

### CONTEXT

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- Climatic shocks, declining household purchasing power, high import dependence, and global economic shocks continue to contribute to high levels of food insecurity and malnutrition among vulnerable populations in Djibouti. These compounding challenges, along with elevated needs among migrant and refugee populations, strain already limited resources and drive increased humanitarian needs throughout the country.
- In June 2024, the Djibouti IPC Technical Advisory Working Group<sup>1</sup> projected an estimated 285,000 people, or nearly 25 percent of the population, would be acutely food insecure between July and December 2024 in Djibouti. This includes 232,000 people experiencing Crisis—IPC 3—levels of acute food insecurity and 52,000 people experiencing Emergency—IPC 4—conditions, representing a nearly 50 percent reduction in Emergency levels of acute food insecurity since 2023. Further, more than 41,000 children younger than five years of age and 1,000 pregnant and lactating women (PLW) were expected to experience acute malnutrition throughout 2024. This includes nearly 9,300 children ages five years and younger experiencing severe acute malnutrition (SAM), marking a nearly 70 percent increase in SAM prevalence among children ages five years and younger compared to the same period in 2023.
- Djibouti imports an estimated 90 percent of its food, according to the UN World Food Program (WFP). High dependency on food imports makes Djibouti vulnerable to shocks, such as conflict, that impact global prices. Insecurity in the Red Sea since November 2023 has severely limited the availability of food items on local markets and led to food price increases across the country, reducing household purchasing power and exacerbating food insecurity, WFP reports. Although the Government of Djibouti took measures to increase rice, pasta, sugar, vegetable oil, and wheat flour imports, food prices remain higher than the five-year average, according to WFP.
- Djibouti also hosted more than 31,500 refugees and asylum-seekers, of which nearly 70 percent were women and children, as of June. The displaced populations largely originate from Ethiopia, Eritrea, Somalia, and Yemen, and many are in urgent need of food, shelter, and other assistance, according to the Office of the UN High Commissioner for Refugees (UNHCR).



### ASSISTANCE

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- In response to increased humanitarian needs in Djibouti, USAID’s Bureau for Humanitarian Assistance (USAID/BHA) is supporting emergency food assistance and complementary nutrition interventions. In Fiscal Years (FYs) 2023 and 2024, USAID/BHA provided the UN Children’s Fund (UNICEF) and WFP with an estimated

<sup>1</sup> The Integrated Food Security Phase Classification (IPC) is a multi-partner initiative that developed a standardized scale to classify the severity and magnitude of food insecurity. The IPC scale, which is comparable across countries and time, ranges from Minimal—IPC 1—to Famine—IPC 5—for acute food insecurity.

\$4.4 million in funding for emergency food assistance and nutrition interventions—including emergency cash and in-kind food assistance—to host community members, refugees, and other vulnerable communities in Djibouti.

- In FY 2024, with USAID/BHA support, WFP continues to support critical food assistance interventions in Djibouti. As part of a new regional food security and nutrition program, WFP plans to provide cash-based food assistance to more than 22,000 refugees living in the Ali Addeh, Holl-Holl, and Markazi refugee camps and 20,000 vulnerable Djiboutians. WFP conducts cash-based transfers in Markazi using SCOPE—the UN agency’s participant information and transfer management platform—in all refugee settlements to directly purchase food items from WFP-contracted vendors, providing individuals the flexibility to choose how to meet their food needs.
- To respond to the increasing rates of malnutrition across the country, WFP provided Super Cereal—a fortified nutrition supplement—to health centers providing care to children and PLW. In May 2024, WFP provided nutrition assistance to more than 1,800 children younger than five years of age and more than 2,740 PLW in refugee settlements across the country with USAID/BHA and other donor support. WFP also provided food assistance to more than 21,000 refugees and asylum-seekers through in-kind food distributions and cash-based transfers.
- USAID/BHA also supports UNICEF to provide critical nutrition interventions in Djibouti. UNICEF aims to reduce child mortality by increasing the detection, referral, and treatment of children experiencing acute malnutrition. As part of this effort, in FY 2024 UNICEF procured nearly 4,000 boxes of ready-to-use therapeutic food—a nutritional therapy used for SAM treatment—for distribution to health centers across the country. UNICEF programs also help build local capacity by strengthening health information systems to ensure quality data collection, training health care workers on protocol for hospital management of complicated malnutrition cases, and supporting the supervision and evaluation of nutrition activities.

USAID/BHA Funding in Djibouti <sup>2</sup>			
	Emergency	ER4 <sup>3</sup>	TOTAL
FY 2023	\$3,965,938	–	\$3,965,938
FY 2024	\$400,000	–	\$400,000

USAID/BHA Regional Food Security and Nutrition Funding <sup>4</sup>			
	Emergency	ER4	TOTAL
FY 2024	\$65,617,756	–	\$65,617,756

<sup>2</sup> Year of funding indicates the date of commitment or obligation, not appropriation, of funds. Funding figures reflect publicly announced funding as of August 12, 2024. Totals include estimated value of food assistance and transportation costs at time of procurement; subject to change.

<sup>3</sup> Early Recovery, Risk Reduction, and Resilience (ER4).

<sup>4</sup> USAID/BHA has also provided approximately \$65.6 million in FY 2024 funding for regional food and nutrition assistance across Central and East Africa; a portion of this includes funding for vulnerable populations in Djibouti.