



Migrants crossing by foot at Grand Barra, Djibouti, IOM

<u>sEAP No:</u> sEAP2025DJ02	<u>Operation No:</u> MDRDJ008	<u>Total Budget</u> 220 495CHF		<u>Readiness:</u> 87 058 CHF
				<u>Prepositioning:</u> 50,537 CHF
				<u>Early Action:</u> 82 900CHF
<u>People targeted:</u> 6244 people	<u>sEAP approved:</u> 05/09/2025	<u>sEAP timeframe:</u> 2 Years	<u>sEAP lead time:</u> 3 weeks	<u>Operational timeframe:</u> 3 months

Prioritized geographical areas:

- Regrouping and Exit points in Dikhil, Ali Sabieh, Tadjourah and Obock, and routes between Obock and Balho, Galafi, and between Djibouti and Dikhil

RISK ANALYSIS AND EARLY ACTION SELECTION

Prioritized hazard and its historical impact.

The Horn of Africa and Yemen is one of the busiest and riskiest migration corridors in the world travelled by hundreds of thousands of migrants, the majority of whom travel in an irregular manner, often relying on smugglers to facilitate movement along the Eastern Corridor [[IOM Eastern Corridor Migrant Situation June 2024](#)].

Djibouti, located on the Bab el-Mandeb Strait between the Red Sea and the Indian Ocean, borders Somalia, Ethiopia, and Eritrea and faces Yemen. This strategic position makes it a crucial transit and destination country for thousands of migrants from neighbouring regions in the Horn of Africa and the Arabian Peninsula. These migrants are driven by a range of factors including fleeing persecution, armed conflicts, natural disasters, and economic hardship,

As of the latest UNHCR statistics, Djibouti hosts 33,345 asylum-seekers and refugees. Most of these individuals live in the three refugee camps: Ali Addeh, Holl-Holl, and Markazi. In addition, 20% of registered refugees reside in urban areas, and there is a significant and growing population of undocumented migrants in the cities.

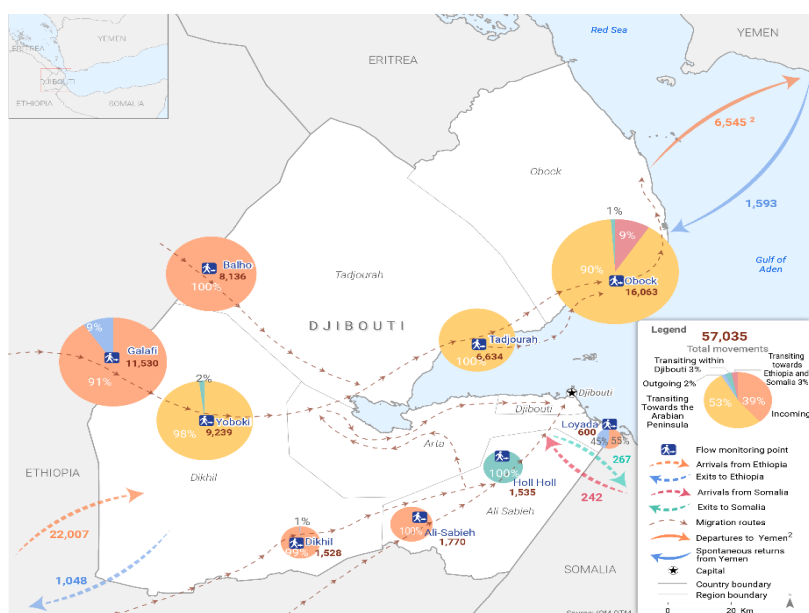


Figure 1 Illustration map, Displacement Tracking Matrix - DTM data March 2025, IOM

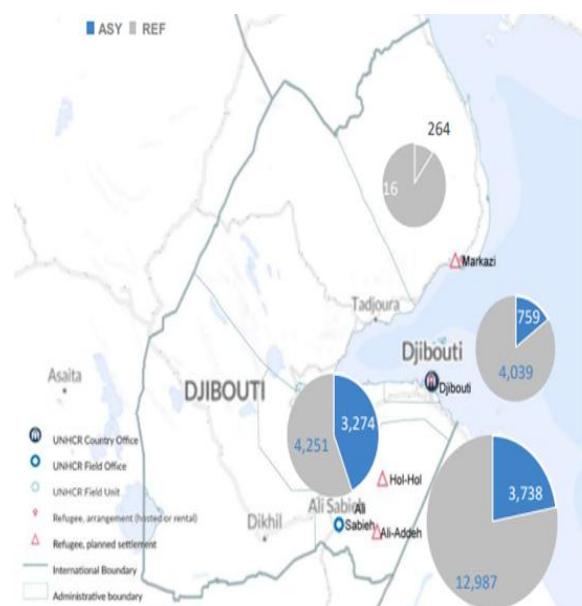


Figure 2 Mapping of refugees and asylum-seekers by location, March 2024, UNHCR

The Focus will be people transiting crossing from Ethiopia (especially Oromia, Tigray and Amhara regions are the main departing points)/Somalia/Eritrea towards the Arabian Peninsula: we know that it takes approximately two weeks for them to walk through the country, so that gives us sufficient time to implement Early Actions along the route (from entry points to Obock) and at the regrouping/exit points (Tadjourah / Obock) before the impact of a peak population movement is felt. However it is recognized that there are additional scenarios that can't be covered by this Protocol:

- Pastoralists from Afar coming to Djibouti: largely seasonal movements. No anticipatory action is feasible, nor generally required at the moment since they cross at different points than the one monitored
- Refugees seeking to settle in Djibouti: no anticipation possible from the Flow Monitoring since the moment they arrive in the moment, response activities should start

- Ongoing activities in Camps: no anticipation possible; the activities there are taken care of as part of other programs. Those camps host primarily refugees as they were set up for them, but they also have a “floating population” of migrants transiting over there in the route across Djibouti.
- Regional event (conflict) triggering displacement: Not a target for a protocol given the largely contextual information. If an alert is issued by the relevant authority indicating a significant population movement, the IFRC may consider the imminent DREF modality (a different emergency response tool that allows greater flexibility when an event is clearly on the horizon)

So, out of all the different scenarios, this current project focuses only on the first one, the only one we can anticipate based on the available data.

According to IOM’s DTM data, over 35,000 undocumented migrants passed through Djibouti in the first half of 2024 through various entry points. While economic factors are a significant driver, many are also escaping conflict, violence and persecution, especially in parts of Ethiopia affected by ongoing conflicts and humanitarian crises.

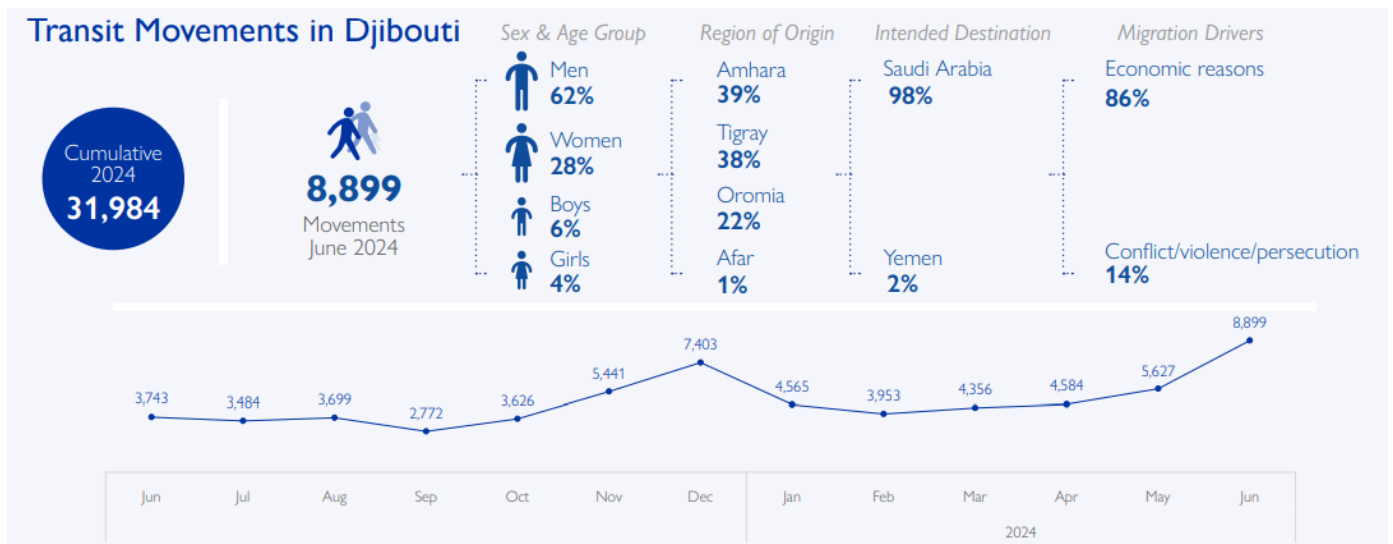


Figure 3 Transit Movements in Djibouti [Source: IOM DTM]

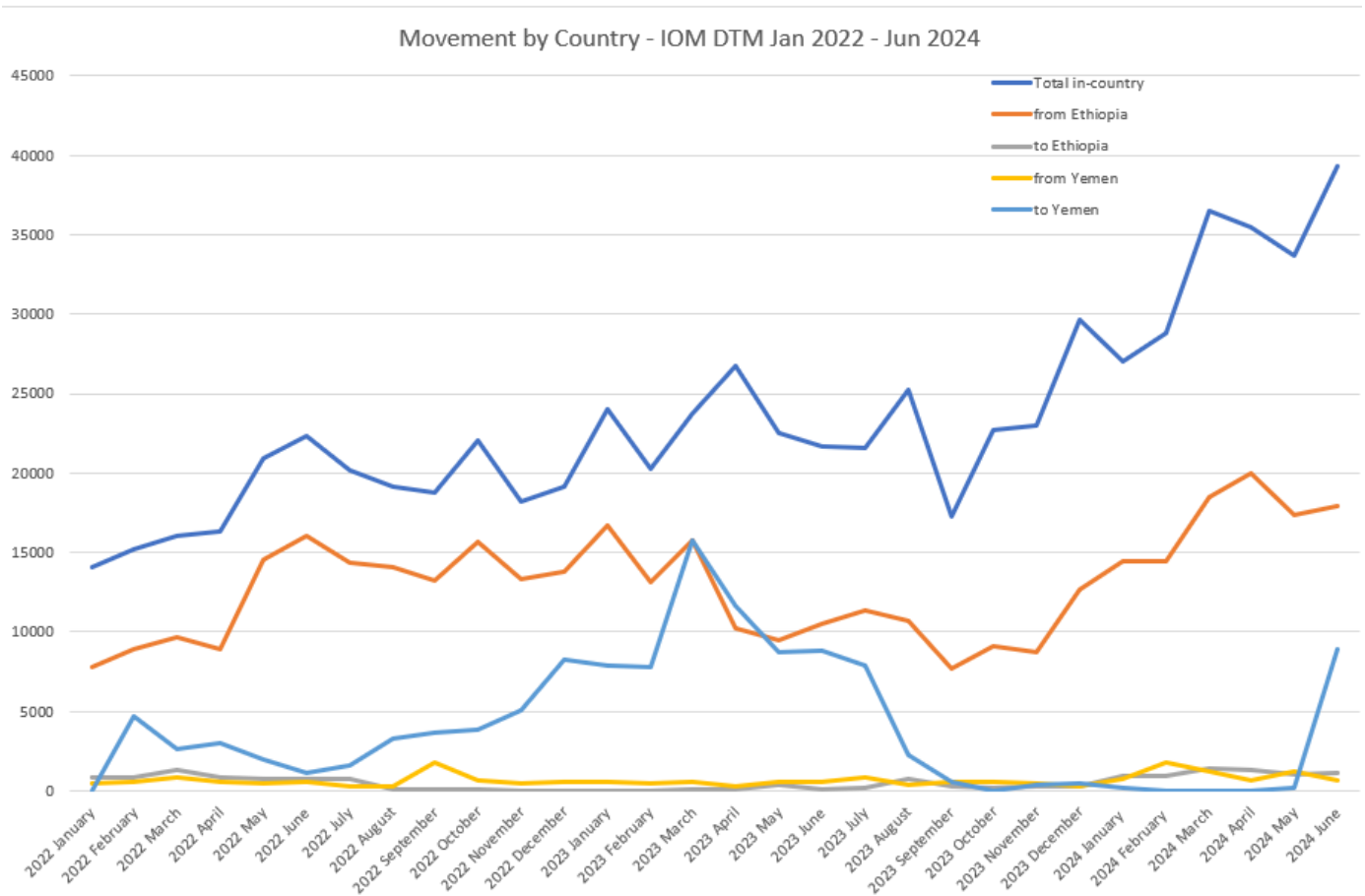


Figure 4 Total Movement of People on the Move by Country

The growing trend (shown in the chart above) is linked to increasing humanitarian needs, even if collecting data about that proved extremely difficult¹. To better define the situation, the IOM colleagues collected anecdotal evidence and qualitative research in the country through Key informant interviews and Focus Group discussions [IOM Migrating along the Eastern route report]. Key reported findings are:

- All migrants stated that the journey to Djibouti was much more challenging than anticipated. Walking long distances in the heat, the lack of water and hunger were harrowing experiences that many said they will never forget.
- The presence of other migrants from the same ethnic group is the most significant factor in feeling safe, together with the ability to generate income along the way.
- The use of smugglers makes migrants feel safer overall, although all migrants travelling with smugglers recognize that they were deceived and extorted.
- Those who migrated on foot, travelling independently, gathered information along the way while looking for job opportunities to finance their travel
- Many of the migrants interviewed were unaware of their rights, services available (including education and health) and access modalities. They relied on other migrants for information or did not ask for details at any time [source: IOM Djibouti Migrating along the Eastern Route Nov 2022]

Routes are well outlined nationwide, with clear indications of entry, transiting, and exit points. As Djibouti's territory is mostly arid, migrants travel on the few available routes between the few cities in the country. Migrants and refugees often share similar routes and face comparable risks during transit.

¹ Growing needs can be derived from the fact that % are similar across years but with increasing number of people transiting

2023 saw an increase in the identification of migrants in vulnerable situations through protection evaluations, focusing on individuals with specific needs such as health issues, survivors of gender-based violence, and unaccompanied children [IOM Djibouti yearly snapshot]. Migrants travel through Djibouti through different means. Flow Monitoring Point (FMP) data from June 2022 show 65% of migrants recorded as travelling independently or with other migrants on foot, as opposed to taking transport. Qualitative data from this study reveal that migrants travel on foot to avoid detection. Some also rely on vehicles for (segments of) the journey and employ smugglers. [IOM Relationship in Transit Report, Dec 2022].

People on the move experience differing hardships, as reported by the number of people seeking IOM assistance, as it is shown in the following picture which highlighting a lack of basic services for virtually all of them.

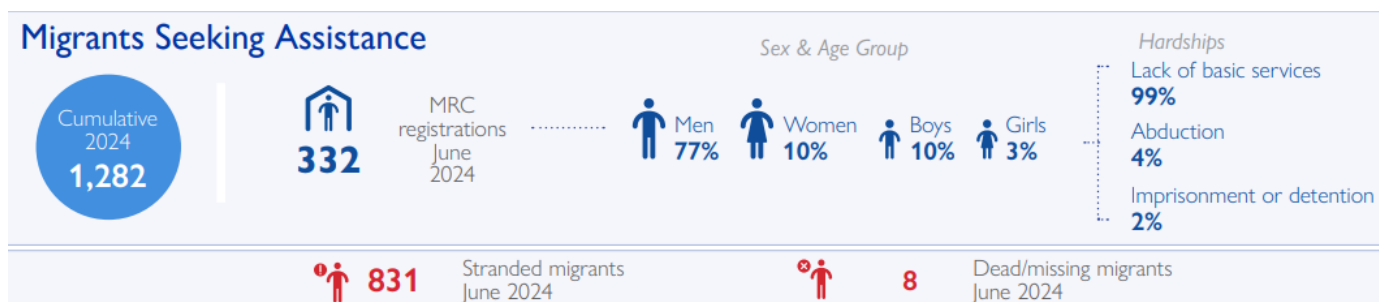


Figure 5 Migrants seeking assistance [Source: IOM DTM]

The large-scale population movements of migrants and refugees places tremendous pressure on Djibouti's infrastructure, including healthcare, water, and social services. This strain can challenge resource management and service quality. Without adequate planning and response, large population movement can lead to reduced livelihoods, increased poverty, and heightened social tensions and conflicts with local communities, further exacerbating security concerns. This is due to the additional pressure put on the existing services by the increased number of people on the move, which adds to an already small population.

Another relevant aspect is the relationship with the host communities, which happens daily for the majority of IOM survey respondents [IOM Relationship in Transit Report, Dec 2022]. Where humanitarian actors don't arrive, communities provide free assistance (81% of people in transit reported they received support from communities in Djibouti), with water and food the primary forms of assistance. This also includes commercial and economic exchanges, which can involve employing people on the move or buying/exchanging goods. The usual perception is positive, without open hostility. This support is deemed insufficient since 99% of people still report a lack of basic services.

Explain which risks have been selected for this protocol and why

Conditions at entry points are harsh, with migrants facing significant dangers, including exploitation and health risks, being reported in Focus Group Discussion but without a systematic collection of data. Their journeys are often dangerous, involving foot travel or makeshift transport, which can lead to accidents. Extreme weather conditions and limited access to clean water and food add to the dangers. Gathering Sites: At the gathering sites, migrants encounter inadequate facilities. The lack of proper sanitation increases the risk of infectious diseases like diarrhea and other infections. Limited access to essential services such as medical care, clean water, food, and hygiene facilities exacerbates their vulnerable conditions.

Along the Route: Migrants crossing through Djibouti face severe risks to their safety and well-being. The harsh, arid climate can lead to dehydration, heat stroke, and a lack of clean water. The rugged desert terrain can cause physical injuries and extreme fatigue.

Specific vulnerabilities are analyzed in greater detail:

- **Risk of poor sanitation practices/water-related diseases leading to increased morbidity**

At their informal gathering points, migrants are often exposed to a lack of water, proper sanitation and hygiene services. The absence of sufficient and clean toilet facilities can lead to open defecation, which increases the risk of spreading gastrointestinal infections. Children, pregnant women, and the elderly are particularly vulnerable to the health effects of poor sanitation and waterborne diseases. Their immune systems may be weaker and more susceptible to severe outcomes.

- **Risk of disease spread and trauma/injuries**

Disease spread among migrants is driven by overcrowded and unsanitary living conditions, limited healthcare access, poor sanitation, and malnutrition. Frequent movement and lack of health education make it harder to control diseases. Stress and exposure to disease-prone areas also increase risks.

- **Risk of family separation and psychosocial distress**

In the context of irregular migration due to factors such as smuggling, conflict and crises, forced displacement, unaccompanied minors, and economic migration, people on the move frequently experience family separation and significant emotional distress during their challenging journeys.

- **Risk of inadequate food consumption**

Migrants have to rely on out-of-pocket expenditures to purchase food and services. Abuses from smugglers or criminals may deprive people of that, forcing them into food insecurity. When at a regrouping point, migrants may seek employment, but on the route, access to food can't be guaranteed, and many instances of reduced food consumption have been reported.

Describe the selected early actions and explain how they will address the risks and lead to the intended outcome

Based on the prioritized risks, the NS convened meetings internally and with stakeholders to identify and select early actions aimed at preventing and mitigating the identified risks. The selection process incorporated several key steps:

- **Workshops with Stakeholders:** The NS with the support of IFRC AA and migration team conducted brainstorming sessions to determine the movement patterns of the migrants, the time it takes to cross Djibouti, their needs and appropriate interventions that can be implemented with the lead time before the migrants crossover Djibouti, drawing from the experiences of participating organizations. These expert insights were then prioritized using pair-wise ranking, considering time and budget constraints.
- **Local level stakeholder:** Focus group discussions and key informant interviews were held with local sectoral decision-makers to gather grassroots perspectives on effective early actions.
- **Literature Review:** An extensive review of existing literature was undertaken to assess previously implemented actions and their outcomes.

Early actions were selected for the four prioritized risks based on the following criteria's:

- **Evidence of Effectiveness:** Actions demonstrating a proven impact in reducing the identified risks.

- **Organizational Capacity:** The national society's ability and prior experience in implementing the selected actions.
- **Strategic Alignment:** Consistency with the mandates of the Djibouti Red Crescent Society (DRCS), plans and strategies of IOM and the Djibouti Migration Authority, and international standards such as those set by the IOM.
- **Implementation Feasibility:** The practicality of executing these actions within the available lead time.

Through this simplified Early Action Protocol (EAP), three prioritized risks were identified, and corresponding early actions were selected:

1. **Risk of poor sanitation practices/water-related diseases leading to increased morbidity:**
To address this risk providing access to clean, safe toilets and ensuring proper waste disposal, ensuring access to clean drinking water through safe water provision and provision of treatment chemicals, provision of hygiene kits will enable the migrants to significantly reduce the risk of acquiring diseases and reduces the spread of these diseases.
2. **Risk of disease spread and trauma/injuries:** To reduce this risk, improving living conditions, providing better healthcare, and strengthening disease monitoring and education are essential. On the route, health conditions are precarious, with migrants facing the need for first aid services (especially for lower limb injuries), as well as a medical referral when necessary to reduce mortality along the route.
3. **Risk of family separation and psychosocial distress:** Through provision of Restoring Family Links (RFL) service, separated family members will be reconnected by tracing their whereabouts and facilitating communication. Psychosocial support through counselling and mental health services tailored to the needs of migrants will also be provided.
4. **Risk of inadequate food consumption:** To address this risk food distribution (dry food parcel will be provided to migrants along the routes and on the regrouping stations.

By implementing these targeted early actions, the initiative seeks to reduce the suffering and address the basic needs of migrants crossing Djibouti to the Arabian Peninsula.

EARLY ACTION INTERVENTION

<p><u>Overall objective of the intervention</u></p>	<p>Mitigate the humanitarian impacts (in terms of deaths and long-term psychological damages linked to displacement) for people along the route (with mobile Humanitarian Service Points) of a sudden increase of migrants transiting across Djibouti through the provision of Health, WASH, Protection and Basic services (incl. food and water) and in the regrouping points (through HSPs) to prevent humanitarian standards from falling below acceptable levels of dignity.</p>
<p><u>Potential geographical high-risk areas that the</u></p>	<ul style="list-style-type: none"> • Point of entry: The four entry points monitored by the DTM (Balho, Galafi, Dikhil and Ali Sabieh). Those are not areas where activities will be triggered but will be the areas to be monitored • Transit routes: routes between Obock and Balho, Galafi, and between Djibouti and Dikhil. This is where the on-the-route services will be provided

simplified EAP would target

- **Regrouping and Exit points:** Camps in Dikhil and Ali Sabieh (since the where people on transit has been reported), Tadjourah and Obock (main regrouping and exit points), where on-site services will be provided

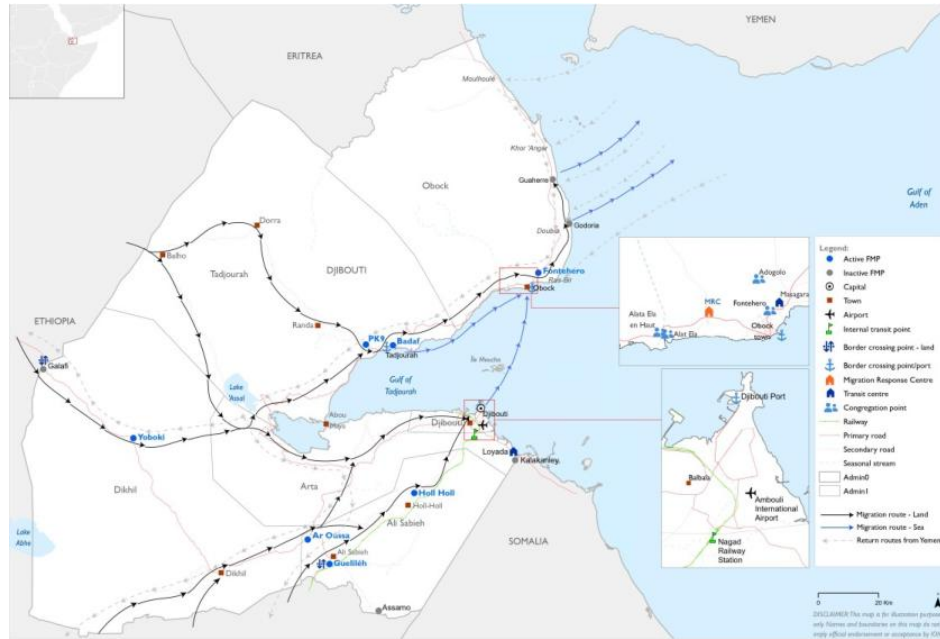


Figure 6 Migration routes across Djibouti [Source: IOM Djibouti]

Based on the experience of Djibouti RCS and the collected data from IOM, the humanitarian needs will be higher along the routes and in the regrouping points. The routes are well established, so a car travelling on them can intercept most of the migrants crossing the country by foot. The road between Dikhil and Djibouti, as well as the one between Balho and Galafi to Tadjourah and then Obock, are high-priority places for activation. The regrouping points are also well-identified since most migrants use the same facilities. They are near the urban centres and serve as temporary stopping points before proceeding to the next ones.

Who will be assisted through this operation and what criteria will be used for their selection?

Migrants (people on the move crossing Djibouti borders to transit through the Arabian peninsula as part of the Eastern Corridor).

In particular:

- For the on-the-route interventions, all migrants crossing by foot found across the major roads will be eligible to receive support
- For the on-site interventions, all migrants in the identified areas (informal settlements bordering cities) will be eligible to receive support


Migrants are part of the vulnerable population, so the assistance will be aimed at everyone on the move. However, priority will be given to women and children (the most vulnerable groups).

- For the on-the-route interventions, being forced to travel by foot (compared to being smuggled by car) is a significant factor contributing to vulnerability and exposure to multiple hazards (exploitation, diseases, health, lack of WASH or Protection services, death,...).
- For the on-site interventions, the protocol will trigger when a sudden population movement is expected to lower access to humanitarian services below acceptable humanitarian standards (including access to


	<p>basic services such as WASH, Food, Health, and Protection). Prioritization will be done on a geographical basis since the higher concentration of people in well-identified locations outside the city will create competition for services among migrants and host communities.</p>
<p>Trigger(s) statement</p>	<p>The trigger will be reached when the number of weekly incoming migrants to Djibouti in the previous week exceeds a total of 3000 people based on the weekly IOM Displacement Tracking Matrix (DTM) Report with a lead time of 3 weeks.</p>
<p>Trigger threshold justification</p>	<p>The IOM DTM system has been in place since 2017, providing publicly available data monthly (see chart presented in Risk Analysis sections). Those monthly data are derived from weekly reports issued at the country level, which undergo several validation steps. They are not capturing every single migrant transiting into the country, but they provide a clear indication of the migration trends. A weekly report is prepared and approved on Thursday at the Country Office (see attached example, with redacted data for confidentiality purposes).</p> <div data-bbox="475 904 1347 1659" style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p style="text-align: center;"><u>Rapport hebdomadaire des flux migratoires dans la région des tadjourah du 17 au 24 juillet 2024</u></p> <p>Au cours de la semaine précédente, la région de Tadjourah a enregistré une augmentation significative des flux migratoires, avec un total de [redacted] migrants. La grande majorité de ces migrants viennent d'Éthiopie, cherchant de meilleures opportunités économiques et fuyant l'instabilité politique dans certaines régions de leur pays.</p> <p>Ces derniers jours, nous avons également constaté que certains migrants ont entrepris de quitter leur pays pour des raisons religieuses, bien que leur nombre soit relativement faible. Leurs convictions et leurs pratiques religieuses spécifiques influencent leur choix de migrer.</p> <p>Parmi ces migrants, [redacted] se dirigent vers l'Arabie saoudite, avec une majorité d'hommes [redacted], suivis de femmes ([redacted]), de garçons ([redacted]) et de filles ([redacted]). Malheureusement, [redacted] migrants sont bloqués dans la région de Tadjourah, faisant face à des obstacles et des difficultés dans leur voyage. La plupart d'entre eux attendent des transferts d'argent pour pouvoir poursuivre leur route vers l'Arabie saoudite. De plus, nous avons enregistré le retour de [redacted] migrants en provenance du Yémen.</p> <p>Le vendredi 19 juillet, trois migrants vulnérables âgés de moins de 18 ans ont été référés au MRC de Tadjourah pour bénéficier d'une prise en charge spécifique de l'équipe de protection. Dans l'ensemble, cette semaine a été marquée par une augmentation importante des flux migratoires dans la région de Tadjourah, avec une majorité de migrants originaires d'Éthiopie.</p> </div> <p><i>Figure 7 IOM example of a Weekly report</i></p> <p>That report can calculate the total number of people crossing, and thus, the Protocol is triggered at a specific threshold. As the week ends on Thursday, the National Society will receive the report the following Sunday once it has been validated by the IOM country office.</p> <p>Historical data on weekly population flow was provided by the IOM country office to support the development of the population movement trigger and threshold. Six years of data (May 2020 - April 2025) were provided in an excel document which then cleaned and analyzed. The threshold was identified through the return</p>


	<p>period formula, which found that the weekly peak population movement that happens ones every two years is 3122, and we used above 3000 as a threshold to simplify the trigger and since it has no significant difference from the calculated value.</p> <p>The lead time for this protocol will be 3 weeks. This estimate is based on evidence from Focus Group Discussions, which reported a median time of 2-3 weeks to cross the country by foot. This duration allows sufficient time to anticipate needs along the route and at the regrouping/exit points.</p> <p>Although we couldn't find concrete evidence of unmet needs, various IOM reports, collected through focus group discussions with migrants, show that almost all migrants (99%) crossing Djibouti report a lack of basic services.</p> <p>Since the capacity of most humanitarian organizations is contingent upon yearly or multi-year programs, addressing only regular trends in migration patterns, unexpected surges require additional interventions to meet migrants' needs and alleviate suffering. Therefore, this protocol bases its trigger on unexpected surges in migration flows that occur every two years which is 3122, according to the six years historical data analysis of IOM DTM data.</p> <p>This is also justifiable from the Djibouti Red Crescent's perspective, as with their current capacity they are providing services to approximately 500 migrants per week. This highlights the significant likelihood of unmet needs and the need for additional intervention for population flow set in the trigger.</p> <p>In addition to the current trigger methodology, we have also developed a model, that can forecast whether the trigger will be met two weeks ahead of the peak based on historical data and actual weekly migration data from IOM with the support from our regional IM team. Given the variability in migration flows, we have decided to test this model as an alerting system for NS to prepare for a possible activation, but it will not trigger any actions. After testing and refining the model, we may use it to expand the protocol to a full EAP.</p>
<p><u>Next steps - For National Societies that intend to develop a full EAP (Optional)</u></p>	<p>The current protocol is based on data collected at the entry points. In the future, if the evidence suggests that our current model works or when displacement models will be available, a full EAP can be drafted with longer lead times that consider other contextual factors across the Great Horn of Africa.</p> <p>The same will apply if IOM DTM data start to be collected from departing points in Ethiopia and Somalia, potentially leading to a protocol review.</p>

PLANNED INTERVENTION


	<p><u>Livelihoods</u></p>	<p>Budget</p>	<p>26,967 CHF</p>
		<p>No. people targeted</p>	<p>Female: 1050 Male: 2,450</p>

Indicator:	1. # of people received food parcel 2. #of people received bottled water	Target:	1. 3500 2. 3500
Readiness activities:	1. Sign a framework agreement with food and bottled water suppliers to avail items within 24 hours.		
Prepositioning activities:			
Prioritized Early Actions:	1. Dry food parcel distribution (breads, biscuits, dates, peanuts) 2. Bottled water distribution (2Liter)		


	Health & Care	Budget	18 078 CHF	
		Targeted Persons	Female: 1874 Male: 4370	
Indicator:	1. #of people who received the FA/MHSS services 2. #of people who received the referral services 3. #of people who received health promotion messages	Target:	1. 600 2. 100 3. 6244	
Readiness activities:	1. Printing IEC materials with self-care and health promotion messages in different languages 2. First Aid/ PFA Volunteer Training 3. Mapping referencing sites and establishment of safe referral routes to appropriate government hospitals for health treatment			
Pre-positioning activities:	1. Purchase of first-aid kits			
Priority early actions:	1. Provision of pre-hospital care for the migrant population in transit/referral. 2. Distribution of visibility materials containing self-care and health promotion messages in different languages, 3. Referral for urgent cases to the nearest governmental hospital 4. Provide first Aid medical support through the assistance of a nurse for survivors of SGBV.			


	Water, Sanitation and Hygiene	Budget	55 904 CHF	
		Targeted Persons	Female: 1874 Male: 4370	
Indicator:	1. #of people received hygiene kits	Target:	1. 1200	

	2. #of people received water for basics needs 3. #of people sensitized on hygiene promotion 4. #of emergency latrines established		2. 3500 3. 6244 4. 7
Readiness activities:		1. Refresher Training for Volunteers on Emergency WASH tailored to people on the move (annual) 2. Production of IEC materials for hygiene promotion	
Prepositioning activities:		1. Purchase of hygiene kits for personal use (soap, toothbrush, comb, liquid soap, etc.). 2. Procurement of Water supply items (including purchase of materials and transportation) 3. Purchase of chlorine and disinfectants 4. Procurement of Emergency Latrines items (Purchase and transportation of materials)	
Prioritized Early Actions:		1. Deployment of volunteers for the distribution of hygiene kits and sensitization of migrants in transit on hygiene promotion and dignity kits 2. Provision of water for consumption to migrants in transit 3. Setting up emergency latrines in key regrouping points to scale up WASH services access	


	Protection, Gender and Inclusion	Budget	6715 CHF	
		Targeted Persons	Female: 100 Male: 2100	
Indicator:	1. # of people referred 2. # of women and girls received dignity kits	Target:	1. 800 2. 1400	
Readiness activities:		1. Mapping out/Updating the SGBV Referral pathways to ensure a survivor-centered approach 2. Map relevant referral stakeholders and facilities to conduct safe referral and sign agreement with them.		
Prepositioning activities:		1. Purchase of dignity kits for girls and women at childbearing age		
Prioritized Early Actions:		1. Safe referral of people on the route if conditions are met, building on the existing ones already in place in		


	<p>DRCS (since external partners providing this kind of service vary upon contingent fundings)</p> <p>2. Provide dignity kits to girls and women on the move</p>
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	Migration	Budget	21 058 CHF	
		Targeted Persons	Female: 1874 Male: 4370	
Indicator:	<ol style="list-style-type: none"> # of people assisted through the HSP #of people who received RLF services 	Target:	<ol style="list-style-type: none"> 6244 600 	
Readiness activities:	1. Training to volunteers on the delivery of services through the HSP approach (including the PGI minimums standards in emergency, SGBV, safeguarding (Protection from Sexual Exploitation and Abuse and Child safeguarding) and Code of Conduct).			
Prepositioning activities:	1. Purchase of equipment for the RFL, including chargers, backpacks and accessories for connectivity and batteries for charging			
Prioritized Early Actions:	<ol style="list-style-type: none"> Deployment of RFL volunteers to provide RFL services (phone call / safe arrival message) Logistical support (mileage) Transportation cost (Kits & materials) 			


	Risk Reduction, climate adaptation and Recovery	Budget	4497 CHF	
		Targeted Persons		
Indicator:	# of Rapid, integrated needs assessment conducted to determine the likelihood of a response operation.	Target:		
Readiness activities:	1.			
Prepositioning activities:				
Prioritized Early Actions:	1. Rapid, integrated needs assessment to determine the likelihood of a response operation.			

ENABLING APPROACHES

	Secretarial services	Budget	19,787 CHF	
		Targeted Persons		
Indicator:		Target:		
Readiness activities:	<ol style="list-style-type: none"> 1. Technical and operational support readiness (mission) 2. IFRC Djibouti Program manager salary 3. Transport & Vehicles Costs contribution (vehicle lease, running cost...) 			
Prepositioning activities:				
Prioritized Early Actions:	<ol style="list-style-type: none"> 1. IFRC Early Action Technical and operational support (mission) 2. IFRC support with reporting and lessons learned (mission) 			

	National Society Strengthening	Budget	64792 CHF	
		Targeted Persons		
Indicator:	<ol style="list-style-type: none"> 1. # of HR supported by the EAP 2. # of lessons learned workshop conducted 	Target:	<ol style="list-style-type: none"> 1. 6 2. 1 	
Readiness activities:	<ol style="list-style-type: none"> 1. Salary support for AA focal point (Anticipatory Actions) 2. Salary contribution for support services (finance, logistics, com, PLF) 3. Printing of EAP materials 4. Warehouse rental 			
Prepositioning activities:	<ol style="list-style-type: none"> 1. Purchase visibility materials for volunteering in the field 2. Purchase of protective equipment (gloves, masks, gel, tissue) 			
Prioritized Early Actions:	<ol style="list-style-type: none"> 1. Volunteers' insurance 2. Lessons Learned Workshop 			

	Partnership coordination and	Budget	1,799 CHF	
		Targeted Persons		
Indicator:	1. # taskforce activated	Target:	1. 1	
Readiness activities:	1. Coordination meeting with stakeholders			
Prepositioning activities:				
Prioritized Early Actions:	1. Coordinate and activate the Task Force on the Movement of Populations and liaison with stakeholders and intervention structures.			

	Community Involvement and Accountability	Budget	899 CHF	
		Targeted Persons	Female: 1874 Male: 4370	
Indicator:	1. # meetings conducted with community, government and in country actors 2. # feedback mechanism established	Target:	1. 1 2. 2	
Readiness activities:	<ol style="list-style-type: none"> 1. Briefing on the Early Action Protocol for the community, in-country actors and government entities in charge of the migration issue (advance communication to raise awareness and mitigate stigma and discrimination). 2. Provide clear, accurate, and updated information on available services, eligibility criteria, and how to access support. 3. Counter misinformation through verified sources and community mobilizers. 4. Support communities in identifying risks (violence, exploitation, disease outbreaks) 5. Regularly collect and analyze community feedback and use it to adapt programs. 6. Ensure aid distribution and support services are transparent, fair, and conflict sensitive. 			
Prepositioning activities:				
Prioritized Early Actions:	1. Collecting feedback data			

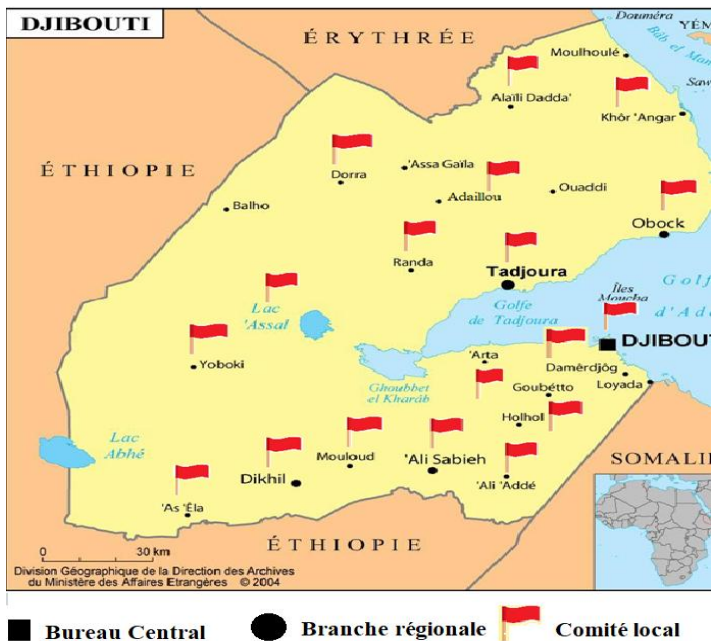
CONDITIONS FOR IMPLEMENTING EARLY ACTION

Experience and/or capacity to implement the early actions.

The NS has long-term experience supporting migrants and refugees through its migration department programs. It plays a crucial role in alleviating the suffering of people on the move. It aids in rebuilding their lives with dignity and hope by emphasizing family link re-establishment, mental health care, and the provision of basic needs (water, food, hygiene kits).

Djibouti Red Crescent has successfully implemented its first simplified flood EAP, now part of the national mechanism of early warning/ early action system. This has significantly impacted resilience by strengthening the community's ability to anticipate, prepare for, and respond to flood events, leading to increased resilience against future disasters. It has also strengthened the capacity of NS staff and volunteers to provide early responses and actions in the context of flood prevention.

NS has branch offices in all the country's regions (Dikhil, Ali Sabieh, Arta, Tadjourah, and Obock) and has a designated Coordinator for implementing programs and emergency operations and coordinating with partners and local authorities.



The National Society is working on an advanced funding modality, and its experience with previous operations, including COVID-19 and the multi-country appeal population Movement, was good with timely and quality financial reporting. They have a head of finance and administration, a logistics coordinator at the headquarters, and storage facilities adequate for the proposed prepositioned stock. Most of the stock planned under this operation is locally available in Djibouti, and no supply chain limitations are foreseen.

To transfer the funds within the lead time, work will be done between the National Society and IFRC Delegation to ensure the funds are available for early action. The most likely option is to advance funds from the National Society (from other operations) until the funds arrive.

[Red Cross Red Crescent Movement partners, Governmental / other agencies consulted/involved on this simplified EAP.](#)

This Anticipatory Action project started last December with the first in-country visit to develop the proposal. IFRC East Africa Anticipatory delegate and Italian RC have provided coordination and technical support, as needed.

Dj RCS IFRC and IOM had two other in-country missions in March and May to develop the Protocol to anticipate Population Movement. In both of those meetings, the Djibouti RC convened governmental stakeholders and IOM colleagues to create the necessary coordination among the different actors per each agency's mandate. Numerous in-person and virtual meetings with IOM's country and regional offices have been held to discuss EAP and data sharing, which are crucial for establishing trigger mechanisms.

Workshops have been conducted to introduce the EAP and the anticipatory funding mechanism of DREF to stakeholders such as the Disaster Management Office, National Office for Migration Coordination, Coast Guard, ONARS, and IOM. These sessions also addressed the risks faced by people on the move and helped prioritize early actions.

Early Actions were also discussed among all the actors, defining which support was needed to anticipate the consequences of population movement. In addition, other colleagues from the IFRC organized in-country missions to progress on different projects (e.g., ECHO HIP).

BUDGET



Early Action Protocol Summary

- Djibouti Red Crescent Society
Population Movement

<u>Operating Budget</u>	Readiness	Pre-Pos Stock	Early Action	TOTAL
Planned Operations	15,889	48,709	69,520	134,118
Shelter and Basic Household Items	0	0	0	0
Livelihoods	0	0	26,967	26,967
Multi-purpose Cash	0	0	0	0
Health	3,598	12,592	1,889	18,078
Water, Sanitation & Hygiene	3,897	29,102	22,905	55,904
Protection, Gender and Inclusion	0	6,715	0	6,715
Education	0	0	0	0
Migration	7,795	300	12,963	21,058
Risk Red., Climate Adapt. and Recovery	0	0	4,497	4,497
Community Engagement and Accountabil	600	0	300	899
Environmental Sustainability	0	0	0	0
Enabling Approaches	71,168	1,829	13,380	86,377
Coordination and Partnerships	0	0	1,799	1,799
Secretariat Services	15,589	0	4,197	19,787
National Society Strengthening	55,579	1,829	7,384	64,792
TOTAL BUDGET	87,058	50,537	82,900	220,495

all amounts in Swiss Francs (CHF)

Contact information

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