

Operation Update 1

Djibouti: Flash Floods

DREF n° MDRDJ003 / PDJ012	Glide n° FF-2019-000161-DJI
Operation update n° 1; 6 March 2020	Timeframe covered by this update: 6 December 2019 to 4 March 2020
Operation start date: 06 December 2019	Operation timeframe: 6 December 2019 to 6 May 2020 (5 months)
Funding requirements (CHF): 223,977	DREF amount initially allocated: CHF 190,008 Second allocation requested: CHF 33,969
N° of people being assisted: 10,000 people (2,000 households)	
Red Cross Red Crescent Movement partners currently actively involved in the operation: British Red Cross Society (BRC), International Committee of the Red Cross (ICRC), International Federation of Red Cross and Red Crescent Societies (IFRC)	
Other partner organizations actively involved in the operation: The Government of Djibouti, United Nations Mission in Djibouti and United Nations agencies: IOM, UNICEF, WHO, UNPD and WFP.	

Summary of major revisions made to emergency plan of action:

Through this Operations Update 1, Red Crescent Society of Djibouti (DRCS) seeks a **timeframe extension for two months** with a new operation end date of 6 May 2020. With support from the surge WASH delegate in-country, DRCS conducted an assessment for 84 latrines identified for rehabilitation as per the initial plan of action. From the assessment, the initial amount budgeted is only sufficient to rehabilitate 32 latrines. Through this Operations update, DRCS seeks a **second allocation of CHF 33,969** to cover funds needed for rehabilitation of additional 50 latrines (the remaining 2 will be covered by a UNICEF contribution). In addition, the Surge WASH delegate will be extended for one additional month to support implementation and monitoring of pending activities which include rehabilitation works on the latrines, completion of NFI procurement process and distributions.

During implementation, DRCS faced challenges in procurement of some of the non-food items (NFIs) as market prices of items such as the jerry cans, blankets and mats was higher than initially budgeted. This is due to the scale of the disaster, which drove up demand and price of the items. DRCS did not procure aqua tabs as initially planned as they received a contribution for the aqua tabs from UNICEF, which allowed for them to cover for the cost of the NFIs.

Procurement is still ongoing for some of the other items, including hand washing kits. The two months extension will allow for sourcing and distribution of these items.

<Click [here](#) for the revised budget and [here](#) for the Contacts.>

A. SITUATION ANALYSIS

Description of the disaster

Djibouti experienced heavy rains between 21 and 28 November 2019, triggering flash floods and destruction of property, homes and livelihoods across the country. According to the Meteorological Institute of Djibouti, peak rainfall was experienced for three days between 21 to 23 November 2019, with over 295mm of rainfall recorded. This was more than Djibouti's yearly average rainfall of 127mm and was equivalent to two years of rainfall.

Eleven (11) people (including seven (7) children) lost their lives due to flooding and a landslide. A Government-led Interagency Rapid Assessment conducted on 27 and 28 November revealed that over 250,000 people had been affected

across the country. The most severe impact of the rains occurred in Djibouti city, where an estimated 200,000 people (21 per cent of the total population of the country) were affected. Other areas affected included the localities of Arta, Damerjog, Goubeto and Tadjourah. New rains experienced between 7 and 10 December 2020 also made access to the affected areas more difficult.

Summary of current response

Overview of Host National Society

A [DREF operation](#) was launched by IFRC to support the Red Crescent Society of Djibouti (DRCS) provide immediate Health and Water, Sanitation and Hygiene assistance to 2,000 households (10,000 people) affected by flash flooding in Djibouti city and Arta.

To date, the DRCS has implemented the following activities:

- Participation at the coordination meeting with the government and other partners;
- Mobilization of 80 volunteers and 3 staff;
- Realization of First Aid activities, including Psychosocial First Aid, search and rescue including evacuation assistance, sensitization sessions on hygiene and sanitation especially in collective centres (schools, community development centres) where people were temporarily relocated.
- Distribution of Non-Food Items as part of DRCS stock: 1,000 Aquatabs, 614 bars of soap (7 cartons of 100 pieces) Javel/bleach (50 cartons), 1,500 blankets, 1,500 mats, 1,000 garbage bags and 1,500 handwashing buckets with accessories;
- Collaboration with government of Djibouti / Ministry of Social Affairs with the distribution of 3,500 meals/day;
- Trained 164 volunteers on PHAST approach;
- Sensitization activities have started in which each volunteer covers 12 households (HH) per day;
- Undertaken the assessment of the 84 latrines for rehabilitation.

Overview of Red Cross Red Crescent Movement in country

The International Federation of Red Cross and Red Crescent Societies (IFRC) has been assisting through its East Africa Country Cluster office in Nairobi, Kenya. A Regional Surge WASH delegate was deployed in January 2020 to support DRCS with implementation of the WASH and health component of the operation, including the volunteer trainings.

The International Committee of the Red Cross has a mission in Djibouti. Movement partners active in Djibouti, based in Nairobi, are informed on the situation and the National Society coordinated closely with partners. The British Red Cross (BRC) approved the use of funds dedicated to emergency responses during the emergency, to support National Society in distributing the relief donations received from Kuwait Red Crescent Society. Indeed, these funds also served to cover distribution cost, per diem for volunteers and fuel. The Turkish Red Crescent also offered support to the affected people with relief items donated to the National Society.

The International Committee of the Red Cross (ICRC) mission in Djibouti, through the support provided as a part of the cooperation program (e.g. salaries for program coordinators) supported the DRCS in organizing the initial response. The ICRC also provided accommodation to the surge WASH delegate for one month, as he was doing training of the volunteers. In response to the disaster, ICRC provided hygiene items to the Gabod prison in Djibouti.

Kuwait Red Crescent has provided the NS with clothes, blankets and first aid kits which have been distributed in the Ali-Sabieh, Tadjourah and Arta regions /location where this DREF operation has not reached, for a total of 1,690 HHs.

Overview of non-RCRC actors in country

After the emergency phase, the number of actors has reduced; however, the government led by the minister of social affairs in coordination with Norwegian Refugee Council (NRC), UNDP, UNICEF, continues to respond with distribution of household kits (through DRCS) and also using cash transfer for the rehabilitation of damaged houses.

Following the disaster, the government activated the emergency plan (ORSEC) and invited humanitarian partners to participate in the crisis cell held at the Djibouti City Prefecture. The government requested for support from international partners to respond to the emergency. The Ministry Interior, with support from the Executive Secretariat for Risk and Disaster Management (SEGRC), oversees risk and disaster management and coordination of efforts from partners. The Minister of Social Affairs and Solidarity (MASS) ensures the operational coordination of humanitarian assistance and social support.

A rapid inter-agency humanitarian assessment was conducted by the government and humanitarian partners on 27 and 28 November 2019 with the participation of 50 staff people from various ministries, SEGRC, the City Hall, the Djibouti National Institute of Statistics (INSD), UN system agencies and NGOs.

At the start of the emergency, major concerns include sanitation, food security, non-food items/shelter and health, particularly among the most vulnerable groups among those affected by the disaster. A door-to-door survey targeting 12,000 households was also conducted by the Ministry of Social Affairs and Solidarity to identify and assist the most affected households in flood-affected areas.

The United Nations has a mission in Djibouti, led by the Resident Coordinator, which worked closely with the SERGC and MASS. The UN launched a [flash appeal](#) on 16 December 2019 seeking 14.3 million US dollars to reach 150,000 people affected by the floods with assistance in health and nutrition, WASH, food security, shelter, NFIs, education and coordination. As at now, only UNICEF in country and the Red Crescent are currently contributing to this response – Djibouti RC through this DREF and UNICEF through an 11.9 million DJF cash contribution and 5.6 million DJF in kind contribution. This sums up to approximately CHF 94,000 in total from UNICEF. In addition, according to the coordination agreement on the field, UNICEF will provide support in desludging 348 latrines as well as rehabilitating two latrines, while the National Society rehabilitates 82 latrines.

The full overview of actions from non-RC actors (including UN agencies) remains as outlined in the Emergency Plan of Action ([EPoA](#)).

Needs analysis and scenario planning

Needs analysis

According to the government-led Interagency Rapid Assessment, an estimated 250,000 people were affected by the floods, with an estimated 150,000 people, including migrants and refugees, who were in need of immediate humanitarian assistance.

The most severe impact of the rains occurred in Djibouti city, where an estimated 200,000 people (21 per cent of the total population of the country) were affected. The greatest impact was felt by the most vulnerable groups including those living in extreme poverty, children, widows, the elderly, disabled and people on the move (refugees, migrants and IDPs).

The affected areas are the same hosting vulnerable populations that were hit by Cyclone Sagar and subsequent flooding in late May 2018, many of whom were still recovering from the last disaster.

Water, Sanitation and Hygiene

Prior to the floods, people in Djibouti received their water primarily from piped sources and water trucking. Following the rain and subsequent flooding, 37 per cent (55,500 people) lost access to safe water sources and 63 per cent were affected by infiltrations and contamination of the available sources.

Sanitation coverage before the floods averaged 50 per cent. The rehabilitation of latrines damaged during cyclone Sagar in May 2018, as well as construction of new public latrines in areas where people practice open defecation were ongoing when the 2019 floods occurred.

Floodwaters have impacted almost 17,000 households who lost access to safe sanitation due to overflowing of sanitation facilities and sewage systems. Some 79 per cent of Djibouti town districts reported visual evidence of contamination. A further 7,200 households reported lack of access to safe drinking water and need urgent support to reduce the risk of disease outbreak. Only 22 per cent of affected people report having access to soap and hygiene products. Sanitation coverage across the country was already very low, in both homes and schools, prior to the recent rains.

The sewage systems have also been impacted. Despite continued pumping, which started immediately, the evacuation of stagnant water took time. In some cases, dried up areas were flooded again as the sewage systems was unable to function properly.

Given the sanitation situation, coupled with limited access to safe water, the risk of a potential water- or vector-borne disease outbreak is high.

Health

According to the assessment, 14 health centres were damaged by the floods in Djibouti city alone, disrupting health services to the population in the affected neighbourhoods. Prior to the floods, communities had low access to healthcare services due to unaffordable cost recovery fees and prescription drugs, and lack of medicines in health facilities.

The poor hygiene conditions of many areas following the floods, in turn increases the risk of outbreaks of water- and vector-borne diseases. Acute watery diarrhoea syndromes (AWD) are endemic in the country and the region, with 3,450 AWD cases reported in Djibouti in 2018 affecting residents, IDPs, refugees, and migrants.

Stagnant water has become a breeding ground for mosquitos, which caused an increase in the number of reported cases of vector borne diseases like malaria, dengue and chikungunya. According to official communication from Djibouti Minister of Health on 24 December 2019, health services reportedly recorded 16,000 cases of fevers in various health structures. Government authorities reportedly began aerial spraying for the mosquito in late December in an attempt to stem the spread of the epidemic.

While the government has taken steps to curb the malaria epidemics with significant results in the last few months, gains are at risk of being lost if the malaria control activities are not urgently expanded. Reinforced vector control, proper case management and effective risk communication campaigns are urgently needed to bring the epidemics under control.

Food security and livelihoods

Flooding has impacted household food security, with 95 per cent of affected households reported losing key household food stock in Djibouti town. Prior to the disaster, about 280,000 people (one third of the total population) were facing chronic levels food insecurity, according to the 2018-2022 IPC Chronic Food Insecurity Analysis. Djibouti's dependence upon imports, coupled with 21 per cent of the population living in a situation of extreme poverty, makes households highly vulnerable to shocks.

Compounding the agricultural loss is the desert locust invasion in the five regions at the early phase of the crop calendar in Djibouti. The rains have provided favourable conditions for the further breeding of locusts, resulting in total loss of vegetable, fruit and fodder crops, including free-grazing areas. The infestation represents a real threat which could trigger human and animal starvation.

Djibouti suffered widespread flooding as a result of cyclone Sagar in May 2018, followed by drought and have been hit by the current floods, deteriorating the food security situation, especially in rural areas. Crop loss and loss of livestock will compound an already fragile food security situation in rural areas, which has recently been worsened by the floods.

According to the rapid humanitarian assessment data, in Djibouti city 89.5 per cent interviewed report the total amount of food people consume now in the household has decreased since the floods.

Emergency shelter and non-food items

According to the joint assessment, at least 26 per cent of affected people need shelter support, as their homes have been damaged, and many were still being hosted by friends and relatives one week after the rains. The most vulnerable flood affected families with partially damaged houses need repair assistance and those who lost their entire houses need new shelters. Key informants also indicated that many families lost their basic household items, furniture and electric appliances. An estimated 75 per cent (112,000 people) need support to replace key household items as they are forced to prioritize what little income they have on other essential goods. Almost all districts lacked plastic sheeting, blankets and bed sheets.

B. OPERATIONAL STRATEGY

Proposed strategy

The overall objective of the DREF operation is to respond to the immediate Health and WASH needs of 2,000 households (10,000 people) affected by flash flooding in Djibouti and Arta regions, as stated in the [EPoA](#).

This Operations update seeks to extend the operation by two (2) months (total timeframe will be five (5) months), to allow DRCS sufficient time to complete procurement of remaining items to replenish its emergency stock distributed at the onset of the emergency. Due to the scale and scope of the disaster, some of the non-food items like the handwashing facilities were not readily available in the local market. In addition, further assessment of the damaged latrines revealed that the initial estimate for rehabilitation (32 latrines) is less than the actual needed. As such, the DRCS requests a second allocation of CHF 33,969 to rehabilitate an additional 50 latrines, bringing the total number of latrines rehabilitated under this operation to 82.

Shelter

To date, procurement and replenishment of stock has been done as followed:

Description	Planned	Actual	Comments
Replenishment aqua tabs	1,000 pieces	0	UNICEF contributed 36,000 tabs
Bar soap	614 pieces (7 cartons)	792 pieces (7 cartons)	Difference because of quantity of pieces per carton
Javel (bleach)	50 cartons	240 pieces	
Blankets	1,500 pieces	789 pieces	Market prices were higher than budgeted. DRCS decided to purchase fewer quantities for replenishment than planned because international procurement in Djibouti takes at least 1.5 months.
Mats	1,500 pieces	857 pieces	Market prices were higher than budgeted. DRCS decided to purchase fewer quantities for replenishment than planned because

			international procurement in Djibouti takes at least one and a half months.
Garbage bags	1,000 pieces	1,000 pieces	
Handwashing buckets with accessories	1,500 pieces		In progress

Health

- 1. Realization of detailed needs assessment and beneficiary assessment:** A government-led Interagency Rapid Assessment conducted on 27 and 28 November revealed that over 250,000 people had been affected across the country. No further detailed needs assessment was conducted by DRCS.
- 2. Procurement and distribution of Long Lasting Insecticidal Treated Nets (LLITNs):** After the rainfall, a lot of stagnant water is on the surface of the town and this has caused the proliferation of mosquitos and other vectors. The Ministry of Health acknowledged that chikungunya has affected a lot people in Djibouti. Some 2,000 mosquito nets were procured and distributed to this effect. So far, 112 HHs have received the nets and distributions are ongoing. The LLITN distributions will be coupled with information on how to how to protect oneself during daytime, since Chikungunya is spread by mosquitoes which are active during the day and at night.
- 3. Realization of health education sessions on malaria prevention:** The distribution of LLITN is being accompanied by sensitizations on how to use the nets effectively through keep-up / hung-up strategy. Other malaria prevention strategies including environmental management will be presented to all targeted beneficiaries. Notions on identification of malaria symptoms and where to seek for help will be disseminated at the community level through HH and community dialogues activities undertaken by volunteers. Health education activities will be coupled with WASH awareness sessions and campaign to maximize their impact above all on cross-cutting aspects.
- 4. Procure and disseminate information, education and communication (IEC) material (poster and leaflet):** 500 posters and 500 leaflets are in the process of being duplicated and will be used by volunteers during sensitization sessions on malaria, chikungunya and dengue. DRCS will use materials already designed and approved by the Ministry of Health (MoH), which are already in French.

Water, Sanitation and Hygiene (WASH)

- 1. Orientation of volunteers on Hygiene promotion in emergencies:** Of the planned 80 volunteers to be reached, a total of 164 volunteers (79 from the Djibouti Local Committee, 50 from the Local Committees in the regions of Ali Sabieh and Dikhil and 35 from Obok and Tajourah) were trained on Participatory Hygiene and Sanitation Transformation in Emergency (PHAST) from 6 to 11 February and 26 to 28 February. The training was facilitated by the IFRC WASH surge delegate.

The training equipped the volunteers with skills for better implementation of the community activities of the DREF operation, as well as subsequent actions in terms of sensitization of the communities. Topics covered included:

- Definition on the concept of hygiene promotion, the main areas of hygiene and sanitation;
 - Review the three elements (pillars) of WASH whose good management contributes to better health;
 - Review some diseases related to water, lack of hygiene and sanitation; cases of diseases that appeared after the floods, according to the Minister of Health of Djibouti; chikungunya disease, which resurfaced exponentially after the flood (about 15,000 cases), malaria (39,000 cases) and dengue fever (7,000 cases);
 - Importance of handwashing and the ten steps adopted in the Movement;
 - Management of water and sanitation facilities (family latrines, and home water treatment).
- 2. Conduct hygiene and sanitation promotion at HH and community level:** After the PHAST training, the volunteers have been going into the community disseminating and promoting good hygiene practices. The volunteers have been deployed to the most affected areas of Djibouti town where signs of the rain are present. Each volunteer covers 12 HH per day and discusses hand washing, usage of latrines, HH water treatment as well as malaria, chikungunya and dengue prevention with visited households. The households are also informed of their right on how to provide feedback through the DRCS complaints and feedback mechanisms.
 - 3. Procurement and distribution of sanitation toolkits:** Ten (10) sanitation tool kits have been procured to empower the leaders of 10 communities to keep the environment clean. The toolkits are composed of brooms, buckets, detergent, garbage bags, gloves, rakes, shovels and wheelbarrows for environmental management both at HH and community level. To note, one toolkit can serve 10 to 15 households.

4. **Procurement of water reagents for water quality analysis:** After collaborating with District water officers, they confirmed that water in general has not been contaminated but mostly the problem of contamination may come from the water storage practices that the HH uses especially for drinking water.
5. **Procurement and distribution of chemicals for HH water treatment:** Some 36,000 aqua tabs were offered by UNICEF and distributed to households. The trained hygiene promotion volunteers have been monitoring households with the home water treatment and checking water quality using the pool tester as they conduct the hygiene promotion sessions.
6. **Procurement and distribution of 2,000 jerry cans:** Two (2) jerrycans/HH of 20 litres have been procured and will be distributed to 1,000 HH for storing of safe water. In order to ensure respect of IFRC standards, supplies were procured at DRCS Head Quarter level and are awaiting delivery for distribution in the targeted districts. The distribution activity and post distribution monitoring will be conducted by the same volunteers already engaged in community mobilization interventions.
7. **Rehabilitation of HH Sanitary Facilities:** The floods destroyed sanitary infrastructures at HH level. This has provided opportunities for open defecation practices and has disrupted effective hygiene practices like handwashing at critical times and observance of personal hygiene practices. This exposes individuals to risk of contracting waterborne diseases, especially cholera and typhoid fever.

The DRCS undertook an assessment of latrines from the affected areas 4 zones (Districts 2, 3, 4 and 7) with DRCS technician and the IFRC WASH delegate, which resulted in the finding that an overall 84 latrines needed rehabilitation. However, the amount initially budget is only enough to cover rehabilitation of 32 latrines. Through this update, DRCS seeks funding to cover rehabilitation of 50. The duration for completion of the work is estimated to take two months and the overall number of latrines to be rehabilitated through this operation will be brought to 82.

The criteria for selecting households for rehabilitation of latrines was:

- Ownership of the house,
- Single-headed households;
- Households headed by an unemployed person
- Household where the person responsible is elderly or disabled, or has a chronic condition
- Households with orphaned children.

8. **Procurement and distribution of handwashing buckets with accessories:** In complementarity with the rehabilitation of latrines and to widely encourage and restore good hygiene behaviours, a total of 1,000 handwashing buckets with accessories will be procured and distributed to affected communities. The items needed for the handwashing kit are not readily available on the market on demand. A request has been made to the supplier and delivery is expected in March.
9. **Procurement and distribution of 3,000 bars of soap:** To enhance hygiene practices for the prevention of water borne diseases 3,396 pieces of soap were procured and distribution has been done to 102 households so far. Distributions are carrying on.

During the extension period, NS will work on ensuring minimum standards for protection, gender and inclusion in emergency together with the establishment of Community Engagement and Accountability (CEA) mechanisms to guarantee a protective and inclusive operation. The delay in establishing this is due to a gap in expertise within NS, which is now being filled at EA CCST level.

Human Resources

- 80 volunteers have been mobilized for the operation.
- 1 IFRC surge personnel for WASH was deployed for two months to support with implementation of the WASH and Health components of the appeal. With the extended timeframe, the surge support can also be extended for an additional month to continue supporting the DRCS.
- DRCS HQ staff involved in the operation include Program coordinator, first aid coordinator, finance coordinator, a wash technical volunteer and a driver.
- No surge leader was deployed for the operation. However, DM delegate from the East Africa Country Cluster Support Team (EACCST) conducted a monitoring mission in the first week of January, together with the WASH surge delegate.

Logistics and supply chain

Items have been procured for distribution and pre-positioning as mentioned previously. The main challenge faced with procurement of relief items was the disruption of the local markets after the disaster, which led to unavailability of some items. Due to the scope of the disaster, the demand for items was greater than the supply.

The market prices in Djibouti were also high for items such as blankets and mats; as such, DRCS procured fewer than initially planned for replenishment but procurement planned for distributions have remained as planned. Advice was sought from IFRC cluster for options on international procurement, and it was determined that it was cheaper to procure items internationally from Dubai. However, customs and importation processes in Djibouti are cumbersome and do not favour international procurement.

Local procurement was done by DRCS HQ in accordance with the IFRC standard procurement procedures.

Due to the limited fleet capacity of the NS, the following motor vehicles were rented locally according to IFRC procedures:

- 1 Landcruiser/pick-up for 3 months to support the implementation of the DREF operation;
- 1 Landcruiser/pick-up for 15 days to support the realization of the multi-sectoral needs assessment;
- 1 Truck for 7 days to support the distribution of NFIs.

No IFRC vehicle was rented through the Vehicle Rental Programme due to the short operation timeframe.

Communications

In terms of communication, DREF activities are published on the [DRCS Facebook](#) page constantly, as well as on the DRCS newspapers.

Planning, monitoring, evaluation, & reporting (PMER)

Regular field visits are conducted by DRCS teams to follow up and ensure supervision of activities. As mentioned, the East Africa Cluster conducted a monitoring mission in January 2020 to review the plan of action with DRCS and follow up on priority activities, including market assessment for the planned procurements. The surge WASH delegate is also supporting with monitoring of the operation and conducts field visits for the distributions and volunteer trainings.

A data collection and analysis system was set up for the volunteers, with clear roles and responsibilities. The system enables volunteers to collect data on the ground using Kobo collect.

The lessons learnt workshop has not yet been conducted; it is planned towards the end of the operation, within the two months extension period sought through this Operation update. A DREF training will be coupled to this workshop, to ensure DRCS understands the new DREF procedures and revised guidelines, which will ease request process for future disasters.

Community Engagement and Accountability (CEA)

During the training of PHAST, a CEA module was included, and volunteers received training on the subject.

In addition, the EA cluster CEA will support DRCS CEA focal person to implement the following:

- Provide the 80 volunteers with feedback forms that will be populated during HH visits. Requests will be reviewed, and complaints addressed;
- Set up information desks that will allow communities to access info on the activities;
- Form beneficiary groups that will facilitate beneficiary communication and participation in the post distribution monitoring.

Finance

The East Africa cluster finance conducted a monitoring mission at the beginning of the operation. The finance officer worked with DRCS finance on reconciliation of pending working advance balances from previous projects and agreed on financial reporting for the DREF operation.

The recommendations from the mission included:

- DRCS to finalize working advance returns and send to Nairobi for booking;
- Refund on agreed balances after reconciliation of returns. A refund of CHF 2,647 from a previous project was presented to the WASH surge delegate as working advance for his in-country costs, on recommendation of finance. These expenses will be reported against the DREF.

Security

IFRC surge WASH delegate received the relevant security briefing prior to his mission in Djibouti. The Cluster continues to monitor the security situation in Djibouti. So far, no security risks or threats have been identified for the operation. All RCRC personnel actively involved in the operations must have completed the respective IFRC security e-learning courses (i.e. Stay Safe Personal Security, Security Management, or Volunteer Security) before deployment.

C. DETAILED OPERATIONAL PLAN



Shelter

People reached: 1,500

Male: 600

Female: 900

Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions

Indicators:	Target	Actual
% of stock replenished out of stock consumed for floods response	100%	70%

Output 1.1: Shelter and settlements and basic household items assistance is provided to the affected families

Indicators:	Target	Actual
Replenishment aqua tabs	1,000 pieces	36,000 pieces
Replenishment soap bars	614 pieces	792 pieces
Replenishment Javel (bleach)	50 cartons (240 pieces)	50 cartons (240 pieces)
Replenishment blankets	1,500	789 pieces
Replenishment mats	1,500	857 pieces
Replenishment garbage bags	1,000	1,000 pieces
Replenishment handwashing buckets with accessories	1,500	In progress

Progress towards outcomes

- Aqua tabs were not procured, but provided by UNICEF.
- Fewer blankets and mats were procured than targeted because the actual market price was higher than the initial budgeted.



Health

People reached: 10,000

Male: 4,000

Female: 6,000

Outcome 1: The immediate risks to the health of affected populations are reduced

Indicators:	Target	Actual
% of people assisted over the total number of people affected	4%	4%

Output 1.1: The health situation and immediate risks are assessed using agreed guidelines

Indicators:	Target	Actual
# of detailed assessments conducted	2	1

Health Output 1.4: Epidemic prevention and control measures carried out

Indicators:	Target	Actual
# of LLITNs procured and distributed	2,000	2,000
# of people reached by health education sessions	10,000	10,000
# of posters procured and distributed	500	In progress
# of leaflet procured and distributed	500	In progress

Progress towards outcomes

- A rapid inter-agency humanitarian assessment was conducted by the government and humanitarian partners on 27 and 28 November 2019 which revealed urgent needs in sanitation, food security, non-food items/shelter and health. DRCS was not part of the assessment team but received the findings of the assessment.
- A total of 3,520 sessions are planned for the operation, including 1,920 sessions in the first month of January, 960 in February and 640 in the last month of March; to date, the volunteers have held a total of 2,880 sessions in Djibouti and Arta.



Water, sanitation and hygiene

People reached: 10,000

Male: 4,000

Female: 6,000

Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities

Indicators:	Target	Actual
% of people assisted over the total number of people affected	4%	4%

Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population

Indicators:	Target	Actual
Number of HH reached with water reagents	2,000 HH	2,000 HH
Number of jerry cans procured and distributed	2,000	2,000 (procured but yet to be distributed)

Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population

Indicators:	Target	Actual
Number of HH latrines rehabilitated (target revised from 32)	82	0
Number of handwashing buckets with accessories procured and distributed	1,000	In progress
Number of sanitation toolkits procured and distributed	10	10
Number of sanitation campaigns realized	12	12

Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population

Indicators:	Target	Actual
Number of volunteers oriented in Hygiene promotion in emergencies	80	164
Number of HH receiving soap bars	600	2,000

Progress towards outcomes

- In addition to the 80 volunteers from Djibouti and Arta trained on Hygiene Promotion through the PHAST approach, the SG requested that the 4 local committees of the interior (Ali Sabieh, Dikhil, Tadjorah and Obock) also benefit from this capacity building opportunity. The training of volunteers planned in Tadjourah and Obock between 21 and 26 February took place. A total of 164 volunteers were trained from all six local committees in the country:
 - Djibouti and ARTA: 80 volunteers
 - Ali Sabieh: 27 volunteers
 - Dikhil: 23 volunteers
 - Obock: 20 volunteers
 - Tadjourah: 14 volunteers
- Purchase of the soap bars is done, the PHAST kits are still in progress.
- DRCS undertook an assessment of 84 latrines from the affected areas 4 zones (Districts 2, 3, 4 and 7) with DRCS technician wash volunteer and the IFRC WASH delegate. It was discovered that the amount that was initially budget is only enough to cover rehabilitation of 32 latrines. Through this operations update, DRCS seeks

funding to cover rehabilitation of 50 latrines (the remaining two only need emptying which will be covered by UNICEF budget). The duration for completion of the work is estimated to take two months.

Strategies for Implementation

S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform

Indicators:	Target	Actual
% of volunteers receiving appropriate protection and briefing	100%	100%

Output S1.1.4: National Societies have effective and motivated volunteers who are protected

Indicators:	Target	Actual
Number of volunteers involved in the operation	80	80

Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place

Indicators:	Target	Actual
Number of CEA mechanism established	1	1

S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform

Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained

Indicators:	Target	Actual
Number of surge capacity deployed	3	2

Progress towards outcomes

- All 80 volunteers involved in the operation are insured
- A Regional Surge WASH delegate was deployed in January to support DRCS with implementation of the WASH component of the operation, including the volunteer trainings
- EA cluster conducted a monitoring mission in January 2020 to review the plan of action with DRCS and follow up on priority activities, including market assessment for the planned procurements
- EA cluster finance conducted a monitoring mission in January 2020. The finance officer worked with DRCS finance on reconciliation of pending working advance balances from previous projects and agreed on financial reporting for the DREF operation.

D. Financial Report

This Operation update seeks a second allocation of CHF 33,969, to rehabilitate 50 additional latrines and extend the surge support by a month. This will take the overall budget of the operation from the initial CHF 190,008 to a total CHF 223,977 as detailed in below budget.

International Federation of Red Cross and Red Crescent Societies

*all amounts in Swiss
Francs (CHF)*

DREF OPERATION

MDRDJ003 - DJIBOUTI - FLASH FLOODS

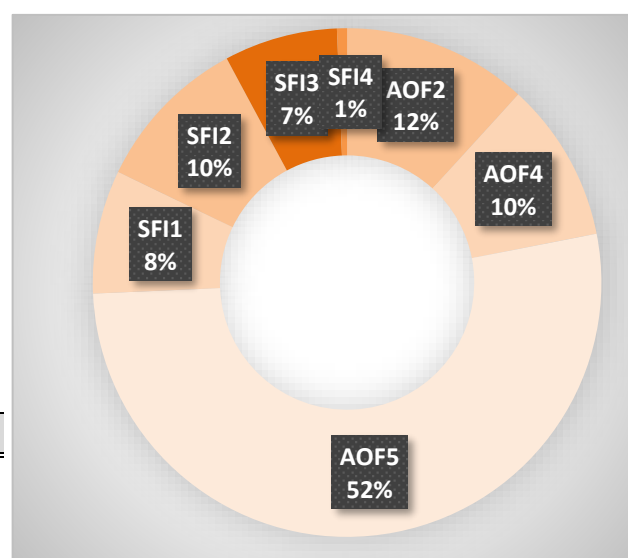
04/03/2020

Budget by Resource

Budget Group	Budget
Clothing & Textiles	26,707
Water, Sanitation & Hygiene	53,943
Medical & First Aid	1,010
Utensils & Tools	29,464
Relief items, Construction, Supplies	111,125
Storage	157
Transport & Vehicles Costs	8,482
Logistics, Transport & Storage	8,639
International Staff	21,008
National Society Staff	4,826
Volunteers	42,625
Personnel	68,460
Workshops & Training	11,959
Workshops & Training	11,959
Travel	5,612
Information & Public Relations	2,245
Office Costs	253
Communications	1,347
Financial Charges	669
General Expenditure	10,125
DIRECT COSTS	210,307
INDIRECT COSTS	13,670
TOTAL BUDGET	223,977

Budget by Area of Intervention

AOF2	Shelter	26,321
AOF4	Health	22,784
AOF5	Water, Sanitation and Hygiene	117,327
SFI1	Strengthen National Societies	17,600
SFI2	Effective International Disaster Management	22,373
SFI3	Influence others as leading strategic partners	16,143
SFI4	Ensure a strong IFRC	1,429
TOTAL		223,977





Click here for:

[Emergency Plan of Action \(EPoA\)](#)

For further information, specifically related to this operation please contact:

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For In-Kind donations and Mobilization table support:

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For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)

- **IFRC Africa Regional Office:** Marie Manrique, acting PMER Coordinator, Email: marie.manrique@ifrc.org

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives.
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and peace.