance, giving all families the possibility to become Nima and Safia's customers.

Figures and Indicators

Data Notes

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Food distribution in Ali Addeh camp, Ali Sabieh region

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	40,138	39,373	79,511	36,444	45,215	81,659	90.8%	114.8%	102.7%
By Age-group:									
Children (under 5 years)	4,436	4,382	8,818	6,327	6,501	12,828	142.6%	148.4%	145.5%
Children (5-18 years)	11,903	11,682	23,585	9,159	10,541	19,700	76.9%	90.2%	83.5%
Adults (18 years plus)	23,799	23,309	47,108	20,958	28,173	49,131	88.1%	120.9%	104.3%
By Residence status:									
Refugees	9,232	9,056	18,288	9,605	10,401	20,006	104.0%	114.9%	109.4%
Returnees	-	-	-	272	136	408	-	-	-
Residents	30,906	30,317	61,223	26,274	34,971	61,245	85.0%	115.4%	100.0%

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)	34,400	32,600	53,000	46,303	25,820	54,280	134.6%	79.2%	102.4%
School Feeding (take-home rations)	3,500	-	3,500	4,980	-	4,980	142.3%	-	142.3%
Food-Assistance-for-Assets	22,200	450	22,650	16,976	-	16,976	76.5%	-	74.9%
Food-Assistance-for-Training	400	-	400	389	-	389	97.3%	-	97.3%

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)
Nutrition: Treatment of Moderate Acute Malnutrition	9,725	-	9,725	9,354	-	9,354	96.2%	-	96.2%
Nutrition: Prevention of Acute Malnutrition	1,950	-	1,950	440	-	440	22.6%	-	22.6%
Nutrition: Prevention of Stunting	5,855	-	5,855	2,964	-	2,964	50.6%	-	50.6%
HIV/TB: Care&Treatment;	3,000	-	3,000	2,529	-	2,529	84.3%	-	84.3%
HIV/TB: Mitigation&Safety; Nets	750	-	750	2,420	-	2,420	322.7%	-	322.7%

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)	6,680	6,520	10,600	6,820	5,200	10,856	102.1%	79.8%	102.4%
School Feeding (take-home rations)	700	-	700	996	-	996	142.3%	-	142.3%
Food-Assistance-for-Assets	4,440	90	4,530	3,396	-	3,396	76.5%	-	75.0%
Food-Assistance-for-Training	400	-	400	389	-	389	97.3%	-	97.3%
Nutrition: Treatment of Moderate Acute Malnutrition	9,725	-	9,725	9,354	-	9,354	96.2%	-	96.2%
Nutrition: Prevention of Acute Malnutrition	1,950	-	1,950	440	-	440	22.6%	-	22.6%
Nutrition: Prevention of Stunting	5,855	-	5,855	2,964	-	2,964	50.6%	-	50.6%
HIV/TB: Care&Treatment;	1,000	-	1,000	789	-	789	78.9%	-	78.9%
HIV/TB: Mitigation&Safety; Nets	150	-	150	611	-	611	407.3%	-	407.3%

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	4,876	5,724	10,600	4,679	6,177	10,856	96.0%	107.9%	102.4%

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 participants	4,876	5,724	10,600	4,679	6,177	10,856	96.0%	107.9%	102.4%
Total beneficiaries	24,380	28,620	53,000	18,563	35,717	54,280	76.1%	124.8%	102.4%
School Feeding (take-home rations)									
Children receiving take-home rations in primary schools	-	700	700	-	996	996	-	142.3%	142.3%
Total participants	-	700	700	-	996	996	-	142.3%	142.3%
Total beneficiaries	1,575	1,925	3,500	2,291	2,689	4,980	145.5%	139.7%	142.3%
Food-Assistance-for-Assets									
People participating in asset-creation activities	2,233	2,297	4,530	1,651	1,698	3,349	73.9%	73.9%	73.9%
Activity supporters	-	-	-	23	24	47	-	-	-
Total participants	2,233	2,297	4,530	1,674	1,722	3,396	75.0%	75.0%	75.0%
Total beneficiaries	10,419	12,231	22,650	7,810	9,166	16,976	75.0%	74.9%	74.9%
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	250	250	500	150	151	301	60.0%	60.4%	60.2%
TB Clients receiving food assistance	230	270	500	163	191	354	70.9%	70.7%	70.8%
PMTCT Clients receiving food assistance	-	-	-	-	134	134	-	-	-
Total participants	480	520	1,000	313	476	789	65.2%	91.5%	78.9%
Total beneficiaries	1,480	1,520	3,000	1,223	1,306	2,529	82.6%	85.9%	84.3%
HIV/TB: Mitigation&Safety; Nets									
TB Clients receiving food assistance	69	81	150	-	611	611	-	754.3%	407.3%
Total participants	69	81	150	-	611	611	-	754.3%	407.3%
Total beneficiaries	345	405	750	1,113	1,307	2,420	322.6%	322.7%	322.7%

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)	1,453	1,500	2,953	1,229	1,267	2,496	84.6%	84.5%	84.5%
Children (24-59 months)	1,453	1,499	2,952	1,229	1,268	2,497	84.6%	84.6%	84.6%
Pregnant and lactating girls (less than 18 years old)	-	1,198	1,198	-	1,349	1,349	-	112.6%	112.6%
Pregnant and lactating women (18 plus)	-	2,622	2,622	-	3,012	3,012	-	114.9%	114.9%
Total beneficiaries	2,906	6,819	9,725	2,458	6,896	9,354	84.6%	101.1%	96.2%
Nutrition: Prevention of Acute Malnutrition									
Children (24-59 months)	961	989	1,950	220	220	440	22.9%	22.2%	22.6%
Total beneficiaries	961	989	1,950	220	220	440	22.9%	22.2%	22.6%
Nutrition: Prevention of Stunting									
Children (6-23 months)	1,730	1,775	3,505	824	855	1,679	47.6%	48.2%	47.9%
Pregnant and lactating girls (less than 18 years old)	-	810	810	-	469	469	-	57.9%	57.9%
Pregnant and lactating women (18 plus)	-	1,540	1,540	-	816	816	-	53.0%	53.0%
Total beneficiaries	1,730	4,125	5,855	824	2,140	2,964	47.6%	51.9%	50.6%

Project Indicators

Outcome Indicators

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
SO1 Save lives and protect livelihoods in emergencies				

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
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: 2015.12, WFP programme monitoring, CP report, Latest Follow-up: 2016.12, WFP programme monitoring, CP report</i>	>75.00	88.00	89.00	91.00
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: 2015.12, WFP programme monitoring, CP report, Latest Follow-up: 2016.12, WFP programme monitoring, CP report</i>	<3.00	0.80	2.00	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: 2015.12, WFP programme monitoring, CP report, Latest Follow-up: 2016.12, WFP programme monitoring, CP report</i>	<15.00	3.60	9.00	7.00
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: 2015.12, WFP programme monitoring, CP report, Latest Follow-up: 2016.12, WFP programme monitoring, CP report</i>	<15.00	7.70	1.00	2.00
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: 2015.12, WFP programme monitoring, CP report, Latest Follow-up: 2016.12, WFP programme monitoring, CP report</i>	>70.00	81.00	83.00	107.00
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: 2015.12, WFP survey, FSOM October 2015, Latest Follow-up: 2016.12, WFP survey, FSOM October 2016</i>	<6.00	6.00	29.00	17.70
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: 2015.12, WFP survey, FSOM October 2015, Latest Follow-up: 2016.12, WFP survey, FSOM October 2016</i>	<7.00	7.00	28.00	13.60
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: 2015.12, WFP survey, FSOM October 2015, Latest Follow-up: 2016.12, WFP survey, FSOM October 2016</i>	<6.00	6.00	30.00	19.30
Diet Diversity Score				
<i>REFUGEES, Project End Target: 2017.12, FSOM, Base value: 2015.05, WFP survey, FSOM May 2015, Previous Follow-up: 2015.12, WFP survey, FSOM October 2015, Latest Follow-up: 2016.12, WFP survey, FSOM October 2016</i>	>4.80	4.80	3.80	4.12
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: 2015.12, WFP survey, FSOM October 2015, Latest Follow-up: 2016.12, WFP survey, FSOM October 2016</i>	>5.00	5.00	3.69	4.22

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
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: 2015.12, WFP survey, FSOM October 2015, Latest Follow-up: 2016.12, WFP survey, FSOM October 2016</i>	>4.70	4.70	3.91	4.26
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: 2015.12, WFP survey, FSOM October 2015, Latest Follow-up: 2016.12, WFP survey, FSOM October 2016</i>	<4.00	4.00	12.00	12.70
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: 2015.12, WFP survey, FSOM October 2015, Latest Follow-up: 2016.12, WFP survey, FSOM October 2016</i>	<4.00	4.00	12.60	12.00
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: 2015.12, WFP survey, FSOM October 2015, Latest Follow-up: 2016.12, WFP survey, FSOM October 2016</i>	<3.00	3.00	11.73	12.98
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: 2015.12, WFP survey, FSOM October 2015, Latest Follow-up: 2016.12, WFP survey, FSOM October 2016</i>	<6.00	31.00	21.00	34.00
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: 2015.12, WFP survey, FSOM October 2015, Latest Follow-up: 2016.12, WFP survey, FSOM October 2016</i>	<6.00	30.00	25.00	32.60
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: 2015.12, WFP survey, FSOM October 2015, Latest Follow-up: 2016.12, WFP survey, FSOM October 2016</i>	<6.00	32.00	20.00	34.60
Diet Diversity Score				
<i>RURAL, Project End Target: 2017.12, FSOM, Base value: 2015.05, WFP survey, FSOM May 2015, Previous Follow-up: 2015.12, WFP survey, FSOM October 2015, Latest Follow-up: 2016.12, WFP survey, FSOM October 2016</i>	>3.20	3.20	3.70	3.37
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: 2015.12, WFP survey, FSOM October 2015, Latest Follow-up: 2016.12, WFP survey, FSOM October 2016</i>	>3.30	3.30	3.70	3.27
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: 2015.12, WFP survey, FSOM October 2015, Latest Follow-up: 2016.12, WFP survey, FSOM October 2016</i>	>3.20	3.20	3.70	3.35

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
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: 2015.12, WFP survey, FSOM October 2015, Latest Follow-up: 2016.12, WFP survey, FSOM October 2016</i>	<18.00	18.00	17.00	38.00
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: 2015.12, WFP survey, FSOM October 2015, Latest Follow-up: 2016.12, WFP survey, FSOM October 2016</i>	<16.00	16.00	19.00	35.52
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: 2015.12, WFP survey, FSOM October 2015, Latest Follow-up: 2016.12, WFP survey, FSOM October 2016</i>	<19.00	19.00	17.00	39.11
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: 2015.12, WFP programme monitoring, CP report, Latest Follow-up: 2016.12, WFP programme monitoring, CP report</i>	=6.00	16.00	0.00	41.70
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: 2015.12, WFP programme monitoring, CP report, Latest Follow-up: 2016.12, WFP programme monitoring, CP report</i>	=6.00	14.00	1.00	28.90
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: 2015.12, WFP programme monitoring, CP report, Latest Follow-up: 2016.12, WFP programme monitoring, CP report</i>	=6.00	16.00	87.00	0.00
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: 2015.12, WFP programme monitoring, CP report, Latest Follow-up: 2016.12, WFP programme monitoring, CP report</i>	=6.00	14.00	90.00	0.00
Attendance rate (girls) in WFP-assisted primary schools				
<i>REFUGEES, Project End Target: 2017.12, M&E, Previous Follow-up: 2015.12, WFP programme monitoring, CP report, Latest Follow-up: 2016.12, WFP programme monitoring, CP report</i>	>80.00	-	99.00	96.70
Attendance rate (boys) in WFP-assisted primary schools				
<i>REFUGEES, Project End Target: 2017.12, M&E, Previous Follow-up: 2015.12, WFP programme monitoring, CP report, Latest Follow-up: 2016.12, WFP programme monitoring, CP report</i>	>80.00	-	99.00	88.50

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Attendance rate (girls) in WFP-assisted secondary schools				
<i>REFUGEES, Project End Target: 2017.12, M&E, Previous Follow-up: 2015.12, WFP programme monitoring, CP report , Latest Follow-up: 2016.12, WFP programme monitoring, CP report</i>	>80.00	-	89.00	48.40
Attendance rate (boys) in WFP-assisted secondary schools				
<i>REFUGEES, Project End Target: 2017.12, M&E, Previous Follow-up: 2015.12, WFP programme monitoring, CP report , Latest Follow-up: 2016.12, WFP programme monitoring, CP report</i>	>80.00	-	86.00	76.20
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, Previous Follow-up: 2015.12, WFP survey, FSOM October 2015, Latest Follow-up: 2016.12, WFP survey, FSOM October 2016</i>	>80.00	-	100.00	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: 2015.12, WFP survey, FSOM October 2015, Latest Follow-up: 2016.12, WFP survey, FSOM October 2016</i>	<5.00	24.00	14.70	8.30
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: 2015.12, WFP survey, FSOM October 2015, Latest Follow-up: 2016.12, WFP survey, FSOM October 2016</i>	<5.00	24.00	36.10	29.10
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: 2015.12, WFP survey, FSOM October 2015, Latest Follow-up: 2016.12, WFP survey, FSOM October 2016</i>	<5.00	27.00	26.00	12.50
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: 2015.12, WFP survey, FSOM October 2015, Latest Follow-up: 2016.12, WFP survey, FSOM October 2016</i>	<5.00	23.00	13.80	6.70
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: 2015.12, WFP survey, FSOM October 2015, Latest Follow-up: 2016.12, WFP survey, FSOM October 2016</i>	<4.00	18.00	26.30	22.50
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: 2015.12, WFP survey, FSOM October 2015, Latest Follow-up: 2016.12, WFP survey, FSOM October 2016</i>	<5.00	27.00	36.40	32.10

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Diet Diversity Score				
<i>RURAL, Project End Target: 2017.12, FSOM, Base value: 2015.05, WFP survey, FSOM May 2015, Previous Follow-up: 2015.10, WFP survey, FSOM Oct 2015, Latest Follow-up: 2016.12, WFP survey, FSOM October 2016</i>	>3.90	3.90	3.70	4.10
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: 2015.12, WFP survey, FSOM October 2015, Latest Follow-up: 2016.12, WFP survey, FSOM October 2016</i>	>3.90	3.90	3.70	4.12
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: 2015.12, WFP survey, FSOM October 2015, Latest Follow-up: 2016.12, WFP survey, FSOM October 2016</i>	>3.90	3.90	3.70	3.76
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: 2015.12, WFP survey, FSOM October 2015, Latest Follow-up: 2016.12, WFP survey, FSOM October 2016</i>	<8.00	8.00	15.60	40.19
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: 2015.12, WFP survey, FSOM October 2015, Latest Follow-up: 2016.12, WFP survey, FSOM October 2016</i>	<34.00	34.00	52.00	45.00
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: 2015.12, WFP survey, FSOM October 2015, Latest Follow-up: 2016.12, WFP survey, FSOM October 2016</i>	<34.00	34.00	51.00	43.00
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: 2015.12, WFP survey, FSOM October 2015, Latest Follow-up: 2016.12, WFP survey, FSOM October 2016</i>	<34.00	34.00	63.00	49.00
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: 2015.12, WFP survey, FSOM October 2015, Latest Follow-up: 2016.12, WFP survey, FSOM October 2016</i>	<5.60	5.60	13.10	36.87
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: 2015.12, WFP survey, FSOM October 2015, Latest Follow-up: 2016.12, WFP survey, FSOM October 2016</i>	<9.20	9.20	15.80	40.68
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				

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of target population who participate in an adequate number of distributions				
AREAS WHERE GAM EXCEEDS 15%, Project End Target: 2017.12, Base value: 2015.01, WFP survey, Previous Follow-up: 2015.12, WFP survey, Latest Follow-up: 2016.12, WFP survey	>66.00	0.00	0.00	0.00
Proportion of eligible population who participate in programme (coverage)				
AREAS WHERE GAM EXCEEDS 15%, Project End Target: 2017.12, Base value: 2015.05, WFP survey, Previous Follow-up: 2015.12, WFP survey	>70.00	0.00	0.00	-
MAM treatment recovery rate (%)				
ENTIRE COUNTRY, Project End Target: 2017.12, M&E, Base value: 2015.01, WFP programme monitoring, M&E, Previous Follow-up: 2015.12, WFP programme monitoring, CP report , Latest Follow-up: 2016.12, WFP programme monitoring, CP Report	>75.00	88.00	69.00	52.00
MAM treatment mortality rate (%)				
ENTIRE COUNTRY, Project End Target: 2017.12, M&E, Base value: 2015.01, WFP programme monitoring, M&E, Previous Follow-up: 2015.12, WFP programme monitoring, CP report , Latest Follow-up: 2016.12, WFP programme monitoring, CP Report	<3.00	2.30	0.00	0.00
MAM treatment default rate (%)				
ENTIRE COUNTRY, Project End Target: 2017.12, M&E, Base value: 2015.01, WFP programme monitoring, M&E, Previous Follow-up: 2015.12, WFP programme monitoring, CP Report, Latest Follow-up: 2016.12, WFP programme monitoring, CP Report	<15.00	5.90	22.00	43.00
MAM treatment non-response rate (%)				
ENTIRE COUNTRY, Project End Target: 2017.12, M&E, Base value: 2015.01, WFP programme monitoring, M&E, Previous Follow-up: 2015.12, WFP programme monitoring, CP report , Latest Follow-up: 2016.12, WFP programme monitoring, CP Report	<15.00	3.60	5.00	5.00
Proportion of eligible population who participate in programme (coverage)				
OBOCK - DIKHIL, Project End Target: 2017.12, Base value: 2015.05, WFP survey, Previous Follow-up: 2015.12, WFP survey	>70.00	0.00	0.00	-
Proportion of children who consume a minimum acceptable diet				
OBOCK - DIKHIL, Project End Target: 2017.12, Base value: 2015.05, WFP survey, Previous Follow-up: 2015.12, WFP survey	>70.00	0.00	0.00	-
Proportion of eligible population who participate in programme (coverage)				
REFUGEES, Project End Target: 2017.12, Base value: 2015.05, WFP survey, Previous Follow-up: 2015.12, WFP survey	>70.00	0.00	0.00	-
Proportion of children who consume a minimum acceptable diet				
REFUGEES, Project End Target: 2017.12, Base value: 2015.05, WFP survey, Previous Follow-up: 2015.12, WFP survey	>70.00	0.00	0.00	-
Proportion of eligible population who participate in programme (coverage)				
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	>50.00	0.00	0.00	-
TB Treatment Success Rate (%)				
RURAL, Project End Target: 2017.12, M&E, Base value: 2015.01, WFP programme monitoring, M&E, Previous Follow-up: 2015.12, WFP programme monitoring, CP report , Latest Follow-up: 2016.12, WFP programme monitoring, CP report	>55.00	20.00	56.00	41.00

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
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: 2015.12, WFP programme monitoring, CP report, Latest Follow-up: 2016.12, WFP programme monitoring, CP report</i>	>75.00	83.00	88.00	93.00
ART Adherence Rate (%)				
<i>URBAN, Project End Target: 2017.12, M&E, Base value: 2015.01, WFP programme monitoring, M&E, Previous Follow-up: 2015.12, WFP programme monitoring, CO monthly report, Latest Follow-up: 2016.12, WFP programme monitoring, CO monthly report</i>	>65.00	83.00	98.00	83.00
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: 2015.12, WFP programme monitoring, CP monthly report, Latest Follow-up: 2016.12, WFP programme monitoring, CO monthly report</i>	>75.00	21.00	29.17	72.00

Output Indicators

Output	Unit	Planned	Actual	% Actual vs. Planned
SO1: Nutrition: Prevention of Acute Malnutrition				
Number of women receiving nutrition counseling supported by WFP	individual	-	62	-
SO1: Nutrition: Prevention of Stunting				
Number of women receiving nutrition counseling supported by WFP	individual	60	-	-
SO1: Nutrition: Treatment of Moderate Acute Malnutrition				
Number of health centres/sites assisted	centre/site	2	3	150.0%
SO1: School Feeding (take-home rations)				
Number of schools assisted by WFP	school	2	-	-
SO3: Food-Assistance-for-Assets				
Hectares (ha) of agricultural land benefiting from new irrigation schemes (including irrigation canal construction, specific protection measures, embankments, etc)	Ha	1	1	100.0%
Number of people trained in hygiene promotion	individual	265	322	121.5%
Number of tanks constructed	unit	32	32	100.0%
Quantity of tree seedlings produced provided to individual households	tree seedling	1,000	1,500	150.0%
Quantity of tree seedlings produced used for afforestation, reforestation and vegetative stabilization	tree seedling	1,340	1,460	109.0%
SO4: Nutrition: Prevention of Stunting				
Number of government staff trained by WFP in nutrition programme design, implementation and other nutrition related areas (technical/strategic/managerial)	individual	20	-	-
Number of men receiving nutrition counseling supported by WFP	individual	42	-	-
SO4: Nutrition: Treatment of Moderate Acute Malnutrition				
Number of health centres/sites assisted	centre/site	82	82	100.0%

Output	Unit	Planned	Actual	% Actual vs. Planned
Quantity of kitchen utensils distributed (plates, spoons, cooking pots etc.)	tool	352	352	100.0%

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>ALI-SABIEH, General Distribution (GD), Base value: 2014.12, Previous Follow-up: 2015.12, Latest Follow-up: 2016.12</i>		0.00	3.50	3.00
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: 2015.12, Latest Follow-up: 2016.12</i>	>30.00	26.00	3.00	2.00
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: 2015.12, Latest Follow-up: 2016.12</i>	>30.00	12.00	2.00	2.00
Proportion of households where females make decisions over the use of cash, voucher or food				
<i>ALI-SABIEH, General Distribution (GD), Project End Target: 2017.12, Base value: 2014.12, Previous Follow-up: 2015.12, Latest Follow-up: 2016.12</i>	>50.00	86.00	64.00	74.00
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: 2015.12, Latest Follow-up: 2016.12</i>	>50.00	60.00	65.00	38.00
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: 2015.12, Latest Follow-up: 2016.12</i>	>50.00	64.00	62.00	56.00
Proportion of households where males make decisions over the use of cash, voucher or food				
<i>ALI-SABIEH, General Distribution (GD), Project End Target: 2017.12, Base value: 2014.12, Previous Follow-up: 2015.12, Latest Follow-up: 2016.12</i>	<20.00	14.00	32.50	23.00
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: 2015.12, Latest Follow-up: 2016.12</i>	<20.00	14.00	32.00	60.00
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: 2015.12, Latest Follow-up: 2016.12</i>	<20.00	24.00	36.00	42.00

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
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: 2015.12, Latest Follow-up: 2016.12</i>	>50.00	0.00	30.00	33.00
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: 2015.12, Latest Follow-up: 2016.12</i>	>50.00	29.00	45.00	40.00
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: 2015.12, Latest Follow-up: 2016.12</i>	>60.00	0.00	42.00	42.00
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: 2015.12, Latest Follow-up: 2016.12</i>	>60.00	29.00	66.00	41.00

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: 2015.12, Latest Follow-up: 2016.12</i>		35.30	77.00	44.00
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: 2015.12, Latest Follow-up: 2016.12</i>	>80.00	38.00	38.00	58.00
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: 2015.12, Latest Follow-up: 2016.12</i>	>80.00	9.00	32.00	39.00
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: 2015.12, Latest Follow-up: 2016.12</i>	>98.00	97.20	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, Food-Assistance-for-Assets, Project End Target: 2017.12, Base value: 2014.12, Previous Follow-up: 2015.12, Latest Follow-up: 2016.12</i>	>98.00	96.60	100.00	100.00

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
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: 2015.12, Latest Follow-up: 2016.12</i>	>98.00	99.20	98.00	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: 2016.12</i>	=4,000,000.00	3,386,000.00
Number of partner organizations that provide complementary inputs and services		
<i>DJIBOUTI, General Distribution (GD), Project End Target: 2017.12, Latest Follow-up: 2016.12</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: 2016.12</i>	=100.00	67.00

Resource Inputs from Donors

Resource Inputs from Donors

Donor	Cont. Ref. No.	Commodity	Purchased in 2016 (mt)	
			In-Kind	Cash
European Commission	EEC-C-00583-01	Wheat Flour	-	686
European Commission	EEC-C-00583-01	Wheat Soya Blend	-	142
Japan	JPN-C-00427-01	Rice	-	94
Japan	JPN-C-00427-01	Split Peas	-	229
Japan	JPN-C-00427-01	Wheat Soya Blend	-	38
Japan	JPN-C-00511-01	Split Peas	-	462
Japan	JPN-C-00511-01	Sugar	-	92
Japan	JPN-C-00511-01	Wheat Flour	-	125
Japan	JPN-C-00511-01	Wheat Soya Blend	-	519
MULTILATERAL	MULTILATERAL	Iodised Salt	-	24
MULTILATERAL	MULTILATERAL	Rice	-	225
MULTILATERAL	MULTILATERAL	Split Peas	-	217
MULTILATERAL	MULTILATERAL	Vegetable Oil	-	128
UN CERF	001-C-01425-01	Split Peas	-	200

Donor	Cont. Ref. No.	Commodity	Purchased in 2016 (mt)	
			In-Kind	Cash
UN CERF	001-C-01425-01	Sugar	-	130
UN CERF	001-C-01425-01	Vegetable Oil	-	70
UN CERF	001-C-01425-01	Wheat Flour	-	294
USA	USA-C-01216-01	Sorghum/Millet	1,160	-
USA	USA-C-01216-01	Split Peas	250	-
USA	USA-C-01216-01	Vegetable Oil	280	-
USA	USA-C-01216-01	Wheat Flour	1,300	-
USA	USA-C-01216-02	Vegetable Oil	30	-
USA	USA-C-01216-03	Sorghum/Millet	1,230	-
USA	USA-C-01216-03	Split Peas	120	-
USA	USA-C-01216-03	Vegetable Oil	130	-
USA	USA-C-01216-03	Wheat Flour	1,240	-
		Total	5,740	3,674