

DJIBOUTI RESPONSE PLAN FOR YEMEN CRISIS

April – September 2015



May 2015

Cover photograph:

Khadra, 60, fled together with her daughter and her grand-son from the fighting in their hometown Aden, in the South of Yemen. The family has found safety in Djibouti and is currently hosted at the temporary transit centre in the Al-Rahma orphanage in Obock. Three generations are now hoping for a new beginning. © UNHCR / M. Sowinetz

Strategic Overview

Period	April-September 2015
Current Population	12,900
Population Planning Figures	23,650
Target Beneficiaries	Refugees, third countries nationals (TCNs) migrants, Djiboutian returnees and host communities
Financial Requirements	USD 26,389,334
Number of Partners	11

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DJIBOUTI RESPONSE PLAN

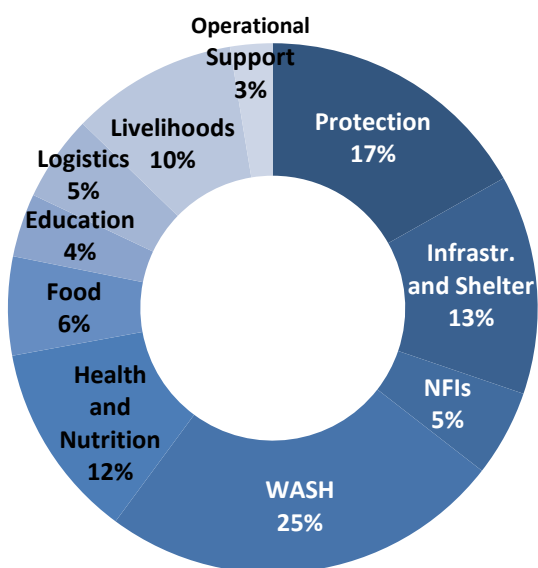


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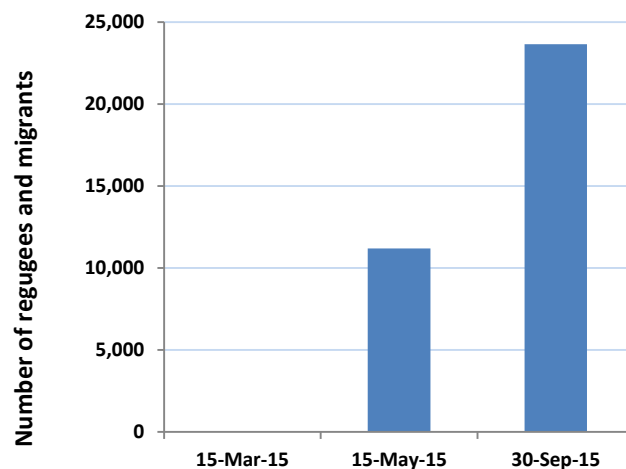
* DJIBOUTI: As of 24 May UNHCR has registered 1,393 refugees of whom 1,336 are Yemeni nationals.

Financial Requirements (US dollars)

26,389,334



Population Planning Figures



Background and achievements

Since the escalation of the Yemen conflict in March 2015, more than 1,200 people have been killed and 5,200 injured, including a large number of civilians. At least 300,000 people have been displaced, food prices have risen by more than 40 per cent in some locations and fuel prices have quadrupled. The country's health system is at imminent risk of collapse due to shortages of medical supplies and fuel for generators. The breakdown in basic service provision has worsened in many areas. As the situation escalates, many Yemenis are at risk of becoming refugees in the neighbouring countries. In addition, refugees and asylum-seekers living in Yemen, including some 236,000 Somali and 6,300 Ethiopian refugees, might be forced to leave the country.

As of 24 May 2015, over 12,900 people of more than 68 nationalities arrived from Yemen to Djibouti, by sea and by plane since the outbreak of the crisis. The number includes 5,846 third country nationals (TCNs), 5,455 Yemenis and 1,688 Djiboutian returnees. Fleeing Yemen to save their lives following experiences of extreme hardship, a great proportion of them reached Djibouti emotionally overwhelmed, sick, injured, and bringing with them minimal material possessions.



Boats with Yemeni refugees arriving at the port of Obock, in the North of Djibouti. Some of the new arrivals came from Bab al Mandeb, a village of fishermen in Yemen. They could flee from fighting in Yemen using their own boats. © UNHCR / C. Grahoun

The Republic of Djibouti has a long tradition as a refugee-hosting nation. Despite its limited resources, the country has for decades, been host to refugees from neighbouring countries (in particular Somalia, Ethiopia and Eritrea) who have fled war and political conflict in the Horn of Africa region.

As of May 2015, 14,944 refugees and asylum seekers mainly from Somalia are living in Djibouti, out of whom 12,358 are hosted in two camps (Ali-Addeh and Holl Holl) and 2,586 are living in urban areas. Since the outbreak of the Yemeni crisis at the end of March 2015, UNHCR and the Office National assistance aux Réfugiés et Sinistrés (ONARS), the Government body responsible for refugees, have registered 1,393 refugees (as of 24 May 2015).

The new influx will put significant additional strain on the country, which experiences poverty and lack of development. Despite some economic growth and the numerous investment projects currently under way across the country, there is an average of 36.8 per cent for global poverty and a national unemployment rate of 48 per cent, which reaches up to 60 per cent in some regions. Djibouti has no permanent source of surface fresh water, less than 0.05 per cent of arable land and non-mechanized agriculture. Long-term drought since 2008 led to an increased vulnerability of the population. The

newly arrived migrants, TCNs and refugees place an enormous burden on already overstretched social services, natural resources and economic assets.

Security is one of the major constraints for the response to this influx due to the perceived risk of infiltration of hostile insurgents or extremist groups. To ensure the civilian and humanitarian character of asylum in Djibouti, the Government takes the necessary measures of disarmament, identification, separation and internment of fighters or other armed elements.

The identification by the Government of the location for a refugee camp for Yemeni refugees has taken longer than expected due to stated security concerns. Availability of water resources and acceptable living conditions were also considered in the selection of the refugee camp location. The Government considered a site at Markazi, which is four kilometers from Obock, for the construction of a refugee camp. The strong winds in May-July, which are characteristic for the region, might lead to another change in location. UNHCR advocates for using the existing Holl Holl camp for Somali refugees, which has the potential to accommodate new arrivals from Yemen and will be a less costly option than establishing a new camp. Holl Holl has the basic infrastructure for accommodating refugees, including water points, latrines, a medical clinic, a school, community centres and a food distribution center.

The Government of Djibouti, supported by local and international humanitarian actors, has also been responding to the crisis by facilitating the return of Djibouti citizens, and providing access to the territory for refugees as well as stranded migrants. The conflict has also triggered the return of many vulnerable Ethiopian undocumented migrants in Yemen who were transiting through the country in order to reach the Kingdom of Saudi Arabia. Similarly, numerous Ethiopian migrants who had reached Djibouti – and Obock in particular – are expected to decide to desist from continuing their journey across the Gulf of Aden and Red Sea into Yemen and will therefore be stranded in Djibouti.

Achievements

- Daily protection monitoring at the ports in Djibouti and Obock as well as in the transit centres and at the Markazi camp in Obock ensured access to the territory.
- More than 1,000 refugees were registered and provided with identity documents, protection and assistance.
- Three hot meals per day have been distributed to more than 1,000 refugees in the transit centres and at the Markazi camp.
- New arrivals were screened for vulnerability and medical conditions at the entry points.
- Best Interest Assessments were conducted for separate and unaccompanied children.
- Malnutrition screenings were conducted for all under-5 refugee children, pregnant women and lactating mothers upon arrival.
- More than 200 refugees received medical assistance.
- 124 tents were set up, 38 latrines and 10 community kitchens constructed and two water bladders installed at Markazi camp.
- An assessment was conducted on the humanitarian actions needed to prevent and respond to sexual and gender-based violence (SGBV).
- An emergency education assessment was conducted to determine local capacity to absorb refugee children and to map the capacity of education partners on the ground.
- Sensitization campaigns were initiated to promote peaceful coexistence in the camp as well as safe access to the water access points.
- About 4,100 non-food items (NFIs) including soaps, mosquito nets, sleeping mats and kitchen sets were delivered and prepositioned in the country for the new arrivals.

TCNs in transit, stranded migrants and Djiboutian returnees

- 204 TCNs and migrants fleeing Yemen were supported by IOM with logistics, visa facilitation, local and onward transportation as well as shelter and medical assistance (as of 11 May).
- 332 stranded and transiting migrants who requested assistance for their voluntary return to Ethiopia were assisted with shelter, food, accommodation and medical assistance at the Migrant Response Centre in Obock (MRC) and in the capital (as of 11 May). They are now back in Ethiopia.

- A transit centre at the port of Djibouti was established with the provision of water through two tanks, both of which have been refilled daily with water and ice.
- Preliminary discussions with ONARS have been initiated on data-sharing to profile vulnerable Djiboutian returnees to develop the concept for a future livelihood assistance package.



A water point in the temporary transit center Al-Rahma, an under-construction orphanage in Obock where Yemeni refugees are hosted before their transfer to the Markazi refugee camp. © DRC / D. Mwangi

Needs and Vulnerabilities

As of 24 May, UNHCR has registered 1,393 refugees, of whom the majority are Yemeni nationals (. Almost 400 refugees are currently hosted in the temporary transit center Al-Rahma, an orphanage under construction; and 600 refugees are accommodated in the Markazi camp. The UN agencies received information that many of the 5,455 Yemenis who arrived to Djibouti will be seeking asylum in the coming weeks.

Refugees arrived in Djibouti traumatized, exhausted with little or without personal belongings and often in poor health and physical condition. The most pressing response will be to address refugees' basic needs and secure access to essential services as well as physical protection against the harsh climate through appropriate shelters. The economic situation offers only limited opportunities for the refugees and asylum seekers to become self-reliant. As a result, refugees, asylum-seekers and people with vulnerabilities will depend heavily on humanitarian assistance in the immediate future and there is a risk that some will resort to negative coping mechanisms, unless adequate levels of response are assured.

UNHCR together with its Government counterpart, the Office National assistance aux Réfugiés et Sinistrés (ONARS), organized inter-agency field missions to evaluate the situation of the potential refugee reception sites in the Obock region in March and April 2015.

The Obock region, which has approximately 10,000 inhabitants, will face a dramatic increase in population with the new influx. This will put an enormous burden on the existing service delivery system (food and food security, education, health, water, etc.), which is already stretched. Unless timely support is provided to refugees and host communities, the new influx will likely result in an increase in food prices and over-exploitation of limited natural resources.

The needs of the host community as well as the newly arriving population in the country will further challenge national institutions, and could result in deterioration to already limited services in hosting

areas. To mitigate against these deteriorations and prevent tensions between the host community and the new arrivals the response has been designed to take into consideration the needs of the populations hosting refugees and persons who fled Yemen.

The refugee population arriving from Yemen can be divided in two groups according to their needs and their origin. The first group consists of refugees coming from urban settings, like the city of Aden. In most cases they are educated and accustomed to higher standards and access to a wider range of services than can be found in a refugee camp. Communal centres and internet kiosks as well as special programmes are planned to engage them in social activities. The second group consists of rural and fishermen refugees who will be supported with the means to maintain their self-reliance and coping skills.

As the majority of the refugees enter Djibouti by boat it will be crucial to ensure unhindered access to territory and protection space, and work closely with the authorities to provide the capacities for rescue at sea. Individual registration of refugees and profiling is another key priority in order to capture the needs, vulnerabilities as well as the profiles of newly-arrived refugees. This will enable organizations involved in the response to provide targeted assistance according to the respective needs.



A refugee family from Yemen has found refuge in the Markazi camp in Obock. In the camp they have been provided with shelter, food, medical assistance and their refugee documents (ID-cards and family attestation). © UNHCR / M. Sowinetz

UNHCR will pursue its advocacy with the Government on freedom of movement as well as on returning to the refugees their passports, which were retained by the immigration authorities for administrative reasons, in a timely manner. Therefore, the provision of identification cards and refugee attestation will be prioritized.

Further efforts are required to establish mechanisms to identify separated and unaccompanied children as well as family tracing. Based on the SGBV assessment conducted in May, an SGBV referral pathway is needed to assist survivors with protection, and medical and psychosocial support.

The refugee population is highly vulnerable and there is an urgent need to start hygiene promotion activities to prevent diarrhoea and the transmission of communicable diseases. A hygiene promotion campaign must also be conducted in the host community with the same purpose.

The nutritional status of refugee children, especially Yemeni refugees, poses concerns as it is likely to worsen. Yemen already had high rates of malnutrition among children under-5 before the onset of the crisis. Furthermore, access to food and social services is highly compromised by the current situation as well as during the journey to Djibouti. The necessary corrective nutrition interventions need to be put in place, including supplementary feeding programmes, adequate management of acute malnutrition and promotion of Infant and Young Child Feeding practices.

The majority of children fleeing the conflict in Yemen have been exposed to intense bombing and explosions, with some witnessing the destruction of their homes and surroundings. They are in need of urgent psychosocial support to be able to cope with the trauma that they have experienced. The crisis disrupted the lives of children and their families, jeopardizing their opportunities to fully enjoy their civil, social, economic and cultural rights. Caregivers have lost their support network and, due to the high level of stress, may resort to using negative coping mechanisms such as violence against children. Girls are particularly vulnerable and at risk of early marriage and SGBV.

Many children fleeing the conflict in Yemen carry chronic diseases; others have been exposed to life-threatening situations and the increased stress made them particularly vulnerable to diseases. Diarrheal diseases and acute respiratory infections could lead to death if children do not benefit from adequate medical care. There are cases of pregnant women in need of urgent assistance upon arrival due to complications and others who continue at risk. Complications during pregnancy can cause the death of the mother or of the newborn. Furthermore, existing health services are not adequately prepared for these types of situations and are unable to ensure proper care management of children (particularly newborn babies) and women. Reproductive health services need to be further supported, in particular with regard to response and prevention of HIV/AIDS.



Yemeni refugees in the Al-Rahma transit centre in Obock. © UNHCR / M. Sowinetz

An estimated 44 per cent of the rural host population still do not have access to water, and two out of five people have to walk at minimum half an hour to reach the nearest water source. There is therefore a need to ensure access to safe water for the whole refugee population, while ensuring that this does not create additional hardship for host communities. Water supply management within the refugee site also must be ensured for the continuity and sustainability of services.

Schooling can provide the stability, structure and routine that refugee children need to cope with loss, fear, stress and violence. Additional students will require additional materials and additional training for teachers. UNHCR policy favours the inclusion of refugees into and direct support to national social service structures, including in education. Education partners will work to identify ways in which sustainable educational programming can be supported and implement improvements in the local public education system where possible and appropriate.

TCNs in transit, stranded migrants and Djiboutian returnees

Newly-arriving migrants have endured a long and often perilous journey, lack access to basic services, in particular to food, water, shelter and medical care. IOM estimates that a total of 2,250 migrants will need emergency humanitarian assistance during the first six months of the Yemen crisis.

Among these TCNs are individuals with medical conditions requiring immediate health assistance upon arrival in Djibouti. These include those suffering from acute illnesses caused by the rough conditions prior to and during travel, acutely malnourished children and pregnant/lactating women, pregnant women with complications, and individuals suffering from communicable diseases and chronic illnesses at risk of defaulting from their treatment.

Accommodation and onward transportation assistance for third-country nationals, most of whom are in transit or waiting to be documented by relevant consular offices, represents a major challenge both in terms of logistics and financial resources, given the high cost of accommodation and inadequate hosting facilities.

In addition to the 2,250 migrants mentioned above, it is estimated that about 700 transiting TCNs will require assistance – visa facilitation, accommodation, food, water, nutrition, health assistance and/or onward transportation – during the first six months since the beginning of the Yemeni crisis.

While some Djiboutian returnees can count on the support of their families, those who had remained in Yemen for a prolonged period might have lost their ties with Djibouti and have arrived with no means to sustain themselves and their households. These vulnerable individuals, some 2,100 people according to IOM estimates, will need immediate livelihoods support in terms of food-vouchers and micro-business start-up.



Sensitisation session for Ethiopian migrants on regular migration and the correct use of water in Fante Herou, Obock. © IOM / R. Cottone

Response Strategy and Priorities

On the basis of the inter-agency field assessments, arrival trends and analyses of the situation in Yemen, UNHCR led and coordinated an inter-agency contingency plan for this influx.

Humanitarian partners, together with the Government partners ONARS and SEGRC (Secretariat Exécutif de Gestion des Risques et des Catastrophes), reviewed the planning figures for six months in the contingency plan, taking into consideration actual arrivals, situation in Yemen and analysis of the information on the number of people in Yemen wishing to come to Djibouti to join their family members who departed before them. UNHCR and humanitarian partners agreed on the planning figure of 15,000 refugees entering Djibouti within six months, including some 7,500 Yemenis, 3,750 Somali refugees and about 3,750 Eritrean and Ethiopian refugees. This takes into consideration the risk of rapid deterioration of the security situation in Yemen and its potential humanitarian implications for Djibouti, and the number of newly-arrived Yemenis who are not yet registered with UNHCR but who may be in need of assistance in the coming months.

Migrants and third country nationals, as well as some Djiboutian nationals without family links in Djibouti, are fleeing Yemen together with the refugees. IOM and the Government partners plan to assist 8,650 beneficiaries until the end of September 2015, including 2,950 TCNs, 3,600 people from the host population and 2,100 returning Djiboutian.

An inclusive age, gender and diversity approach is being mainstreamed throughout the response to ensure that all people fleeing violence in Yemen and coming to Djibouti can access assistance and protection services without discrimination.

All the assistance programmes in Djibouti are chronically underfunded. Humanitarian actors in Djibouti explored joint projects to make the response more efficient, use available resources and avoid duplication of assistance and gaps.

The response will provide immediate relief to refugees while ensuring a peaceful coexistence with the host community by preventing resource competition.

Protection

The local authorities and ONARS will receive support for the reception, registration and individual documentation of new arrivals. The reception conditions at the port Transit Center and Obock will be improved. UNHCR will ensure fair protection process and documentation through individual registration and profiling.

The priority protection activities will include screening, profiling and registration of new arrivals; advocacy with the authorities for access to the territory; provision of documentation to refugees including birth certificates; protection monitoring; identification and referral of separated and unaccompanied children and adults looking for family members, victims of violence, abuse and exploitation, as well as vulnerable persons with special needs. A prime focus will be on the response for survivors of SGBV as well as on SGBV-prevention activities; and establishing HIV and AIDS services and implement prevention programming within relevant sectors.



Medina, 45, husband fled with her husband and her six children from Yemen to Djibouti. They are being displaced for the second time. Twenty years ago they already needed to flee their home in Eritrea and found safety in Yemen. © UNHCR / M. Sowinetz

A child protection committee will be established to help monitoring and reporting on violations and protection concerns. Child-friendly spaces, safe community spaces, playgrounds and recreational areas for children and youth will be constructed.

The protection working group will ensure a coordinated response to avoid gaps and overlaps in assistance provided by UNHCR, UNICEF, UNFPA, ONARS, IOM, DRC, NRC, ICRC, and LWF, as well as by respective partners and national institutions.

Food

Based on the data collected upon arrival, a list of beneficiaries will be established to facilitate food distribution provided by WFP. Newly-arrived refugees will be provided with hot meals upon arrival by UNHCR and ONARS.

The food sector working group will ensure the coordinated response to avoid gaps and overlaps in assistance provided by WFP, UNHCR, ONARS, as well as by respective partners and national institutions.

Nutrition

Malnutrition screening will be conducted upon arrival and on a monthly basis for all children under 5 years of age, pregnant and lactating women by refugee's community health workers. Acutely malnourished people, including HIV and TB patients, will be referred to Obock Hospital and provided with supplementary food rations. Moderately malnourished children aged 6 – 59 months old will receive weekly take-home rations. Severely malnourished children aged 6 – 59 months will be provided with ready-for-use therapeutic food, milk and essential medicine. Those with medical complications will be admitted for assistance at Obock Hospital. All children, pregnant and lactating women at risk of acute malnutrition will be provided with Plumpy'Doz.

The nutrition sector working group will ensure the coordinated response to avoid gaps and overlaps in assistance provided by UNICEF, UNHCR, ONARS, WFP, WHO, FAO and AHA, as well as by respective partners and national institutions.



A family of Yemeni refugees has lunch together at the temporary transit center Al-Rahma, Obock, where new arrivals are provided with hot meals. © UNICEF / A. Seixas

Health

Medical check-ups will be conducted upon arrival and those in need of treatment will be referred to Obock Hospital. The health condition of refugees will be monitored through home visits and mobile teams. The immunization status of children aged under 5 will be checked upon arrival. Response

partners will support the Government in maintaining and improving access to primary health care; disease prevention and control; and provide public health response to communicable diseases outbreaks. Beneficiaries will receive essential medicine, vaccines and medical emergency kits. In addition, strengthened mental health and psycho-social support will be available for refugees.

The health and nutrition sector working group will ensure the coordinated response to avoid gaps and overlaps in assistance provided by WHO, UNHCR, UNICEF, UNPFA, ONARS, IOM, and AHA, as well as by respective partners and national institutions.

Shelter

The identified camp for refugees will be made operational to host new arrivals, which will require site planning, installation of infrastructure, electricity and fencing. Refugees will be provided with individual or family shelters which will offer physical protection, safety, privacy, dignity and access to livelihood opportunities.

The shelter sector working group will ensure the coordinated response to avoid gaps and overlaps in assistance provided by UNHCR, NRC, ONARS, and IOM, as well as by respective partners and national institutions.

NFIs

The provision and distribution of non-food items will be coordinated to avoid gaps and overlaps in assistance. Refugees will receive basic items, such as blankets, jerry cans, kitchen sets, plastic sheets, lanterns, soap, etc.

WASH

Refugees will be given access to safe water and receive access to adequate sanitation. Management, operation and maintenance of water and sanitation facilities will be ensured in collaboration with the refugee community. Additionally, refugees and host community will be sensitized on public health risks and good hygiene practices, and provided with required hygiene kits. Climatically and culturally sensitive, as well as safe, family latrines will be built together with shelters.

The WASH sector working group will ensure the coordinated response to avoid gaps and overlaps in assistance provided by UNICEF, UNHCR, FAO, IOM, and NRC, as well as by respective partners and national institutions.



Yemeni refugees at the water point on the Markazi camp site. Two water bladders are currently installed in the camp with a capacity of 15,000 litres each. © UNHCR / M. Sowinetz

Education

A preliminary education assessment for the Yemeni caseload has been conducted to determine the local capacity to absorb refugee children. To this end, appropriate support to rehabilitate or expand existing infrastructure will be provided. Temporary learning spaces will be established in the refugee camp to ensure that Yemeni refugee children can resume educational activities. Accelerated French language courses will be initiated and appropriate teachers, student and recreational materials will be provided. Capacity building activities will be organized for teachers working in refugee school contexts.

The education sector working group will ensure the coordinated response to avoid gaps and overlaps in assistance provided by UNHCR, UNICEF, and LWF, as well as by respective partners and national institutions.

Livelihoods and Environment

Pressure on food systems and food prices is increasing with the new arrivals. To ensure the food security and self-reliance of refugees and hosting communities, agricultural inputs and materials such as seeds, fertilizers, tools and livestock as well as equipment for braiding and fishing will be provided. Actions have been identified to rapidly increase the local production and availability of different food products, such as milk, meat, fish and fresh vegetables, without endangering local natural resources.

Livelihoods and environment activities will be coordinated by UNHCR, FAO and IOM, as well as respective partners and national institutions.

Transport/ Logistics

Since the outbreak of the crisis in Yemen, the UN Country Team holds a logistics working group meeting in order to prepare its terms of reference to respond to the new emergency needs. Taking into consideration that the logistics working group is not yet operational in Djibouti, each sectorial working group and agencies included their logistic needs in the respective budgets for the Yemeni crisis.

TCNs in transit, stranded migrants and Djiboutian returnees

The response is designed to ensure extension of basic humanitarian assistance to vulnerable stranded migrants by continuing to operate the Migration Response Centre in Obock and expanding/enhancing its premises and service capacities in order to meet the requirements of the increased migration flow.



Ethiopian migrants at the IOM Migration Response Centre in Obock are waiting for their assessment for the Assisted Voluntary Return Programm (AVR) to Ethiopia. © IOM / R. Cottone

IOM will provide shelter, NFI, WASH, food and health assistance to TCNs who are waiting for their visa or documentation procedures to be completed, and/or for their onward transportation, through the establishment and operation of a transit centre in Djibouti Ville.

The response foresees assisted voluntary return support to migrants who decide to return to their country of origin, and expansions to the current programming in order to reflect the increased needs.

Through the development of a system for the collection and management of data on new arrivals of migrants, refugees and returnees, the quality of data will be enhanced at the avail of humanitarian actors to inform current and future programming.

Much-needed livelihoods to support the most vulnerable Djiboutian returnees and their families will be extended. Reintegration packages will be provided for an estimated 2,000 Djiboutian returnees, especially for those without family ties or support networks in the country (including training and assistance to re-start income generating activities).

Planned Response

Protection	<ul style="list-style-type: none"> - Conduct protection monitoring of access to the territory and screening of new arrivals. - Support authorities to conduct rescue at sea. - Identify separated and unaccompanied children, survivors of violence, abuse and exploitation as well as people with specific needs, and provide them with adequate support. - Identify, document, monitor, trace and, when possible, reunify separated and unaccompanied children. Restore family link services for unaccompanied and separated children, including tracing services and family reunification if required, which are currently carried out by members of the Red Cross and Red Crescent movements. - Register and document arriving refugees; provide documentation for newborns. - Provide training to Government officials on refugee protection. - Establish an assisted voluntary return programme for migrants. - Strengthen community conflict resolution mechanisms that respect human rights. - Provide electricity in the camp to ensure public spaces are lit as a measure to prevent SGBV. - Sensitize the community on SGBV prevention and response. - Provide an appropriate and multi-sectorial response to SGBV survivors. - Establish an SGBV committee. - Establish a child protection committee to help monitor and report on grave violations and other serious protection concerns. - Create child-friendly spaces, safe community spaces, playgrounds and recreational areas for children and youth. - Community mobilization around child protection, child rights and GBV to prevent and address violence, abuse, exploitation and neglect against children and promote wellbeing, risk mitigation and positive coping mechanisms. - Establish one women-friendly space - Establish youth-friendly spaces through the provision of training of trainers for 60 peer educators, counselling and psychosocial support for 1,500 youth; vocational training and life skills activities. - Community sensitization against SGBV (3,000 persons). - Provide medical care and psychological support for 100 SGBV survivors. - Produce sensitization tools (flyers, banners, pamphlets). - Build capacity for working with orphans and other vulnerable children.
Food	<ul style="list-style-type: none"> - Distribute food rations for 6 months to refugees. - Provide hot meals for new arrivals (refugees, TCNs, migrants). - Ensure food supply to migrants at the migrant reception centre in Obock, Djiboutian returnees in need and to TCN at Djibouti hotels; provide water

at ports.

- Establish supplementary feeding programmes for malnourished children.

Health and Nutrition

- Conduct nutritional screening for under-5 children, pregnant women and lactating mothers upon arrival and on a monthly basis.
- Implement the blanket feeding programme for all children aged 6 to 36 months who are at high risk of acute malnutrition.
- Promote adequate Infant and Young Child Feeding practices, including exclusive breastfeeding from 0 to 6 months and timely introduction of complementary feeding for children and women.
- Provide micronutrient supplements to children aged 6 to 23 months.
- Provide quality care treatment to under-5 children, pregnant women and lactating mothers suffering from acute malnutrition.
- Set up a clinic for primary health care; distribute medical equipment and supplies to health posts in host community.
- Monitor health and nutritional condition of refugees upon arrival and through home visits and mobile teams.
- Provide preventative and curative care on Maternal and Child Health, non-communicable and communicable diseases including malaria prevention, and prevention of mother to child transmission of HIV.
- Provide trauma care and referrals.
- Procure, manage and distribute essential drugs and other health supplies and equipment including vaccines, cold chain equipment and long-lasting insecticidal treated nets.
- Develop plan for hospital support in case of large influx /referral of trauma or outbreak.
- Monitor and evaluate health activities and information management.
- Check the immunisation status of all children under-5 upon arrival, and ensure their full immunisation (including against polio and measles).
- Supplement all children with vitamin A upon arrival.
- Train health professionals and community health workers on child and maternal health.
- Train community health workers on how to create and transmit key messages for positive behaviour change on maternal and child health.
- Develop communication materials to promote positive behaviour change on maternal and child health.
- Provide mental health counselling.
- Conduct epidemiological surveillance and management of communicable diseases.
- Monitor data management of health activities.
- Expand nutrition and care programmes for vulnerable people living with HIV.
- Integrate nutritional support with other services.
- Strengthen the capacity of people living with HIV and those on ART to provide for their nutritional needs.
- Establish/restore blood bank services.
- Plan and conduct expanded condom promotion campaigns.
- Adapt messages and multiply information channels and condom outlets
- Train medical staff on the clinical management of rape.
- Establish and expand a multi-sectoral gender-based violence coordination mechanism/working group at the national, regional and local levels.
- Train health-care and auxiliary staff on standard precautions to prevent occupational exposure.
- Ensure a comprehensive public health package for STI control; comprehensive STI case management at first contact.
- Recruitment of a medical team (Obstetricians and midwives) at Obock district hospital to provide EMOC and conduct visits to refugees.
- Distribute 30,000 condoms (female and male).
- Organize VCT to enrol 2,000 youth.
- Develop plan for hospital referral support.
- Ensure assessments, monitoring and evaluation data management.
- Establish voluntary counselling and testing services.
- Initiate and scale up ART programmes.

Non-Food Items (NFI)

- Distribute standard non-food item kits to refugees and TCNs.
-

Shelter and Infrastructure	<ul style="list-style-type: none"> - Monitor the implementation of the distribution against set timeline and quality standard. - Procure and distribute 2,000 dignity kits. - Establish refugee camp according to standards. - Set up tents for 12,000 refugees. - Construct reception centre. - Construct communal centres and internet kiosk. - Provide hotel accommodation for TCN, upgrade MRC capacity to host more people. - Establish a transit centre for all arrival in the capital, accommodation for Djiboutian returnee families. - Establish electricity in the camp for public lighting
Environment and Livelihoods	<ul style="list-style-type: none"> - Distribute energy-saving stoves and fuel. - Provide seeds and livestock to refugees for self-sufficiency. - Provide food-vouchers and micro-business start-up for 2,000 Djiboutian returnees. - Establish electricity for public lighting in the camp. - Distribute agricultural inputs and material (seeds, fertilizers, tools, small livestock, etc.). - Support braiding and fishing activities. - Ensure the establishment of long-term environmentally friendly waste management options
Water, Sanitation and Hygiene (WASH)	<ul style="list-style-type: none"> - Install water bladders/tanks with tap stand / pumps. - Extend water systems in the camp. - Construct gender-sensitive showers and latrines according to SPHERE standards. - Procure and distribute hygiene kits to most vulnerable women and girls of reproductive age. - Sensitize 80% of vulnerable refugees and 2,000 people in host community on hygiene promotion including key messages of good hygiene practices. - Distribute WASH NFIs to refugees and host community including water storage items, water purification tablets, hygiene kits.
Education	<ul style="list-style-type: none"> - Ensure leadership or co-leadership of refugee education sector coordination. - Establish relationships with the Ministry of Education and district education officers. - Map the capacity of implementing education partners on the ground. - Provide temporary or semi-permanent structures for emergency caseloads and appropriate support for rehabilitation or expansion of existing infrastructure. - Provide education in emergency programming, including psychosocial programming and teacher training. - Provide appropriate teacher, student and recreational materials. - Build the capacity of teachers working in refugee school contexts. - Provide accelerated French Language courses across caseloads. - Conduct emergency education assessment & determine local capacity to absorb refugee children. - Establish Child Friendly Space infrastructure and engage personnel to support alternative learning opportunities for refugees and migrants.
Logistics/Transport	<ul style="list-style-type: none"> - Enhance storage capacity and install MSUs close to beneficiaries. - Enhance transport capacity by requesting additional trucks from the regional fleet. - Boost logistics capacity of partners in term of storage and transport of NFIs. - Arrange transport of migrants from Obock to their respective countries of origin. - Provide flight ticket for stranded TCN, transfer of TCN/Djiboutian arrival at Obock to Djibouti. - Procure one vehicle and recruit a driver to provide transportation to the above-mentioned team.

Partnership and coordination

The existing refugee programme in Djibouti, which is part of the Djibouti 2014-2015 Strategic Response Plan, is delivered through strong collaboration with the Government, international NGOs, the Red Cross and Red Crescent Movement, the UN and IOM. The multi-sector response is supported and coordinated with FAO, UNDP, UNICEF, UNFPA, WFP, WHO, IOM and their partners. Partnerships with UN agencies and other humanitarian actors will be strengthened not only for the emergency response, but also to facilitate relief-to-development programming and community empowerment through education and livelihood activities.

The coordination of the refugee response for the Yemen emergency is undertaken by UNHCR and the Government of Djibouti. The coordination efforts are mainstreamed through the existing sectorial approach to ensure a more efficient utilization of resources. Also, it aims to ensure that cross-cutting issues such as protection, gender and environment are taken into consideration by all actors.

UNHCR's sector experts will provide technical leadership, signal gaps in assistance and ensure that these gaps are addressed. In addition, refugees of different ages and backgrounds will be involved in all the phases of the programme cycle, including by a participatory needs assessment during the review of the emergency plan in order to avoid aid duplication and gaps.

The emergency response for TCNs in transit, stranded migrants and Djiboutian returnees is coordinated by IOM in partnership with the Government of Djibouti, and relevant diplomatic missions present in the Gulf, Djibouti and also other East African countries.

UN agencies work with experienced local and international partners, such as Action Contre la Faim (ACF), African Humanitarian Action (AHA), Danish Refugee Council (DRC), Lutheran World Federation (LWF), Ministère de l'Environnement, Norwegian Refugee Council (NRC), Office National assistance aux Réfugiés et Sinistrés (ONARS) and Union de Femmes Djiboutiennes (UNFD).

In addition to the projects implemented through the agreements with the UN, three NGOs (DRC, NRC and LWF) seek additional funding for their projects in support of refugees and host communities.

The inter-agency response is also coordinated with the International Federation of Red Cross (IFRC) as well as with ICRC which have their own programmes, while sharing information according to their institutional parameters and participating in the sector working groups as observers.

Financial Requirements Summary

Financial requirements by agency (in US dollars)

Organization	Total
ACTION CONTRE LA FAIM (ACF)	655,279
Danish Refugee Council (DRC)	2,580,600
Food & Agricultural Organization (FAO)	1,232,180
International Organization for Migration (IOM)	3,491,800
Lutheran World Federation (LWF)	468,161
Norwegian Refugee Council (LWF)	3,016,250
United Nations Population Fund (UNFPA)	928,000
United Nations High Commissioner for Refugees (UNHCR)	10,371,383
United Nations Children's Fund (UNICEF)	2,048,218
World Food Programme (WFP)	1,011,031
World Health Organization (WHO)	586,432
Total	26,389,334

Financial requirements by sector (in US dollars)

Sector	Total
Protection	4,712,009
Education	1,027,472
Food	1,595,087
Health and Nutrition	3,183,130
Livelihoods and Environment	2,689,940
Logistics and Transport	1,388,856
Shelter and Infrastructure	3,191,574
NFIs	1,400,312
WASH	6,522,452
Operational Support	678,502
Total	26,389,334

Annex 1: Financial Requirements by Agency (US dollars)

Organization	Protection	Education	Food	Health and Nutrition	Livelihoods and Environment	Logistics and Transport	Shelter and Infrastructure	NFIs	WASH	Operational Support	Total
ACF				174,139					481,140		655,279
DRC	678,000								1,902,600		2,580,600
FAO					1,232,180						1,232,180
IOM	923,000	54,600	468,000	412,100	863,200		448,500		322,400		3,491,800
LWF	162,772	305,389									468,161
NRC							1,271,250		1,745,000		3,016,250
UNFPA	310,000			558,000		60,000					928,000
UNHCR	2,368,237	275,156	225,156	928,468	594,560	1,328,856	1,471,824	1,400,312	1,100,312	678,502	10,371,383
UNICEF	270,000	392,327		414,891					971,000		2,048,218
WFP			901,931	109,100							1,011,031
WHO				586,432							586,432
Grand Total	4,712,009	1,027,472	1,595,087	3,183,130	2,689,940	1,388,856	3,191,574	1,400,312	6,522,452	678,502	26,389,334