REPUBLIC OF DJIBOUTI
NEARLY 200,000 PEOPLE IN URBAN AND RURAL DJIBOUTI LIKELY FACING HIGH LEVELS OF ACUTE FOOD INSECURITY THROUGH AUGUST 2021

CURRENT* OCTOBER - DECEMBER 2020

<table>
<thead>
<tr>
<th>Phase 5</th>
<th>People in Catastrophe</th>
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<tbody>
<tr>
<td>0</td>
<td>People in Catastrophe</td>
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<tr>
<td>Phase 4</td>
<td>People in Emergency</td>
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<tr>
<td>26,000</td>
<td>People in Crisis</td>
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<tr>
<td>Phase 3</td>
<td>People in Crisis</td>
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<tr>
<td>129,000</td>
<td>People in Crisis</td>
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<tr>
<td>Phase 2</td>
<td>People Stressed</td>
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<tr>
<td>293,000</td>
<td>People in food security</td>
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<tr>
<td>Phase 1</td>
<td>People in food security</td>
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<tr>
<td>669,000</td>
<td>People in food security</td>
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14% of the population analysed
People facing high acute food insecurity (IPC Phase 3 or above)
IN NEED OF URGENT ACTION

PROJECTED JANUARY - AUGUST 2021

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<td>People in Crisis</td>
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<td>Phase 3</td>
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<tr>
<td>167,000</td>
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<tr>
<td>Phase 2</td>
<td>People Stressed</td>
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<tr>
<td>389,000</td>
<td>People in food security</td>
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<tr>
<td>Phase 1</td>
<td>People in food security</td>
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<tr>
<td>534,000</td>
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17% of the population analysed
People facing high acute food insecurity (IPC Phase 3 or above)
IN NEED OF URGENT ACTION

* The estimate for the current analysis includes the mitigating effects of food assistance.

Overview
During the current period of October to December 2020, most of the country’s rural areas were classified in Crisis (IPC Phase 3). During this period, 155,000 people, or 14% of the analysed population (out of a total of 1.17 million people), were estimated to be facing high levels of acute food insecurity (IPC Phase 3 or above), of which 26,000 people (2% of the analysed population) were estimated to be in Emergency (IPC Phase 4) and 129,000 in Crisis (IPC Phase 3). Despite food assistance to refugees, the populations living in Markazi and Ali-Addeh camps were classified in Crisis (IPC Phase 3), while Hol-Hol camp was classified in Stressed (IPC Phase 2).

For the projected period, between January and August 2021, it is estimated that 194,000 people, representing 17% of the population analysed, are likely facing high levels of acute food insecurity (IPC Phase 3 or above), with 12% of this population being in urban areas, 4.5% in rural areas and 0.5% in camps. For rural areas, the most affected regions include Ali-Sabieh, Arta, Dikhil, Obock and Tadjourah which are classified in Crisis (IPC Phase 3). For urban areas, Dikhil and Obock are also likely in Crisis (IPC Phase 3).

Key Drivers
COVID-19
The COVID-19 pandemic has exacerbated the effects of poverty through the prolonged cessation of daily and unskilled labour, the permanent loss of jobs and the closure of some formal or informal activities, resulting in a deterioration of the economic situation of food-producing households.

Desert Locusts
Wherever they were present, the locusts ravaged vegetation and agricultural production, causing a crisis in the region. This invasion has prevented the improvement of pasture conditions and also the development of agriculture in agricultural areas.

Floods
In 2020, some regions experienced an abundance of rainfall that marked a break from several years of droughts and disruption of seasonal cycles. Floods have destroyed or damaged several infrastructures and people's property, also making the movement of people and goods difficult.

Key for the Map
IPC Acute Food Insecurity Phase Classification
(mapped Phase represents highest severity affecting at least 20% of the population)

- 1: Minimal
- 2: Stressed
- 3: Crisis
- 4: Emergency
- 5: Famine

Map Symbols
- Urban settlement classification
- IDP/other settlements classification
- Evidence Level

Area receives significant humanitarian food assistance (accounted for in Phase classification)
- > 25% of households meet 25-50% of caloric needs through assistance
- > 25% of households meet > 50% of caloric needs through assistance

Issued in February 2021
RECOMMENDATIONS

Response priorities
In order to support food insecure populations, as well as all populations in IPC Phase 3 or above, it is recommended that:

• Promote a multi-sectoral response for the entire population in Emergency (IPC Phase 4) to save lives and livelihoods.

• Implement mechanisms to facilitate imports of basic food commodities, especially in the times of the COVID-19 pandemic, to ensure the availability of food in markets.

• Support local initiatives that encourage the resumption of formal and informal economic activities, particularly those that have been heavily affected by the COVID-19 pandemic.

• Support and strengthen nutritional care, awareness-raising and nutritional training activities to increase dietary diversification, particularly in areas with a high prevalence of Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM).

• Continue actions to facilitate refugees’ access to sufficient, quality food and strengthen their local integration through support for resilience activities.

Risk factors to monitor

• Armed conflicts in Tigray: It is important to monitor the evolution of armed conflicts in the Ethiopian Tigray region and their effects on cross-border trade between Djibouti and Ethiopia. The closure of the borders between the two countries could have a strong impact on regions dependent on border trade.

• The effects of COVID-19: The virus will remain a risk factor to be monitored as it continues to be prevalent in the country. If sanitary measures are relaxed, there is a risk that cases of community contamination will increase. Similarly, with the opening of borders, imported cases are to be expected, which could lead the authorities to tighten measures to limit the spread.

• Food prices: The increase in food prices following the limitation of food imports and the low local production are risk factors to be monitored.

• Drought: Even if the rainy season has been good in 2020, it will be necessary to continue monitoring the effects of drought on the condition of livestock and market gardening activities, mainly in rural areas.

• Locusts: In rural areas, monitoring of locust invasion remains an absolute necessity in view of its impact on pastures and agricultural production in neighbouring countries such as Yemen, Somalia and Ethiopia.

What is the IPC and IPC Acute Food Insecurity?
The IPC is a set of tools and procedures to classify the severity and characteristics of acute food and nutrition crises as well as chronic food insecurity based on international standards. The IPC consists of four mutually reinforcing functions, each with a set of specific protocols (tools and procedures). The core IPC parameters include consensus building, convergence of evidence, accountability, transparency and comparability. The IPC analysis aims at informing emergency response as well as medium and long-term food security policy and programming.

For the IPC, Acute Food Insecurity is defined as any manifestation of food insecurity found in a specified area at a specific point in time of a severity that threatens lives or livelihoods, or both, regardless of the causes, context or duration. It is highly susceptible to change and can occur and manifest in a population within a short amount of time, as a result of sudden changes or shocks that negatively impact on the determinants of food insecurity.

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Classification of food insecurity and malnutrition was conducted using the IPC protocols, which are developed and implemented worldwide by the IPC Global Partnership - Action Against Hunger, CARE, CILSS, EC-JRC, FAO, FEWSNET, Global Food Security Cluster, Global Nutrition Cluster, IGAD, Oxfam, PROGRESAN-SICA, SADC, Save the Children, UNICEF and WFP.

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