



Project Information Document/ Identification/Concept Stage (PID)

Concept Stage | Date Prepared/Updated: 14-Jul-2022 | Report No: PIDC257414



BASIC INFORMATION

A. Basic Project Data

Project ID	Parent Project ID (if any)	Environmental and Social Risk Classification	Project Name
P178332		Moderate	JSDF-Djibouti: Promoting Women's and Community Resilience to Gender-Based Violence
Region	Country	Date PID Prepared	Estimated Date of Approval
MIDDLE EAST AND NORTH AFRICA	Djibouti	14-Jul-2022	
Financing Instrument	Borrower(s)	Implementing Agency	
Investment Project Financing	Republic of Djibouti	Ministry of Women and Family	

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PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	2.75
Total Financing	2.75
Financing Gap	0.00

DETAILS

Non-World Bank Group Financing

Trust Funds	2.75
Japan Social Development Fund	2.75

B. Introduction and Context

Country Context

Djibouti is a lower middle-income country strategically located in the Horn of Africa at the southern entrance to the Red Sea, and bordered by Eritrea, Ethiopia and Somalia. With a population of about 990,000 of whom approximately 85 percent lives in urban centers of Djibouti City, the country ranked 166th of 189 countries on the Human Development Index (2019). While experiencing a steady and rapid growth during 2015 – 2019 with an average annual real growth in gross domestic product (GDP) of 7.2 percent, it dropped to a decade



low of approximately 0.5 percent in 2020 due to the COVID-19 pandemic, but recovered in 2021 to reach 5.1 percent. Despite the positive economic outlook, extreme poverty remains high and concentrated mainly in rural areas as well as in Djibouti City's Balbala slums, where the refugee and migrant population place additional strain on already limited resources and services for host communities. Growth has not been equitably distributed, in particular for the youth – those under 35 years old represent nearly 75 percent of the population – women and children.

Women and girls in Djibouti are at high risk of various forms of gender-based violence (GBV), including female genital mutilation/cutting (FGM/C), forced/early marriage, intimate partner violence (IPV), and non-partner violence. While there is a lack of nationally representative data on GBV in Djibouti, key GBV trends are provided in the Report on FGM/C and Violence against Women from the National Institute of Statistics and Ministry of Women and Family (INSD/MWF 2020) and through the database from the National Union of Women in Djibouti (*Union Nationale des Femmes Djiboutiennes* - UNFD), an NGO dedicated to the prevention and response to GBV. Of note is the decrease in FGM/C prevalence from 98 percent in 2002 to 71 percent in 2019 (INSD/MWF 2020). Moreover, FGM/C is more prevalent among older women (95 percent of women aged 40-49) than younger women (72 percent of women aged 12-17), indicating that younger generations are increasingly abandoning the practice (INSD/MWF 2020). Nevertheless, FGM/C in Djibouti remains at above 70 percent among the highest in the world. Forced/early marriage are practiced with estimated rates of 27 percent in rural areas and 10 percent in urban areas, a practice that directly impacts girls' education, prospects for accessing decent economic opportunities later in life, health and psychological well-being. While IPV and non-partner violence remain largely underreported, 7.9 percent of non-single women reported lifetime physical violence from their husband/partner and 6 percent of single women reported lifetime physical GBV. Economic violence, which is a form of domestic violence that involves making a person financially dependent by maintaining control over financial resources and/or forbidding attendance at school or employment, is also highly prevalent in Djibouti.

At the national level, the government of Djibouti has devised national strategies that address some forms of GBV. Tackling gender inequality and high rates of violence against women and girls are part of Djibouti's long-term development plan Vision Djibouti 2035 (Government of Djibouti 2016). The National Gender Policy (2011-2021) sets the goal of eliminating GBV against women and girls (Djibouti Ministry of Women and Family 2011). Djibouti has also developed a national strategy for the total abandonment of FGM/C (2018-2022), which focuses on strengthening institutional and operational capacities, implementing prevention and advocacy activities, and developing a protection framework to support survivors. National strategies have been coupled with a series of laws that address some forms of GBV, including FGM/C, rape, sexual harassment, and sex trafficking. Most recently, the Government of Djibouti has enacted the 2020 law on prevention, protection and care for women and children survivors of violence, which can set the ground rules for a comprehensive framework on GBV prevention, protection and response (Law no. 66/AN/719/8th). This law provides definitions of different forms of violence against women and children, including sexual harassment and assault, economic violence, psychological and physical violence. It also includes measures to guarantee the confidentiality, security and safety of GBV survivors. Provisions on prevention include an early warning mechanism at the family level, especially related to GBV against children. Protection mechanisms include legal protection, and access to legal aid and referral to judicial institutions. The law also sets specific



funds to establish “Centers for Integrated Care” (*Centre de Prise en Charge Intégrée*) to provide shelters and emergency supports for women and girls, especially minors at risk of forced marriage and abuse. At the time of writing, these centers have not yet been established. Moreover, there are still gaps between the national legislation and international standards, in particular regarding, marital rape, which is still not criminalized.

Additionally, the government of Djibouti has ratified major international and regional conventions on women’s rights and empowerment, which demonstrate the government’s commitments to address GBV and advance gender equality. These international treaties and conventions include the African Charter on Human and Peoples’ Rights (1981, Banjul Charter), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW, 1998), and the Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa (Maputo Protocol, 2003). In 2003, Djibouti also adopted the Declaration of Cairo on the Elimination of FGM/C and the subsequent Declaration FGM/C +5 in 2008.

Despite legal and policy progress, law enforcement and policy implementation have lagged, access to services remains limited, and even more scarce in rural areas. Some types of GBV are still not being addressed, and the psychological support to survivors in particular is extremely poor. Law enforcement and policy implementation has also been limited due to weak institutional capacity, and discriminatory norms and traditions. GBV survivors face major barriers to access services due to limited resources and capacity, and underlying social norms.

GBV risk factors include economic gender inequality, socio-economic shocks induced by the COVID-19 pandemic, environmental vulnerability, and regional mixed-migration patterns. Women in Djibouti face major barriers to access economic opportunities due to low literacy and school enrollment rates and high economic inactivity. While men’s per capita gross national income (GNI) constituted US\$4.232 in 2018, women’s GNI per capita reached only US\$2.90 in the same period. According to the World Bank Poverty and Equity Assessment in Djibouti (March 2019), in 2018, women’s labor participation rate was 55 percent in contrast to 71 percent for men. Unemployment among women is also higher than among men, with respectively 69 percent and 55 percent. The gap between men and women in access to employment reflects the lack of work opportunities for women, structural discrimination, and barriers associated with social norms. During the COVID-19 pandemic, a WBG-supported survey found that Djiboutian households reported not having enough resources and savings to sustain their livelihoods. Households with a female breadwinner have particularly lacked access to basic services, including healthcare. According to a UNHCR report conducted in June 2020, increasing poverty rates and limited access to resources during the pandemic have exacerbated various forms of GBV, including IPV, forced/early marriage, including in Djibouti’s refugee camps. The pandemic has also reduced GBV case management and support services due to social distancing measures and the diversion of resources to the COVID-19 response.

Life skills, survivor-centered GBV case management, emotional, adequate psychological care and community-based prevention are critical to foster social norm shift and behavior change, and to advance transformative change in terms of GBV prevention and response. According to best practice in GBV risk prevention, economic opportunities and services provided for at-risk adolescent girls and young women, and the involvement of communities, including men and boys, in the messaging around GBV, are key to adequately



shift traditional representation of women and girls, foster positive parenting and couple dialogue, and empower survivors of violence.

Sectoral and Institutional Context

Djibouti's youth under the age of 25 represents more than half of the country total population of about 1 million. In spite of an overall positive economic growth for almost a decade, high unemployment persists among the youth aged 15-24 with a rate of nearly 22 percent in 2019. While extreme poverty is widespread in rural areas that host 29 percent of the population, of whom 67 percent are nomadic herders, individuals from poor households living in impoverished neighborhoods of the capital city and its outskirts such as Balbala district have employment rates as high as the rural poor (World Bank study: Challenges to inclusive growth, a poverty and equity assessment of Djibouti, 2019). Gender disparities are more pronounced as women are more likely to have no formal education with only 38 percent of women versus 57 percent of men who have completed at least primary education. In the absence of targeted intervention, it would take several generations for poor women to reach the national average in educational attainment, resulting in a lack of access to decent livelihoods opportunities to improve their well-being and to lift themselves out of the intergenerational poverty trap.

The proposed project is conceived as a Japan Social Development Fund (JSDF) pilot to improve livelihoods of the most vulnerable women of Djibouti City and Balbala, mainly women and girls who have dropped out of school. The project's innovative design is to promote economic empowerment and transformational behavior change as tools for GBV prevention. On the one hand, the project aims at promoting vulnerable women's employability and business skills, as well as providing them with start-up support. On the other, the project aims at behavior change of these direct beneficiaries as well as their households and the wider community. Therefore, in addition to individually targeted livelihoods support, the pilot will contribute to improving the enabling environment in which women beneficiaries will develop their income generating activities through community-based interventions supporting behavioral change against GBV, and improving the quality of psychosocial and counseling services utilized by GBV survivors. The innovative approach further lies in the planned strong involvement and mobilization of men and boys who have been largely erased from the conversations and dialogue around GBV, despite the latter being a subject that is centrally about men's behavior, and the intergenerational method that will be employed to transform unequal gender norms that have fostered harmful stereotypes for women and men for generations, by involving community members of all age groups – the inter-generational audience with different concerns and interests will include grandmothers, grandfathers, mothers, fathers, young men and women. Specific attention will also be paid to engage local traditional and religious leaders.

Evidence rigorously evaluated through studies from WBG and other development/ humanitarian partners GBV interventions demonstrates the link between poverty and Violence Against Women and Girls (VAWG), and how the lack of economic autonomy for women can be a driver of GBV. More specifically, the evidence is based on the premise that the most vulnerable women and girls are generally more dependent on men and have poor decision-making power within the households, thus exacerbating the risks for intimate partner



violence (IPV) and coercing the former into abusive relationships. Economic empowerment of women and girls contributes to improving their socioeconomic status, and to increasing their participation in equal financial decision-making in the household. Furthermore, women economic empowerment is positively associated with an increased level of education, employment and other socio-economic variables which increase women's autonomy and decision-making power. Paradoxically, vulnerable women with sudden increased income may also place them at risk of IPV in the short-term, unless the livelihoods support is effective and protective, combined with awareness raising and behavioral change at household and community level with particular attention for interventions focusing on men and boys for greater protection of women and girls from GBV.

GBV has adverse effects on the health and wellbeing of individuals and communities. As a source of psychological and physical trauma, GBV gives rise to social and economic costs by affecting the human capital of survivors and excluding them from labor market participation. In response to the negative effects for both women and communities at large, the Ministry of Women and Family (MWF) leads and coordinates the development and implementation of national strategies and programs to combat GBV, including the establishment of a national protocol on GBV. The key actors of GBV prevention and response in Djibouti include several ministries (Women and Family, and Justice and Health), the National Police and Gendarmerie, and the National Union of Djiboutian Women (*Union Nationale des Femmes Djiboutiennes* - UNFD) non-governmental organization (NGO), one of the two referral service providers that address GBV in Djibouti. The UNFD operates a support center and hotline (*Cellule d'Ecoute, d'Information et d'Orientation* - CEIO) that assists women and girls who are survivors of violence and orient them towards the appropriate medical and legal care and services. UNFD services are currently limited to Djibouti City and the refugee camps of Ali Addeh, Holl-Holl, Markazi. The second referral service provider, i.e., the Ministry of Women and Family, manages a hotline and has social workers for children survivors of violence who are 17-year-old and younger. Similarly, MWF services are very limited and accessible only in Djibouti City.

Both the MWF and UNFD are at the front line of the multisectoral GBV response established in 2018 between security, health, social, and justice providers. This joint protocol aims to ensure that GBV survivors receive urgent care and coordinated support from service providers. This also includes the provision of a holistic package, including free health care, psychosocial support, protection, and legal aid. Both referral services are understaffed and lack training in terms of psychological support and counseling to the survivors. In addition to referral services, the MFW and UNFD work with community-based organizations (CBOs) to conduct GBV prevention awareness across the country. The most active of these grassroots organizations in the field of GBV prevention are Community Management Committees (*Comités de Gestion Communautaires* – CGCs) and the relay of the CEIO in neighborhoods of the National Capital Area and the regions. These networks are composed of members from the committees and have played a major role in the implementation of the awareness campaigns against MGF/C. Established in 2008, the CGCs are comprised of volunteer members, mostly women, who are trusted in their communities.

Furthermore, both the MWF and the UNFD manage two schools who serve women and girls who are particularly at risk of GBV, namely, the Centre for Social Action and Women Empowerment (*Centre d'Action Sociale et d'Autonomisation des Femmes* - CASAF), and the Second Chance School respectively. Both



institutions provide vocational trainings for girls who have dropped out of school, have left their families, or who are from families below the poverty level. Consultations were also carried out with project beneficiaries, i.e., female students from the CASAF and the Second Chance School, and community members in compliance with the required safety and ethical guidelines applicable. Students from both schools indicated that they often needed in-kind support (space to conduct their activities, access to oven or computer) as well as a need to develop their IT literacy, accounting and financial skills to better prepare them to launch their business or to integrate into the workforce. Among the group of vulnerable students consulted, the team did not seek to explicitly identify potential GBV survivors as per ethical recommendations to ensure information gathering is carried out in a manner that minimizes risks for the respondents, and guarantees the safety, security, and confidentiality of all individuals who provided information, given the sensitive nature of GBV. In addition, the team was able to carry out consultations with the school personnel, UNFD, representatives from the MWF including its contracted social workers, the Ministry of Health and the Ministry of Justice who work with survivors of GBV. Such consultations mainly revolved around the constraints and barriers for survivors of GBV in accessing services, as well as existing social norms and behaviors underlying GBV.

To ensure the relevance of the JSDF proposed project, the designed activities are informed by consultations with relevant stakeholders including project's beneficiaries who identified that social norms continue to present considerable barriers to female labor force participation and economic development in an environment where GBV is prevalent, and that major service gaps remain with regards to psychosocial support. In terms of GBV prevention, consultations with key stakeholders during the preparation of the initial proposal (i.e., government agencies, UN partners and civil society) indicated that: (i) GBV services are available in the capital city but very limited given the lack of resources, and they remain practically inexistent in districts outside of Djibouti City; and (ii) GBV service providers lack expertise in providing psychological and emotional support. Psychosocial services are extremely limited in Djibouti to meet the psychosocial needs of GBV survivors. Further consultations with members of CBOs indicated that cases of rape and sexual harassment have been on the rise and increasingly reported to community organizations. To address that, CBOs members have led prevention and awareness raising activities but only in an informal way. Interviewed community members raised the need to formalize these prevention efforts and build their capacity through skills building including on referral systems to address these specific forms of GBV. Consultations with CBO members confirmed that they are often at the frontline in providing support to GBV survivors. Another key point raised by various stakeholders was the need to include traditional leaders, men and boys in GBV awareness activities.

Relationship to CPF

The project supports key priorities of Djibouti's forthcoming Country Partnership Framework (CPF FY22-26). It is aligned with the CPF's Area 1: "Promoting inclusive private sector-led growth, job creation, and human capital, and contribute towards the government's efforts" to achieve SDG 5: "Achieve gender equality and empower all women and girls", and with the CPF's Area 2: "Strengthening the role and capacity of the state to deliver basic services, promote inclusion and modernize public institutions" and its Objective 3



“Strengthen basic service delivery to improve access, quality and inclusion in the context of COVID-19. In addition, the project is in line with the cross-cutting theme of the CPF of promoting gender parity”.

Moreover, the proposed intervention is aligned with the WBG Country Framework on Gender for Djibouti FY21-23, which sets priority areas that include behavioral change interventions related to GBV and addressing GBV risk factors through women’s economic empowerment, women’s inclusion in community driven development, and equal access to economic resources and decision-making. Various WBG operations in Djibouti have supported women’s economic empowerment, entrepreneurship, and education. However, no operation specifically supports service provision for survivors of GBV and prevention through skills and livelihoods support to at-risk women of GBV.

The proposed project builds upon a WBG-led GBV country assessment which was carried out in FY20 as part of the forthcoming Poverty Assessment (FY22), which will also include a Gender Assessment. The GBV assessment analyzed the prevalence of GBV, underlying drivers of GBV, barriers to access services, and gaps in legal and policy frameworks. In addition, the proposed project supports the implementation of the MNA Regional GBV Action Plan, and reflects the region’s commitment to step up WBG commitments to address different forms of GBV at the analytical, operational and policy levels. The proposed project will contribute to the implementation of the MWF 2020-2022 action plan which includes in its first set of priorities activities supporting the socioeconomic empowerment of women, including trainings to promote women’s entrepreneurship. Under the 2020 Law N° 66/AN/719/8th on protection, prevention and response for women and children victims of violence, Article 6 provides that trainings and measures ensuring women and girls acquire knowledge and tools to address GBV issues including in an educational facility should be encouraged; and Article 7 provides the importance for GBV survivors to benefit notably from adequate psychosocial and counseling services. With regards to domestic violence, although there is no specific legal protection from domestic violence, rape remains a violent and punishable act under the law. Yet, marital rape is taboo and barely prosecuted. The proposed project will support community sensitization and awareness activities on these aspects through an innovative approach to promote GBV/ gender-transformative behavioral change at community level.

The proposed project will complement other donors’ interventions on GBV prevention and response programming in Djibouti. Synergies will be sought where possible notably with the USAID Citizen Engagement for Advocacy and Accountability Project which has a sub-component on women’s empowerment and community strengthening that aims to fight GBV, reduce FGM, and empower poor vulnerable women living in suburban and rural areas across the country and in the outlying suburbs of Djibouti City through skills development and income generating activities; and the European Union and Germany-financed Respond to the needs of Migrant Women Project, which aims to provide trainings and psychosocial support to migrant women in Djibouti. The proposed project will constantly make efforts to maximize the positive impacts for the beneficiaries by fostering an integrated, coordinated and sustainable approach with existing initiatives providing livelihoods support, such as with the Bank-financed Djibouti Support for Women and Youth Entrepreneurship (P165558) implemented by the Djibouti Agency for Social Development (*Agence Djiboutienne de Développement Social - ADDS*). The proposed JSDF pilot project would be innovative by testing at country level a new approach of economic empowerment for women at risk of



GBV, as a prevention tool, while jointly and simultaneously supporting behavioral change at household and community level by encouraging men and boys, in addition to people from different generations, to value and promote gender equality towards an environment conducive to female labor force participation.

C. Project Development Objective(s)

Proposed Development Objective(s)

The Project Development Objective is to promote women's and community resilience to GBV in Djibouti City and Balbala through: (i) GBV community-based prevention programs including skills development and livelihoods support for at-risk young women and girls; (ii) community awareness and mobilization; and (iii) capacity-building to improve the quality of psychosocial and counseling services utilized by GBV survivors.

To achieve its objective, the project will pilot locally based interventions that reduce GBV vulnerabilities by combining both (i) individually targeted prevention measures by improving livelihoods and wellbeing of 1,000 at-risk women through the provision of soft skills, vocational and business development trainings, start-up support consisting of grants for income-generating activities, and post-grant follow-up and mentorship; and (ii) community-based prevention and response measures targeting 3,000 community members through community mobilization for behavioral change, and capacity building to improve the quality of psychosocial counselling services. It is expected that project beneficiaries, including at-risk and victims of GBV, their households and community members in impoverished districts of Djibouti City and Balbala, will benefit from the project's livelihood support activities as they will lead to an increased participation of vulnerable women in the local economy, combined with GBV prevention and response interventions that will contribute to an enabling environment for women's empowerment.

Key Results

PDO level indicators will include:

- a) Number of direct project beneficiaries. Target: 4,000 (60% female and 40% male)
Direct project beneficiaries include both (i) at-risk vulnerable women and girls targeted for skills development and livelihoods support (target: 1,000); and (ii) household and community members targeted for awareness-raising activities and behavioral change (target: 3,000).
- b) Percentage of beneficiaries reporting an increase in income as a result of livelihood support's activities. Target: 65% of beneficiaries supported for livelihoods support (650). (100% female)
- c) Number of household and community members reporting increased knowledge and changing attitudes about GBV as a result of project's activities. Target: 1,800 beneficiaries. (50% male and 50% female)
- d) Percentage of trained GBV services providers and response actors reporting increased knowledge of psychosocial counseling techniques to respond to GBV survivors needs as a result of project's activities. Target: 65% (50% male and 50% female)

The results will be measured based on questionnaires for baseline/ endline information through both quantitative and qualitative methods and captured at different stages of project implementation – after 12 months of implementation following the livelihoods start-up support, and on an annual basis for community mobilization and awareness raising activities. (e.g., during consultations and interviews with participants,



focus groups discussions, community-led mobilization activities, etc.). The quantitative and qualitative data that will be collected could be assessed and used as necessary during the course of the project to refine project's activities, and as lessons learnt for future programming.

D. Preliminary Description

Activities/Components

Component 1: Livelihoods support for at-risk adolescent girls and young women who dropped out of school (approx. US\$ 1,649,000)

The objective of this component is to provide skills development and livelihoods support to at least 1,000 at-risk adolescent girls and young women through two sub-components: (i) life skills, technical and vocational training; (ii) and support for income generating activities. Beneficiaries are women or girls who dropped out of school, and integrated the Center for Social Action and Women Empowerment (*Centre d'action sociale pour l'autonomisation des femmes - CASAF*) managed by the MWF in Balbala, or the Second Chance School (*Ecole de la Seconde Chance*) managed by the UNFD in Djibouti-City. Both schools target young girls and women who have dropped out of school, have left their families, or come from families below the poverty level.

An NGO will be contracted to manage these activities under this component and to engage specialists to conduct group-based training sessions, where selected female beneficiaries will have an opportunity to learn from each other and safely express their hopes, fears, and challenges for accessing livelihoods opportunities. Following the successful completion of this sub-component, participants will be eligible to apply to and benefit from micro-entrepreneurship and income generating activities.

Sub-component 1.1.: Life skills, technical and vocational trainings to increase employability and business skills

The project will pilot an innovative non-formal educational program that combines vocational training, entrepreneurship, and life/ soft skills to at least 1,000 young women at-risk of GBV from vulnerable backgrounds in Balbala and Djibouti City. The beneficiaries would have completed the curriculum of one of the two schools targeting at-risk women and girls managed by the MWF and the UNFD. The modules that are designed to enhance the employability and business skills of trainees will be identified based on a rapid local labor market assessment combined with a needs assessment carried out through consultations and interviews with beneficiaries and relevant stakeholders at community level at the inception phase of the project. The curriculum package could include on an indicative basis: (i) life skills content building key skills for learning (i.e., literacy and numeracy, critical thinking, problem-solving and creativity relevant to the entrepreneurship theme), employment (e.g. leadership, inter-personal communication, time and stress management, etc.) and empowerment (e.g. positive parenting, and awareness-raising about various forms of GBV including domestic and intimate partner violence, etc.); (ii) technical and management skills that are essential to prepare and implement micro and small entrepreneurship activities, including financial literacy



and accounting, business management and administration, marketing, etc. and (iii) vocational trainings (e.g. e-commerce, hospitality, food service, computer skills, couture, hairdressing, etc.).

Sub-component 1.2.: Support for income generating activities and micro-entrepreneurship

24. All trainees who complete the program and present an economically viable and environmentally sustainable business project or professional plan will receive funding and/ or equipment to implement their income generating activity. Support will be granted and tailored based on the feasibility of the micro entrepreneurship proposal submitted by the cohort participants. Feasibility assessment criteria will include cost, timeframe for implementation and market demand. Business plan proposals that bring two or more young women together will be encouraged as it will contribute to mutual learning, greater cohesion, and cost-efficiency by increasing the business activity survival rate. Furthermore, beneficiaries will be required to match a certain amount (up to 15%) of the grant value with in-kind or financial contribution to create a greater sense of ownership, therefore improving the chance of success with sustained results. In addition to the business start-up capital, beneficiaries will be provided with mentorship support and career/ business coaching assistance delivered by the contracting NGO during the first 6 months following the start of the income generating activity.

This sub-component is designed to provide sub-grants. The MWF through the lead NGO that will be hired will be responsible for providing seed grants to eligible beneficiaries to enable the start-up or expansion of their small business per their approved business plan. The sub-grants will not exceed the amount of US\$ 1,000 per beneficiary, and will be disbursed in two tranches of 50% each, the second tranche being conditional on implementation progress made of the business activity. The review committee in charge of reviewing business plans and approving the matching grants beneficiaries will comprise of representatives from the MWF, UNFD, local government representatives, representatives of the business community and any other specialized staff from the contracted service provider. Details on the mechanism and composition of the grants review committee will be provided in the Project's Operations Manual.

Component 2: Community-based interventions and capacity-building for GBV prevention and response (US\$ 692,000)

This component aims at supporting community-based interventions and capacity building for GBV prevention and response through the following two sub-components: (i) fostering community behavioral change and mobilization; and (ii) technical support to provide psychosocial and counseling services. Households and communities targeted under Component 2 will be those of the beneficiaries selected under Component 1. The community-based interventions and capacity building activities (Component 2) will be simultaneously implemented with livelihoods support (Component 1) to maximize positive results as both will jointly contribute to an enabling environment for at-risk populations participation in the local economy, including by mitigating risks of economic violence, one of the manifestations of intimate partner violence.

Sub-component 2.1.: Fostering community behavioral change and mobilization



This sub-component seeks to implement community awareness raising interventions, targeting at least 3,000 community members. Sensitization activities will take place through workshops and trainings and will notably cover specific forms of GBV that are not currently part of awareness campaigns – such as intimate partner and non-partner violence, including rape, sexual assault, physical violence, emotional and psychological violence, and economic abuse. This will be conducted by members of the CBOs referred to earlier as well as public school personnel, who tend to be at the front-line in their interaction with GBV survivors and at-risk populations. Acting as change agents and peer educators for the community or for the target school students, CBOs members and a number of school personnel will be trained by the lead NGO on how to sensitize community and households' members on different forms of GBV, and to ensure awareness campaigns are inter-generational and include men and boys to increase chances for transformative gender attitudes, including at household level. Household members of projects beneficiaries receiving livelihood support (provided under Component 1) will be specifically targeted to be actively engaged in awareness building initiatives and mitigate potential adverse effects. A detailed mapping of relevant CBOs that will be further targeted and actively engaged through the project will be carried out at appraisal stage.

At the inception phase of the project, a rapid mapping of existing social groups within the target communities will be conducted to identify groups comprised of both men and women, or exclusive to either men or women (e.g., men' sports groups, women's saving groups, etc.) to specifically target them to implement the behavior change interventions, and thereby increase the chance of retaining their attention and optimizing the success and impact of the outreach activities throughout the project cycle. Furthermore, awareness raising sessions will take place as part of periodic recreational activities (e.g., tea/ coffee sessions, henna application, hair and nails care sessions, etc.). When feasible and subject to interest from the beneficiaries of micro-entrepreneurship activities (sub-component 1.2.), such awareness raising activities could take place at their business locations after the start of income generating activities supported by the project. In addition to representing a safe space for exchanges among women, it will create opportunities for the beneficiaries under sub-component 1.2. to increase potential for social and economic benefits through the project.

Specific attention will be paid to engage men and boys, local leaders, and having an inter-generational approach including couple counseling and positive parenting to contribute to norm and attitude change at the community-level. Each community-based organization will develop its own action plan with concrete sensitization activities to prevent these forms of violence and to ensure ownership and buy-in at the community-level.

Sub-component 2.2. Technical support for providing psychosocial and counseling services

This sub-component is designed to strengthen the capacity of key GBV services providers, namely the UNFD and MWF staff who work directly with survivors and at-risk populations, i.e., vulnerable young women and girls, in providing psychosocial and counseling support. The targeted staff, which will include social workers and case workers, will benefit from formal training, mentorship and hands-on support. Throughout the project, trainings and capacity building on psychosocial and counseling services will be provided by a specialized contractor hired by the project with the objective of reinforcing capacities of both the MWF, as



the line ministry in charge of promoting women's empowerment and protection through its network social workers, and the UNFD as the leading local NGO providing assistance and protection to vulnerable women and girls. The MWF and UNFD will gradually benefit from a Training of Trainers (ToT) and will be able to train more Djiboutian institutions such as the relevant national directorates decentralized across the country and community organizations until being autonomous on basic psychosocial and counseling services. Given the lack of counselors in the country, the rationale for strengthening GBV services with this particular focus is to fill the gap by increasing the number of GBV partners who are able to respond to psychosocial needs of GBV survivors. The ToT approach will help increase capacities in the long run of GBV services providers, relevant CBOs and stakeholders in addressing the psychosocial and counseling needs of GBV survivors. The GBV counselor who will be hired for capacity building will be required to develop a simplified handbook compiling best practices ranging from basic psychosocial support to GBV case management as the latter is often the primary entry point for survivors to benefit from expanded services such as psychosocial and counseling services. All capacity building materials developed by the counselor will need to be consistent with international GBV standards and guidelines while being adapted to the specific context of Djibouti. A transition and sustainability plan for the handover process by the target stakeholders will be proposed as part of the counselor's duties.

In addition, relevant focal points identified among CBOs, the CASAF and the Second Chance School, as well as personnel from public schools in Djibouti City and Balbala selected on a pilot basis, will also benefit from trainings delivered by the contracted consultant. Trainings will include guidance and tools on how to recognize signs of abuse, promote safe and confidential reporting, and provide psychosocial support. They will further integrate adequate supervision mechanisms of GBV service providers working on psychosocial support as well as measures to ensure that mental health needs of providers are met to improve worker resilience and wellbeing. Further to strengthening the capacity of CBOs members and school personnel in psychosocial aspects, they will also benefit from trainings on referral protocols and pathways such as the GBV referral system and hotline – as they are scarcely used at country level, in particular outside of Djibouti – City – and to insure that an integrated, holistic approach to GBV response is being implemented.

Component 3: Project Management and Administration, Monitoring and Evaluation, and Knowledge Dissemination (US\$ 409,000)

This component will support the following activities: (i) project management for the coordination and implementation of activities including some operating costs; (ii) project monitoring and evaluation activities, including a community participatory approach for community-based interventions (iii) preparation of the final evaluation report including lessons learned; (iv) environmental and social risk management; (v) participatory evaluations; and (vi) annual audits.

Sub-component 3.1. Project Management and Administration

A Project Management Unit (PMU) established at the MWF which will be in charge of the overall coordination, including environmental and social risk management and fiduciary management of project's



activities. The PMU team will mainly include MWF staff seconded to the PMU, in addition to individual consultants with specific expertise. The composition of the team will be further described at appraisal stage.

Sub-component 3.2. Monitoring and Evaluation

The PMU will set up a participatory Monitoring and Evaluation (M&E) mechanism to track progress and results of the project’s activities during the implementation of the project. Further to the support from the lead NGO in collecting, analyzing and reporting data related to project’s activities, a locally appropriate participatory M&E system will be developed to contribute to the ownership and commitment of the target communities and sustain the results of project’s activities. The participatory M&E approach will be primarily used for the community-based interventions such as to measure community behavioral change regarding GBV. Furthermore, a process evaluation will be included in the M&E strategy to monitor the implementation through ongoing feedback and adaptive management - the project’s Grievance Redress Mechanism (GRM) will be an essential tool for facilitating the process evaluation, in addition to focus group discussions with community members and semi-structured interviews with community leaders and other relevant stakeholders.

Sub-component 3.3. Knowledge dissemination

Lessons learnt will be captured for knowledge sharing throughout the project cycle, including as necessary to adjust project’s activities/ respond to new circumstances, and to inform future programming. A knowledge management specialist will be contracted to consolidate and analyze lessons learned during project implementation. Lessons learned would be disseminated in specific events where project’s beneficiaries will have an opportunity to express themselves and present how the project’s interventions have impacted their lives, results and success stories, but also challenges specific to Djibouti context that could have been faced and means through which the project would have been able to address them. These events will be documented and covered in the media. Djibouti government officials and the Government of Japan, as well as development partners will be invited to further share experience and raise awareness of the importance of investing in vulnerable and at-risk populations for their economic empowerment, but also to invest at household and community levels to foster an enabling environment free of GBV and conducive to women participation.

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Environmental and Social Standards Relevance

E. Relevant Standards

ESS Standards		Relevance
ESS 1	Assessment and Management of Environmental and Social Risks and Impacts	Relevant
ESS 10	Stakeholder Engagement and Information Disclosure	Relevant



ESS 2	Labor and Working Conditions	Relevant
ESS 3	Resource Efficiency and Pollution Prevention and Management	Relevant
ESS 4	Community Health and Safety	Relevant
ESS 5	Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	Not Currently Relevant
ESS 6	Biodiversity Conservation and Sustainable Management of Living Natural Resources	Not Currently Relevant
ESS 7	Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	Not Currently Relevant
ESS 8	Cultural Heritage	Not Currently Relevant
ESS 9	Financial Intermediaries	Not Currently Relevant

Legal Operational Policies

Safeguard Policies	Triggered	Explanation (Optional)
Projects on International Waterways OP 7.50	No	
Projects in Disputed Areas OP 7.60	No	

Summary of Screening of Environmental and Social Risks and Impacts

Environmental and Social risks are rated as Moderate. The project sub-component 1.2 Support for income generating activities will generate potential adverse risks and impacts on environment that are likely to be predictable, temporary, reversible, low magnitude, site-specific. The list of eligible activities are unknown during the project preparation. The main environmental risk is linked to Occupational Health and Safety (OHS) with COVID-19 transmission among project workers and communities as a result of project activities. Key social potential risks and impacts of the project include (i) the risk of inequalities in accessing project benefits, including potential risk of elite capture; (ii) eligibility criteria not well-designed, transparent or appropriately disseminated (iii) the risk of exposure or propagation of COVID-19 during the implementation of activities, both in terms of community exposure and exposure of project workers; (iv) risks that project activities related to livelihood interventions result in (a) lack of labor force protection, including child labor and the risk of failure to comply with the labor standards of non-discrimination; (b) potential risk of economic violence for project benefit capture by family members, particularly intimate partners. There is a risk of sexual exploitation and abuse and sexual harassment (SEA/SH), as GBV survivors are a vulnerable population and GBV service provisions involve personnel who are in position of power compared to the beneficiaries, and especially teams that are of majority men. There is also the risk of increased violence, especially intimate partner violence, and non-partner violence following the economic empowerment of women. Measures will be proposed in the ESF instruments to mitigate those risks and any additional risks identified during preparation of the instruments, including an exclusion list of the type of activities that the project will not finance will be used to screen the project activities related to livelihood interventions.

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