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REPORT OF THE ECONOMIC AND SOCIAL COUNCIL

Assistance to refugees in Djibouti

Report of the Secretary-General

1. In its resolution 1980/11 of 25 April 1980, the Economic and Social Council requested the Secretary-General to send a United Nations interagency mission to Djibouti to assess the needs of the refugees.
2. In response to that request, the Secretary-General arranged for an interagency mission to visit Djibouti in June 1980 to consult with the Government. The report of the mission, which is annexed hereto, provides a list of the Government's priority requirements for a programme of humanitarian assistance for the refugees, and lists the accelerated development projects and programmes necessary to strengthen the Government's economic and social infrastructure to deal with the serious situation created by the large number of refugees.
3. The report also summarizes the immediate humanitarian assistance required for the relief of drought victims in Djibouti.
4. Further, in its resolution 1980/44 of 23 July 1980, the Economic and Social Council expressed its appreciation to the Secretary-General for dispatching the United Nations interagency mission to assess the needs of the refugees and decided to bring the resolution on humanitarian assistance to the refugees in Djibouti to the attention of the General Assembly at its thirty-fifth session for its consideration.

* A/35/150.

ANNEX

Report of the mission to Djibouti
(5 to 11 June 1980)

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I. INTRODUCTION

1. In its resolution 1980/11 of 25 April 1980, the Economic and Social Council requested the Secretary-General to send a United Nations interagency mission to Djibouti to assess the needs of the refugees.

2. In response to this request, the Secretary-General arranged for an interagency mission to visit Djibouti, from 5 to 11 June 1980, to assess the situation and, in consultation with the Government, to identify urgent needs and recommend a comprehensive programme of assistance to cope with the problems. The mission was composed of representatives of the United Nations, the United Nations High Commissioner for Refugees, the World Food Programme, the Food and Agriculture Organization of the United Nations, the United Nations Children's Fund, the World Health Organization, the International Labour Organisation, the Economic Commission for Africa and the United Nations Centre for Human Settlements. The mission was led by Assistant Secretary-General Ilter Turkmen, Special Representative of the Secretary-General for Humanitarian Affairs in South-East Asia.

3. The mission was received by the Prime Minister of the Republic, His Excellency Mr. Barkat Gourat Hamadou, the Minister for Foreign Affairs and Co-operation, His Excellency Mr. Moumin Bahdon Farah, the Minister of Interior, His Excellency Mr. Idriss Farah Abaneh, all of whom emphasized the plight of refugees in Djibouti, the growing number of displaced persons affected by the drought, the adverse impact on the Government's social and economic infrastructure, together with the urgent need for international assistance, to provide relief for these problems. The mission also met with the Minister of Agriculture and Rural Development, His Excellency Mr. Mahmoud Del Wais, and regional commissioners. The mission also had occasion to meet with other authorities representing most branches of Government concerned with the problem of refugees.

4. The mission wishes to record its appreciation of the assistance received from the Government of the Republic of Djibouti. The Government had made a major effort to prepare for the mission's visit, including air and land transportation for the members of the mission to travel to various parts of the country, together with providing all information required for the review. The mission also wishes to acknowledge the very valuable support it received from the UNDP staff in Djibouti.

II. SUMMARY OF PRINCIPAL FINDINGS

5. The fragile and precarious economy of the Republic of Djibouti is faced with grave problems.

6. The presence in the country of more than 40,000 refugees, which represents 12 per cent of its total population, together with a growing number of displaced Djibouti nomads whose livelihood has been seriously jeopardized by the continuous drought conditions, create a burden the country cannot carry. Thus international assistance under the most favourable terms is an absolute necessity to help Djibouti face its immediate humanitarian needs, as well as its long term development requirements.

7. The country is chronically short of water for human and animal consumption. The Government estimates that drought conditions will require the relocation in relief camps within the next six months of up to 20,000 displaced national nomads who have lost their livestock.
8. While UNHCR and WFP have been active in supplementing the Government's efforts in emergency relief operations, durable solutions are now being sought for both rural and urban refugees. Djibouti's policy is now to develop long-term plans and programmes that will go beyond humanitarian assistance by encouraging refugees to become self-supporting and productive members of economically-viable communities. The mission recommends that this policy should be fully supported by the international community. An example of this policy was noted by the mission at Moulloud, a pilot irrigation programme operated by refugees and Djibouti nationals working together. A similar pilot programme combining refugees and Djibouti nationals will be explored in the fisheries.
9. Urgent humanitarian assistance is needed for the refugees in providing food aid, drinking water, blankets, bed mats, cloth for clothing, kitchen utensils, stoves, medicines and medical equipment.
10. Urgent development assistance to strengthen the Government's economic and social infrastructure is required in the areas of agriculture, water supply, fisheries, storage construction, shelter construction, education, health and administrative support to the National Office of Refugees and Displaced Persons.
11. Accelerated development projects are proposed in establishing a national training programme for water drilling operators, drilling equipment maintenance activities, women's handicraft programmes, and other possible special vocational programmes for the urban youth. In addition to the above, a national urban housing programme is proposed.
12. A Government request listing requirements for urgent assistance to drought victims is provided in appendix II.
13. The total assistance programme proposed by the Government is as follows:
- | | |
|--|--------------|
| Urgent humanitarian assistance | \$ 9,563,213 |
| Urgent development assistance projects to strengthen the Government's economic and social infrastructure | \$ 5,542,479 |
| Accelerated development projects | \$ 4,305,000 |
| | <hr/> |
| Total programme | \$19,410,692 |
| Special request for drought victims | \$ 8,562,000 |

III. GENERAL BACKGROUND

14. The Republic of Djibouti covers approximately 23,000 km² of arid, inhospitable land located in the Horn of Africa, adjacent to the strategic strait of Bab-El-Mandeb, the gate to the Red Sea. Its population is estimated to be 350,000 inhabitants, of which one third are nomads.
15. The country is chronically short of water, has no indigenous developed source of energy, and the total cultivated area is less than 70 hectares. The scarcity of natural resources, and particularly the absence of an agricultural sector, means that the Republic of Djibouti must import almost everything, including food.
16. The fragile nature of the economy is described in some detail in the report of the Secretary-General on Assistance to Djibouti (A/33/106). In summary, the Republic inherited a frail economy with an inadequate economic and social infrastructure. At independence, the Government was obliged to create new services which involved substantial additional costs with no increase in its revenue sources. In addition, a major activity of the country was adversely affected when conflict in the region disrupted road and rail connexions between the port and the hinterland.
17. The shortage of water for human and animal consumption is a serious constraint affecting the economy. Difficulties have been encountered for some years in meeting peak hour demands for Djibouti city. For rural areas there is an urgent need to locate water points and to drill wells. The mission noted during its visit to the countryside that trucks were hauling water all day long over long distances, including up to 10 hours round-trip to provide water for remote areas. During the past two years there has been a persistent drought throughout the country, and in February of this year the Government appealed to the United Nations for assistance. This appeal was reiterated to the mission by the Prime Minister, who pointed out that the rare water points throughout the countryside have in many cases dried up or are now providing substantially less water to the 130,000 people inhabiting these rural areas and their approximately million head of livestock, including goats, sheep, camels and cattle. The mission was informed that approximately 104,000 rural inhabitants had lost between 25 per cent and 50 per cent of their livestock and the remaining 26,000 inhabitants had lost all of their flock. The Government has started a programme to regroup the nomads who have lost everything into camps. To date, 3 camps have been created, containing up to 4,000 persons. With the growing numbers of displaced persons arriving in these camps, the Government estimates that a total of 20,000 displaced persons would have to be accommodated within six months. The Government has urgently dispatched water trucks to provide relief in the rural areas.
18. The mission noted a number of instances where this assistance fell far short of the needs, as in many cases these water trucks were only able to fill a few barrels of water along the roadside, with great distances between each stop. Some of these vehicles are already inoperable because of the road conditions, the heat and general maintenance problems. As a consequence, water is rationed, with priority being given to children, and adults are only allowed water every other day in many cases.

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19. Thus, additional stress is now placed on the Government infrastructure in terms of providing water, food, clothing and shelter for displaced Djibouti nationals. In these circumstances, the presence of 40,000 refugees poses an impossible burden.

20. In summary, the fragile and precarious economy of Djibouti is faced with grave problems. The presence in the country of more than 40,000 refugees, together with a growing number of displaced Djibouti nomads whose livelihood has been seriously jeopardized by the continuous drought conditions, create a burden the country cannot carry. Thus international assistance under the most favourable terms is an absolute necessity to help Djibouti face its immediate humanitarian needs, as well as its long-term development requirements.

IV. REFUGEES IN DJIBOUTI

21. Shortly before independence in 1975, the first 500 refugees from the Danakil region of Ethiopia crossed the frontier of the Republic of Djibouti. This was followed soon thereafter by 700 refugees from L'Awash. A massive influx of refugees followed the hostilities in the Ogaden region, particularly families located along the railroad linking Ethiopia to the Republic of Djibouti. By July 1977, an estimated 3,000 refugees were located in two camps, at Dikhil (120 kilometres from Djibouti city) and at Ali Sabieh (95 kilometres from Djibouti city). The number of refugees in these two camps reached 10,916 in July 1978. At the same time, the Government has estimated that 20,000 refugees were dispersed throughout the city of Djibouti, where they were either living with distant relatives or Djiboutian friends.

22. The number of refugees in 1979 stabilized at a level of approximately 30,000. A number of assistance efforts started in 1977 and living conditions for refugees improved, particularly those located in the camps of Ali Sabieh and Dikhil. Since January 1980, however, there has been a pronounced increase in the number of refugees, now estimated at 120 per week, arriving from Ethiopia and Somalia.

Table 1
Refugees in Djibouti as at 10 June 1980

	<u>Women</u>	<u>Men</u>	<u>Children Up to 6 years of age</u>	<u>Children 7-15 years of age</u>	<u>Total</u>
Ali Sabieh	1 798	978	3 221	3 303	9 300
	19%	10%		70%	
Dikhil	1 678	895	2 250	3 297	8 020
	20%	11%		68%	
Boulaos	143	95	110	152	500
	29%	19%		52%	
Urban refugees, registered					4 180
Unregistered refugees dispersed throughout the city of Djibouti					20 000
					<u>42 000</u>

Source: Government of Djibouti.

Characteristics of the refugees

23. In general refugees may be divided into four categories. The first is a group from the Ogaden, now located in the camps of Ali Sabieh and Dikhil, whose numbers were estimated in June 1980 at 18,000, of which 9,300 were in Ali Sabieh and 8,020 in Dikhil. It is important to note that women, children and the aged represent 80 per cent of the refugees in these two camps.

24. The second category of refugees is principally composed of 500 Ethiopians coming from Eritrea, who, since 1975, have lived in unsanitary conditions at Boulaos at the entry to the city of Djibouti. The Government wishes to relocate these refugees in an environment providing better sanitation and better living conditions.

25. The third category is composed of English-speaking refugees coming from large Ethiopian urban areas, including students at all levels, professionals and independent skilled workers. Although to date 4,190 identity cards have been issued to persons in this category, the present records indicate that only 633 are registered as active students and only 53 are registered as employed professionals and skilled workers. This group of refugees is actively seeking employment and/or scholarship opportunities in third countries. The Government of Djibouti is particularly concerned by the remaining young urban refugees who are unemployed. These conditions increase the risk of social disorders, thus placing an additional security burden on the local authorities. Efforts have been made to place a number of the better qualified members of this group in other countries, such as Canada, the Ivory Coast, Egypt, Sierra Leone, the Gambia, the United Kingdom and the United States of America. To date, 321 have been placed through the UNHCR programmes, and it is estimated that almost 1,000 have managed on their own to obtain entry into the Gulf States.

26. A fourth group of people from the Ogaden have, because of ethnic and family ties with Djibouti nationals, been quickly integrated into the Djiboutian society. The Government authorities have estimated that this group numbers approximately 20,000.

27. Substantial emergency assistance has been provided through UNHCR and the World Food Programme, in addition to the organizations mentioned in appendix I, to finance the construction of food storage facilities, temporary construction at Ali Sabieh and Dikhil, the purchase of vehicles to transport food-stuffs, the supply of food commodities to vulnerable groups, the provision of temporary shelters, wells, pumps and related water supply equipment, self-help activities, emergency medical services, blankets, mats, tents, scholarships and other special services.

28. Durable solutions are now needed beyond this emergency relief period, while still providing for the ever-increasing numbers of refugees entering the country. In visits to the camps of Ali Sabieh and Dikhil together with trips to other rural areas, the mission was left with the impression that these refugee programmes place a heavy burden on the Government's social and economic infrastructure in the rural

areas, as well as the urban centre, Djibouti city. The level of medical services, housing, education and water resources have been particularly affected as only marginal services are now being provided. Thus when refugees and displaced persons affected by drought conditions are added to the health load, it becomes difficult, if not impossible, to organize effective aid to those in need, particularly for the population widely dispersed throughout the national territory.

29. In the absence of natural resources and with the fragile economic condition of the country, only modest efforts could be expected of the Republic of Djibouti to face the problems mentioned herein.

30. Urgent humanitarian assistance as well as developmental assistance are needed to strengthen the Government's social and economic infrastructure in the implementation of the activities contained in this report.

V. URGENT HUMANITARIAN ASSISTANCE REQUIREMENTS

31. A summary of the elements of this programme follows:

	<u>Cost in United States</u> <u>dollars</u>
Food aid	8,563,813
Drinking water	60,000
Miscellaneous supplies	720,000
Health	200,000
Total	<u>\$ 9,563,213</u>

32. The details of the programme are as follows:

A. Food aid

33. The mission has noted the Republic of Djibouti's overwhelming dependence on imports, including foodstuffs. It is thus necessary to continue emergency assistance to the refugees in the form of food stocks for which, despite poor transportation, communications and inadequate storage, deliveries have been maintained. Adjustments are now necessary owing to the increased number of refugees, and particularly for the programme of food for work. The Government also desires that a food assistance programme be provided for hospital patients and the urban refugees in the city of Djibouti. The Government's request for food assistance is listed in the following tables:

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Table 2

Revised 1980 food requirements for rural areas
calculated on the basis of 20,000 refugees,
second semester
(in tonnes)

<u>Commodity</u>	<u>Pledges and source</u>	<u>Stocks</u>	<u>Supplementary requirements</u>	<u>Estimated date of arrival in Djibouti</u>	<u>Unit value Per tonne US\$</u>	<u>Supplemental Tonnage Required US\$</u>
Rice	578 (CRS)	200	504	August 1980	380	191 520
Sorghum	538 (CRS)	250	679	August 1980	380	258 020
Oil	143 (CRS)	38	96.2	August 1980	760	73 112
Sugar	162 (WFP)	-	50	URGENT	1 500	75 000
Milk	243 (WFP)	44	-	August 1980	470	-
Sardines	243 (WFP)	-	-	URGENT	3 740	-
Tomatoes	58 (UNHCR)	3	-		2 800	-
Dates	21 (UNHCR)	-	75.5	URGENT	2 800	211 400
Dried vegetables	203 (WFP)	61	-	September 1980	2 900	-
Dried fruits	243 (WFP)	-	-	URGENT	2 800	-
Tea	11 (UNHCR)	6	-	-	5 040	-
Salt	- (UNHCR)	3.4	6.3	August 1980	400	2 916
Soya flour	225 (Rad. Bar)	150	-	-	3 450	-
Soap	30 (UNHCR)	-	-		2 500	-
Powdered rice	- (Caritas)	-	4.8	July 1980	15 840	76 032
Condensed milk	- (Caritas)	-	2.1	July 1980	15 840	33 264
<u>Total</u>	<u>2 698</u>	<u>755.4</u>	<u>1 417.9</u>	<u>-</u>	<u>-</u>	<u>921 309</u>

Table 3

1981 Food requirements for rural areas calculated
on the basis of 24,000 refugees
(in tonnes)

<u>Commodity</u>	<u>Monthly requirement</u>	<u>Annual requirement</u>	<u>Unit cost per tonne in US\$</u>	<u>Total Value</u>
Rice	130	1 560	380	592 800
Sorghum	171	1 052	380	779 760
Oil	23.6	283.2	760	215 232
Sugar	38	456	1 500	684 000
Milk	29.8	357.6	470	168 072
Sardines	19	228	3 740	852 720
Tomatoes	11	132	2 800	369 600
Dates	18.2	218.4	2 800	611 520
Dried vegetables	18	216	2 900	626 400
Dried fruits	18	216	2 800	604 800
Tea	37	43.92	5 040	221 357
Salt	1.5	18.48	470	8 686
Soap	5.6	66.96	2 530	169 409
Soya flour	37.2	446.04	3 430	1 529 917
Powdered rice	0.8	9.36	15 840	148 262
Condensed milk	0.3	3.12	15 840	49 421
<u>Total</u>	<u>525.7</u>	<u>6 307.08</u>	<u>-</u>	<u>7 631 956</u>

Table 4

Food assistance requirements for 1,000 urban
refugees for one year
(in tonnes)

<u>Commodity</u>	<u>Quantity</u>	<u>Unit value in US\$</u>	<u>Total value in US\$</u>
Rice	63	380	23 940
Sorghum	81	380	30 780
Oil	10.8	760	8 208
Sugar	18	1 500	27 000
Milk	14.4	470	6 768
Sardines	9	3 740	33 660
Tomatoes	5.4	2 800	15 120
Dates	9	2 800	25 200
Dried vegetables	9	2 900	26 100
Dried fruits	9	2 800	25 200
Tea	1.8	5 040	9 072
Salt	0.7	470	329
Soya flour	18	3 430	61 740
Soap	2.7	2 530	6 831
<u>Total</u>	<u>251.8</u>	<u>-</u>	<u>29 948</u>

Table 5

Special requirements for hospital facilities

<u>Hospital patients and personnel</u> (based on an average of 1,200 per day)	<u>Second semester 1980</u>	<u>1981</u>
Rice	20 tons	40 tons
Powdered milk	4.5 tons	9 tons
Sugar	9 tons	18 tons
Oil	4 500 litres	9 000 litres

Special nutrition for hospitalized tubercular patients

Sardines	9 000 tins	18 000 tins
Canned meat	5 000 tins	10 000 tins
Canned fruit and juice	4 000 tins	8 000 tins
Canned butter	4 000 tins	8 000 tins

Outpatient tubercular care (weekly rations)

2,000 in Djibouti district and 2,500 in rural areas

Rice	40 tons	80 tons
Sugar	10 tons	20 tons
Canned milk	50 000 tins	100 000 tins
Canned sardines	50 000 tins	100 000 tins

Not costed

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B. Drinking water

34. The problem of providing an adequate supply of drinking water is of the highest concern, in view of the human suffering noted during visits to the countryside.

35. UNICEF has provided the services of a water expert for the past several months. These services should be continued for at least another year to provide technical expertise in the location and drilling of wells for drinking water in and near the refugee camps as well as for the pilot programmes that are discussed below under the strengthening of the agriculture sector. The cost of these services is approximately \$60,000.

C. Urgent miscellaneous supplies and commodities

36. The refugees normally arrive in the camps without basic necessities, including clothing, bedding material and cooking utensils. The Government has requested that the following commodities be provided over and above that which has already been received:

	<u>Cost in</u> <u>United States</u> <u>dollars</u>
10,000 blankets - \$12 each	120,000
10,000 bed mats - \$9 each	90,000
50,000 metres of cloth for women - \$4/m	200,000
30,000 metres of cloth for men - \$6/m	180,000
10,000 sets of kitchen utensils - \$10/set	100,000
3,000 kerosene type stoves - \$10 each	30,000
Total	<u>\$720,000</u>

D. Health

1. General health situation in the Republic of Djibouti

37. Preventable diseases, particularly among children, top the list of morbidity and mortality in the Republic of Djibouti. Infantile diarrhoea, dysentery (bacillary and amoebic) and typhoid, all propagated by poor sanitation are widespread. Pulmonary tuberculosis (an average of 2,000 new cases per year) is considered the most serious single disease. It affects mostly children and young adults and is closely related to under-nutrition, inadequate housing and poor sanitary habits. Measles and respiratory tract infections, often complicated by

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purulent ear and nose infections are also known to be common among children. It is thought by local medical staff that 80-90 per cent of children below five years of age are under or malnourished.

38. Djibouti city faces serious housing, sewage and waste disposal problems which has a negative impact on the health status of its population. Although the population of Djibouti city has access to curative health services, the rural and nomadic population are not well served. Preventive health services are limited to urban Djibouti.

39. A shortage of qualified and trained national health specialists is a principal constraint facing health services development. Training of health workers within the country is curative oriented and limited in scope. There is an urgent need to organize training courses within the country for middle level health personnel (e.g., medical assistants, community nurses, sanitarians, laboratory assistants). Training of primary health workers is necessary for building up a primary health care service that would cater to the rural and nomadic population.

40. The Government has an annual health budget of approximately \$5.6 million, 67 per cent of which is allocated for personnel cost and 33 per cent for costs of running the services.

41. For 1980, only \$57,000 is allocated for hospital feeding and \$1 million is allocated for medicines. Surgical equipment at the only hospital in the Republic is for the most part dilapidated and unusable. Many of the Ministry of Health vehicles are also in a sad state of disrepair. Food is prepared for hospital patients under substandard hygienic conditions because of unsuitable kitchen equipment. Laundry and facilities for disinfecting patients' clothing are not available, which constitute an increased risk of epidemics starting within the hospital grounds.

42. In spite of severe budgetary limitations and scarce human resources the Government is reorienting its health policy towards the provision of health care (preventive and curative) to the most needy population in rural areas and vulnerable groups, particularly women and children.

43. Support to the Government efforts is provided by a number of international, bilateral and voluntary agencies. UNICEF has been active in providing assistance in mother and child care, immunization programme, health education and in providing supplies and equipment for health centres and dispensaries. Other bilateral agencies such as French Co-operation Mission, USAID, Saudi Arabia, Canada, Iraq, the Libyan Arab Jamahiriya and Oman, as well as voluntary agencies such as French "Medecines Sans Frontières", "Volontaires du Progrès" and Catholic Relief Services have been actively contributing to the development of General Health Services in the country.

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2. Health aspects of the refugee problem

44. An in-depth analysis has not yet been made of the existing health problems or of the causes of morbidity and mortality among refugees, either in the camps or in the city of Djibouti.

3. The refugee camps

45. Diagnostic facilities (e.g., laboratory and radiography) are lacking. The present national and refugee health workers, particularly at the middle and auxiliary levels, require further training and supervision. In most areas (laboratory, sanitation, radiography, health education) qualified personnel are not available.

46. About 30 per cent of the refugees in camps are women and children, and cases of undernutrition, malnutrition and infantile diarrhoeas are common. Poor housing conditions (over-crowding), poor sanitation (lack of excreta and garbage disposal systems), abundance of flies as well as the scanty and often interrupted untreated water supply were all noted by the mission during its visit to the rural areas. These factors play an important role in the transmission and spread of communicable diseases and also contribute to the risk of epidemics and to the high prevalence of tuberculosis among the refugees.

47. At the time of the mission's visit, there was no significant outbreak or epidemic of communicable disease, either in the camps or among the local population in Ali Sabieh and Dikhil. The mission also noted that the refugees in both Ali Sabieh and Dikhil camps share the health facilities available at the medical centres with the local population and that the majority of attendants at these centres are refugees.

4. Health needs

48. A qualified sanitarian should be assigned to each camp on a permanent basis and should be assisted by locally recruited persons. Sufficient quantities of calcium hypochlorite (70 per cent) or a similar compound should be always available for disinfection of the water tanks (residual 0.05 ppm). Each camp should also be provided with a comparator.

49. As latrines become available within the camps, strict supervision of the use of latrines and their daily maintenance is required.

50. Special arrangements for safe excreta disposal from patients in the medical centres is necessary.

51. Insecticides and spray pumps are required to control flies and other disease vectors.

52. The teaching staff in the camps should be used to carry out intensive health

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education programmes among the camp population. Short courses in public health and basic sanitation should be provided to teachers for this purpose.

53. A qualified laboratory technician is required for the health teams in the medical centres. Simple laboratory equipment to undertake simple urine, stool and blood tests should also be provided.

54. A simple x-ray machine would be a useful addition to the diagnostic facilities in the medical centres. A qualified x-ray technician would be essential for the effective and safe use of such equipment.

55. A list of required medicines is provided in table 6 and they should be made available at the medical centres and be regularly replenished. The surgical equipment needs for minor surgical intervention are listed in table 7 and should be provided to each medical centre.

56. One ambulance and one vehicle (e.g. Toyota Land Cruiser for staff use in visiting and supervision) are required for each medical centre at Ali Sabieh and Dikhil.

57. The mission noted that UNHCR has provided basic support to expand existing health facilities in Ali Sabieh and Dikhil. UNICEF is providing supplies and equipment including vaccine as well as financial incentives to 11 national nutrition assistants working in the camps. The French "Medicines Sans Frontières" and "Volontaires du Progrès" agencies have provided health personnel (doctors and nurses). Catholic Relief Services, Caritas, WFP and other agencies have provided substantial quantities of food and other items for the sick. At present, however, there is a shortage of qualified personnel in the medical centres.

58. Apart from personnel and subject to the availability of funds, WHO could possibly provide through voluntary agencies, the cost of medical supplies, equipment and vehicles for the refugee camps of Dikhil and Ali Sabieh. The estimated cost of this phase could reach \$200,000 during the period 1980-1981.

5. Urban refugees in Djibouti city

59. The refugees in the city are practically integrated into the local population. They are difficult to identify as only a small proportion of them carry refugee cards. They are exposed to the same health and sanitation conditions as the city population and create a real burden to the city health services, thus taxing heavily the limited national health budget. This problem is discussed further under section VI. F.

Table 6MedicinesAntibiotics

Penicillin G. I. mega-unit Diluent
Procaine Penicillin 300,000 IU Di.
Diluent
Tetracycline cap. 250 mg
Tetracycline Ophth ointment B
Chloramphenical ear drops
Tetracycline syrup
Sulphadimidine tab.
Sulphadimidine mix.

Hematinics

Ferrous Sulphate + Folate
Multivitamin tab.
Multivitamin syrup
Vit. A high potency
Vit. C 50 mg tab.

Antiparasitics

Piperazine (500 mg) tin of 1,000
Piperazine syrup 500 mg per 5 ml
Bephamin (Alcopar)
Metronidazole (Flagyl)

Analgesics

Aspirin (Adult)
Aspirin (Children)

Injectable analgesicsGastro-intestinal drugs

Kaoline pectine mix
Senna tab.

Respiratory and CVS

Cough mixture
Ephedrine tab.
Adrenaline inj.
Hydrochlorthiazide tab.
Reserpine 0.1 mg tab.

Rehydration salts and solution

Oral rehydration salts
Ringers lactate

Antimalarials

Chloroquine tab.
Chloroquine syrup

Other drugs

Nitrofurantoin 0.05 gr tab.
Benzyl benzoate
Ergometrine tab.
Ergometrine inj.
Bilarcil tablets, tin of 1,000
Gentian violet
Pot. iodide (1067498)

Table 7

Medical equipment

<u>Minor surgical instruments and syringes</u>	<u>Quantity</u>
1. Scissors: straight	2
2. Scissors: curved	2
3. Scalpel handle	2
4. Blades, assorted disposable	100
5. Forceps: anatomical	4
6. Forceps: surgical	2
7. Forceps: haemostatic	4
8. Forceps: bone cutting (Luer)	1
9. Forceps: dental	1
10. Retractor: automatic	1
11. Retractor: sharp 2 prongs	2
12. Needle holder	1
13. Atraumatic needles with silk 0.00	30
14. Surgical needles - assorted	1 box
15. Myrtle leaf probe	1
16. Splinter forceps	1
17. Catgut, single packed threads	15 pieces
18. Sterile disposable syringes, Luer 2.5 ml	100
19. Sterile disposable syringes, Luer 10 ml	100
20. Disposable needles G 21 x 1-1/2	100
21. Disposable needles G 20 x 1-1/2	100
22. Interchangeable glass syringes, Luer 2.5 ml	5
23. Interchangeable glass syringes, Luer 10 ml with assorted needles	5
24. Sterile disposable intravenous cannulae	25
25. Lumbar puncture needle (2 sizes)	2
26. Trocar	1
27. Small Luer cannulae trackael, silver	1
28. Big Luer cannulae trackael	1
29. Sterile rubber drain	1
30. Small operating headlamp	1

VI. URGENT DEVELOPMENT ASSISTANCE PROJECTS TO STRENGTHEN THE
GOVERNMENT'S ECONOMIC AND SOCIAL INFRASTRUCTURE

60. A summary of the elements of this programme follows:

	<u>Cost in US\$</u>
Agriculture and water	1,288,000
Fisheries	360,000
Storage	695,200
Shelter	1,200,000
Education	1,114,279
Health	685,000
Administrative support	200,000
<u>Total</u>	<u>\$5,542,479</u>

61. The details of the programme are as follows:

A. Agriculture and water

62. The exploitation of the meagre agricultural resources of the Republic of Djibouti represents a costly operation which can only find its justification in the possible reduction of imports of food. Agriculture is apt to remain a marginal activity with few possibilities, including the use of irrigated perimeters supplied by deep wells. As mentioned earlier in this report, water is a scarce commodity for both drinking and for irrigation purposes in the agriculture sector. Rain-fed farmlands are practically non-existent.

63. The absence of an agricultural tradition in this country has brought considerable interest to a pilot programme, using rural refugees, working with Djibouti nationals in a 30 hectare irrigation plot located at Moulloud. This demonstration project has received financial assistance from UNHCR, FAO and the Government. In spite of the difficult water and climatic conditions, other pilot programmes of this nature might be considered.

64. With regard to finding possible solutions for the water problem, the Government of Djibouti is in contact with a number of international and governmental agencies to make a systematic inventory of water resources. Short-term advisory services are needed and could be combined with the technical assistance mentioned in paragraph 35.

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65. For pilot programmes the following is required:

20 windmill type operated pumps with spare parts . . .	\$32,000
Installation and transport of the pumps	\$6,000
16 water trucks of 6 cubic metres capacity	\$195,000
Miscellaneous drilling and testing equipment	\$385,000
Drilling operations	\$640,000
<u>Total</u>	<u>\$1,258,000</u>

66. The above projects, including the possible extension of Moulloud, would envisage the use of refugees with an agricultural background, together with Djibouti nationals. Accordingly, an agricultural expert would be required to assist the Government in this programme over a period of three months at a cost of \$30,000.

B. Fisheries

67. The fishing industry has not yet been developed and represents an activity that could absorb a number of refugee fishermen, in addition to providing new employment opportunities for Djibouti nationals after some training. This represents another integrated project to strengthen the Government's economic infrastructure. As a pilot project, training for a team of 25 fishermen - 13 refugees and 12 Djibouti nationals - is recommended. Outboard motor-equipped boats, together with one larger boat with appropriate equipment should be provided. The total cost envisaged for this operation would be about \$300,000. A fishing expert would be required for one year at a cost of \$60,000 to set up and monitor this project.

C. Storage

68. Inadequate storage facilities for food commodities have been noted at the Djibouti port as well as at the Ali Sabieh and Dikhil camps. The infrequent docking of freighters bringing foodstuffs, together with the increasing numbers of refugees and displaced persons, have led the Government to request assistance in the construction of the following new storage depots:

A warehouse 60 x 24 metres is required for Djibouti city	\$568,800
At the Ali Sabieh and Dikhil camps one warehouse 20 x 8 metres is required at each site	\$126,400
<u>Total cost</u>	<u>\$695,200</u>

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D. Shelter

69. With bilateral and multilateral assistance, UNHCR and the Government have provided canvas tents to shelter the 17,000 refugees in the camps of Ali Sabieh and Dikhil. However, owing to Djibouti's extreme climatic conditions (high temperatures, winds and sandstorms) these tents have had an average life span of less than six months. At over \$400 per tent and in the absence of local materials to maintain and repair them, shelter costs have averaged \$800 per year per family.
70. To alleviate these high costs and at the same time to provide more durable shelter, the Government and UNHCR have organized a self-help, food-for-work housing project which began operating at Ali Sabieh in October 1979 and at Dikhil in February 1980. This pilot project is designed to provide traditional stone shelters "toucoules" for 1,000 refugee families.
71. With strong support from the Government and the technical assistance of three "Volontaires du Progrès", construction crews of 227 refugees in Ali Sabieh and of 150 refugees in Dikhil are now building an average of 44 family dwelling units per month in each camp. Over 300 families are already living in these "toucoules" at a total cost of less than \$600 per family. The buildings are well constructed, durable and well suited to Djibouti's harsh climate. At the present rate of construction, 1,000 families will be lodged by the end of 1980.
72. Faced with the continuing influx of refugees into both of these camps (there are now over 3,000 families in the two camps), the Government is now requesting financing (approximately \$1,200,000) and technical assistance for the construction of another 2,000 to 3,000 family units. (Technical assistance is being requested to assure the provision of appropriate sanitary facilities for these two camps.)
73. Given the remarkable success of this self-help project and the active role the Government and the refugees themselves have taken in its execution, the continuation of these efforts deserve international support.

E. Education

1. Refugees in camps

(a) General information

74. Information supplied during the mission's visit to the Republic of Djibouti a/

a/ Cf. Note sur les refugies a Djibouti - Cyclostyled document prepared and circulated by the "Office National d'Assistance aux Refugies et Sinistres (ONARS)", of the Republic of Djibouti, p. 3.

confirms that refugee children constitute approximately 66 per cent of the refugee population in the camps:

	<u>Children</u>	<u>Women</u>	<u>Men</u>	<u>Total</u>
Ali Sabieh	6,524	1,798	978	9,300
Dikhil	5,447	1,678	895	8,020
<u>Total refugees in camps</u>	<u>11,971</u>	<u>3,476</u>	<u>1,873</u>	<u>17,320</u>

75. In September 1979, b/ the breakdown of the number of children by age-groups and sex was as follows:

	<u>Age</u>	<u>Boys</u>	<u>Girls</u>	<u>Total</u>
Ali Sabieh	0-6	928	860	1,788
	6-11	592	614	1,206
	11-15	415	405	820
	<u>Total</u>	<u>1,935</u>	<u>1,879</u>	<u>3,814</u>
Dikhil	0-6	425	475	900
	6-11	282	370	652
	11-15	240	353	993
	<u>Total</u>	<u>947</u>	<u>1,198</u>	<u>2,145</u>

76. Information on the educational background of the children in the camps is almost non-existent.

(b) Observations

77. Many refugees in the camps have linguistic and family ties with the nationals of the districts where they now live. As far as their educational background is concerned, those refugees who have had access to education seem to have been attending Koranic schools.

b/ Cf. Educational proposals for refugees in the camps of Ali Sabieh and Dikhil - Report prepared at the request of UNHCR by A. C. R. Wheeler, UNESCO Consultant, p. 14.

(c) Problem areas and action proposals

78. As the refugees are said not to be willing to consider possible voluntary repatriation, and because the Government is intending to allow them to freely opt for repatriation, it appears that their stay in the Republic of Djibouti and in their camps is likely to be of a long duration. Therefore, one of the basic needs that require urgent consideration lies in the field of education.
79. The Government, with the help of UNHCR, has begun to deal with this issue. They have already built classrooms in both Ali Sabieh and Dikhil camps, equipped them with wooden desks, benches and blackboards, identified Koranic teachers from among the refugee population, who are assuming the teaching load, and launched an educational programme which includes Arabic language and Koranic teaching.
80. The findings and recommendations of a recent UNESCO study which reviewed aspects of the problems of education in the refugee camps constitute a basis for launching additional educational activities in the camps of Ali Sabieh and Dikhil.
81. Before embarking on a 6-year system of primary education for the children refugees in the camps, it is advisable to consider the possibility of mounting, simultaneously with formal primary education, a non-formal education cycle which could be organized for those above the normal age of entry to primary education.
82. Defining the curricular contents of both educational programmes, outlining the criteria for admission and the selection procedures and techniques for the determination of the groups concerned by each programme, studying the problems related to the teaching media, to the selection of the teaching staff and to the availability (or non-availability) of teaching materials and audio-visual aids, and quantifying the material and financial implications of each one of the two programmes, could be carried out by a multidisciplinary team of three experts, over a four month period, at a cost of \$50,000. The proposals should include recommendations for women, young mothers and literacy courses.
83. Education for women and young mothers in the camps constitute a major problem. No information is available about the possible fields of potential development of this group of refugees in the camps. It seems, therefore, appropriate to relate their educational needs and requirements to those of the nationals of the two districts concerned, and to mount educational activities which should encompass both national and refugee women. Courses in maternity and child health, family hygiene, nutrition, food preparation and sanitation should be envisaged as part of the curricula of the education cycle for women refugees.
84. Literacy courses should also be mounted in the camps for the adult population.

2. Refugees in urban areas

General information

85. Data compiled in Djibouti include the following figures for the capital city as at 31 March 1980:

<u>Classification</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
University students	26	-	26
12th Grade students	116	13	129
11th " "	63	7	70
10th " "	69	2	71
9th " "	58	4	62
8th " "	66	7	73
7th " "	73	9	82
6th " "	21	2	23
5th " "	2	2	4
Employment	34	1	35
Francophone	49	6	55
Arabophone	61	7	68
Handicapped	10	-	10
Illiterate	2	3	5
Professionals	4	-	4
Vocationals	14	-	14
<u>Total</u>	<u>668</u>	<u>63</u>	<u>731</u>

86. The authorities have expressed the wish to reduce the refugee presence in Djibouti city, and to send some of them for vocational training in a Transit and Training Centre being set up in Ali Sabieh. The majority of the urban refugee population is composed of young males seeking education or job placement in Djibouti city.

87. Since 1978, the Government, with the assistance of the UNHCR, has helped secure educational placement in other countries for 321 refugees. c/ However, the means

c/ Cf. Number of refugees placed abroad with the help of UNHCR from January 1978 up to December 1979, in Statistics - Counselling Office, published by UNHCR Branch Office in Djibouti, June 1980.

available locally limit the scope of these placement activities. Local expertise is not available to assess, for admission to further education, the levels of education of given individual refugees who are without proper documentation. Language barriers make it difficult, if not impossible, to communicate with a sizable part of the caseload, adding further complications.

88. A two months' study by an education specialist is required to define projects for strengthening the urban educational system to cope with the added number of refugee students. The cost of these services would be \$10,000.

89. From previous studies by an education specialist, the Government requests funding for the following projects in the refugee camps:

Time Phase 1980-1981

Construction

Dikhil

Approximate cost
in United States dollars

School with 3 class-rooms and an office	18,000
School with 2 class-rooms	
adult education for women	12,000
two 6-room housing units for teachers	40,000

Ali Sabieh

Two schools with 3 class-rooms each with a store-room and office space	36,000
School with 2 class-rooms	
adult education for women	12,000
three 6-room housing units for teachers	60,000
Miscellaneous costs	7,000
<u>Subtotal</u>	<u>186,900</u>

Equipment

Dikhil

Tables and benches for 3 class-rooms	5,400
Furniture for adult education class-rooms	5,000
Furniture for Principal's office	600
Housing furniture for 12 teachers	33,600

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<u>Equipment (continued)</u>	<u>Approximate cost in United States dollars</u>
<u>Ali Sabieh</u>	
Tables and benches for 6 class-rooms	10,800
Furniture for adult education class-rooms	5,000
Furniture for Principal's office	600
Housing furniture for 10 teachers	50,400
Miscellaneous costs	11,140
<u>Subtotal</u>	<u>122,540</u>
<u>School supplies</u>	
Dikhil and Ali Sabieh	5,720
<u>Teachers' Salaries</u>	
<u>Dikhil</u>	
12 teachers for 12 months	178,983
<u>Ali Sabieh</u>	
16 teachers for 12 months	238,644
<u>Subtotal</u>	<u>417,627</u>
<u>Total cost</u>	<u>732,787</u>

Time phase 1981-1982

90. These projects represent the second tranche of a formal education programme at the primary level for the Dikhil and Ali Sabieh camps.

<u>Construction</u>	<u>Approximate cost in United States dollars</u>
<u>Dikhil</u>	
School with 3 class-rooms and a store-room	19,800
Housing unit for 6 teachers	22,000

/...

Approximate cost
in United States dollars

Construction (continued)

Ali Sabieh

Two schools with 3 class-rooms and a teacher's office	39,600
Housing unit for 6 teachers	22,000
<u>Subtotal</u>	<u>103,400</u>

Equipment

Dikhil

Tables and benches for 3 class-rooms	5,880
Housing furniture for 6 teachers	18,480

Ali Sabieh

Tables and benches for 6 class-rooms	11,760
Housing furniture for 6 teachers	18,480
Miscellaneous costs	5,460
<u>Subtotal</u>	<u>60,060</u>

School supplies

Dikhil and Ali Sabieh	5,500
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Teachers' salaries

Dikhil

Three teachers for 12 months	50,847
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Ali Sabieh

Six teachers for 12 months	101,695
<u>Subtotal</u>	<u>152,542</u>
<u>Total cost</u>	<u>321,492</u>

F. Health

91. The Minister for Foreign Affairs and Co-operation and the Director General of Health advised the mission that about 60 per cent of the national health budget is consumed by the refugees. It was also mentioned that 40 per cent of the hospital beds in the city of Djibouti are occupied by refugees, as are 66 per cent of hospital beds in Dikhil and Ali Sabieh. It is now essential to assess the rapid deterioration and the danger of the possible collapse of health services in the country in order to provide timely and effective support.

92. It is difficult to assess and to quantify without further study the needs in terms of services, supplies and equipment, medicine, etc., for the refugees located in the city of Djibouti. Their number is estimated to be 20,000, which represents about 9 per cent of the total city population. The Ministry of Health has requested supplies and equipment to support existing general health services in the country as well as in Djibouti city. These requests fall under the following major headings.

	<u>Estimated cost</u> <u>in United States dollars</u>
Cost of medicines for 1980 (6 months) and 1981	370,000
Surgical equipment for Peltier Hospital, Djibouti	Not costed
Insecticides, equipment and vehicles for the "Service d'Hygiène"	Not costed
Vehicles (ambulances and others) to the district hospitals and health centres as well as for Peltier Hospital and Paul Faure TB Centre, Djibouti	Not costed
Vehicles - operational costs	82,000
Washing and drying machines, disinfection units, kitchen equipment for Peltier Hospital, Djibouti, and for District Hospitals	213,000
Equipment for service improvement (e.g. air conditioners, refrigerators, beds, hospital furniture)	Not costed

93. Information on uncosted equipment could be obtained from the Ministry of Health, after further studies have been completed.

94. It is important to note that health services are provided free of charge and without distinction between the local population and refugees. Also, the refugees because of their socio-economic status are a vulnerable group that require special medical care at a higher cost.

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Possible WHO contribution

95. Subject to the availability of funds, WHO would be interested, as part of its collaboration programme with the Republic of Djibouti, to contribute by:

Training health personnel, e.g., primary health workers from refugee camps and drought victims camps, laboratory technicians, sanitarians, community nurses.

Provision of limited essential equipment, e.g., educational, material for training, simple laboratory and sanitation equipment.

Technical support to the immunization, MCH and health education programmes.

Support to the improvement of rural water supplies within the water decade framework. WHO will continue to collaborate closely with UNICEF, to promote the health of refugees. WHO is prepared to extend technical assistance to UNHCR to meet the health needs of the refugees and drought victims.

Other health needs

96. The Government is reorienting its health policy towards the provision of health services to the most needy population in the rural areas, through primary health care. This would require serious efforts and important financial resources to strengthen and expand the existing infrastructure (regional hospitals, medical centres and primary health care units).

97. This strengthened national health programme was discussed with the mission, with the request to consider a construction programme for the required new health facilities.

98. A long-term programme deserves further review and study by the concerned specialized United Nations agencies (e.g., WHO and UNICEF). The initial health sector study should be carried out by a health specialist over a period of three months. This expert should also quantify, finalize and provide cost data for the list of equipment and medicines. The cost of this study would be \$20,000.

G. Administrative support for the National Office
of Refugees and Displaced Persons

99. Given the growing dimensions of the management and co-ordination problems encountered by the National Office of Refugees, the Government has requested budget assistance for the following additional local personnel to be recruited:

- 1 Programme Officer
- 4 Camp Administrators
- 4 Store-room Assistants

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100. The Government has further requested budgetary support to consolidate the medical, paramedical programmes and agricultural extension services. An amount of \$200,000 is requested for this purpose.

VII. ACCELERATED DEVELOPMENT PROJECTS

101. A summary of the elements of this programme follows:

	<u>Cost in United States dollars</u>
Training	
Handicrafts	300,000
Vocational	505,000
Drilling operations	3,500,000
Urban housing	Not costed
<u>Total</u>	<u>4,305,000</u>

102. The details of the programme are as follows:

A. Training

1. Handicrafts

103. The presence of a large number of women in the rural refugee camps provides the opportunity to create handicraft activities that could bring needed employment and also provide a source of revenue. A small pilot project is already in progress. To reinforce this effort, a four-month study is proposed to evaluate several handicraft possibilities in the camps of Dikhil and Ali Sabieh. The proposed budget, including the cost of an expert and necessary equipment to start a programme, amounts to \$300,000.

2. Vocational training

104. The presence of a large number of unemployed youths, including the urban refugees, provides an incentive to create vocational training opportunities to provide employment, a source of revenue and to reduce social and security problems. The proposed budget for a pilot programme, including the cost of experts and necessary equipment, could amount to \$500,000. A consultant should be engaged for one month to make an initial evaluation and the eventual design of a project. The cost of his services would be \$5,000.

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3. Water resources development

105. In view of the water constraint in the Republic of Djibouti, the following project is proposed subject to the availability of funding. Its objectives would be co-ordinated with the substantial international efforts underway to identify, capture and map water resources in the country and would support:

Intensified drilling programme in progress;

Organization of a maintenance service to protect future investments and equipment already in place;

Training of national personnel for both drilling operations as well as maintenance activities.

106. A minimum budget in the amount of \$3.5 million would be required to finance this project and would include the following:

Drilling equipment and spare parts (to complement existing rigs)

Construction of and equipment for a maintenance shop (general mechanical work, diesel engines and electro-mechanical sections)

Technical assistance salaries for 12 months:

drilling engineer

drilling expert

chief shop maintenance expert

general mechanic

diesel mechanic, heavy equipment

electro-mechanic

stock manager

stock keeper

industrial draughtsman

potable water specialist (equivalent to the UNICEF water expert who has already done work of the type in Djibouti)

107. Prior to proceeding with implementation, the services of a consultant for one month would be required to develop the final details of this project.

B. Shelter

1. Refugees in urban areas

108. Djibouti has a population of over 300,000 people, more than two thirds of whom reside in the capital. Given the importance of the capital (with its port, railway and airport) as a transport and transit centre and the strictly limited actual and potential agricultural productivity of the country, it is estimated that the capital's population will continue to grow at a minimum rate of 7 to 8 per cent per year.

109. Of this urban population, well over 50 per cent live in housing conditions which can at best be described as precarious. Well over 100,000 people live 10 or more to a house, at densities of 600 per hectare; in houses constructed of scraps of wood, cardboard and metal, sited on plots which are at, or below, sea level (and therefore are flooded during the rains), often far from access roads and water sources, and totally without sewerage and drainage.

110. The Government has estimated that of this urban population over 20,000 are refugees and/or internally displaced persons who have ethnic, if not family ties, with Djiboutians, and who have integrated themselves into this precarious urban environment.

111. However, given the generally deteriorating conditions in which the majority of Djibouti's urban population lives and the extremely high rate of unemployment (it is estimated that 50 per cent of the active population are unemployed), the plight of these urban refugees cannot be treated separately from that of their Djiboutian hosts.

112. With severely limited resources available to cope with these growing urban problems, the Government has appealed for financial and technical assistance from both bilateral and multilateral organizations.

113. The European Development Fund has financed a preparatory study of the urbanization of Djibouti, and the preparation of an outline master-plan for the future extension of the capital. These studies are expected to be completed by the end of 1980.

114. The Government is also setting up a national office for urban and regional planning which will be attached to the Office of the President. This physical planning office will work in close collaboration with the existing Office of Economic Planning, also in the Office of the President, and will be responsible for establishing a physical framework, guidelines and control mechanisms to ensure the properly planned further development of the capital and of the nation as a whole. In the absence of qualified national personnel, the FAC has agreed to finance three posts to help strengthen this office.

Accelerated development projects: development of national housing programmes

115. Action oriented housing programmes are urgently required to immediately begin

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to address the critical housing needs of the population. In particular, the following specific requirements must be met:

Develop and apply innovative programmes to satisfy the basic needs of low-income families for adequate housing, physical infrastructure and social services.

Mobilize all available local material and human resources and encourage full participation of the people.

Generate employment and income through housing construction activities and their high multiplier effect on the economy.

Train and mobilize Djibouti citizens to assume more active and demanding roles in the planning and development of their nation.

Define and implement mechanisms to extend access to credit in order to permit the Government to use public funds for the benefit of the largest number of people who presently cannot afford decent housing.

Mobilize community resources in their own right to stimulate and encourage individual home construction and ownership and co-operative community development ventures.

Identify and measure the respective costs and effects of alternative construction standards, materials and methods, and on this basis, develop the production and use of indigenous building materials geared to the housing needs of the majority of the population.

116. In view of the enormity of the nation's housing problems and the limited resources available, the Government has requested the assistance of the UNDP and UNCHS in the formulation and implementation of a pilot project designed to address priority human needs for shelter, physical infrastructure and social services, and simultaneously to serve as a catalyst for more extensive development and investment follow-up on the part of bilateral donors and financial institutions.

117. As proposed by the Government and depending on the availability of financing, the formulation and implementation of aided self-help housing schemes, combined with the upgrading of existing substandard housing and infrastructure and the training of skilled manpower and small-scale contractors will be explored by the UNDP and UNCHS in co-operation with the WFP, ILO, UNCDF, UNV, UNHCR and bilateral or other multilateral financial institutions.

APPENDIX I

List of governmental and non-governmental organizations
participating in Programmes of Assistance to Refugees
in Djibouti

<u>Food Assistance:</u>	UNHCR WFP USAID Caritas (Federal Republic of Germany) Catholic Relief Services Swedish Save the Children Fund - Radda Barnen
<u>Health:</u>	UNHCR UNICEF Caritas (Federal Republic of Germany) Caritas (the Netherlands) Enfance et partage Medecins sans Frontiers OXFAM
<u>Shelter, Tents, Blankets, Cooking Utensils and Clothing:</u>	UNHCR USAID Caritas Red Cross of the United Kingdom Diakonisch Werk OXFAM Radda Barnen Volontaire du Progres
<u>Education:</u>	UNHCR Ecumenical Council of Churches World University Service Caritas (the Netherlands) Phelps Stokes Foundation Canadian Overseas Library
<u>Self-Help Projects:</u>	UNHCR (Moulloud) Volontaire du Progres (Moulloud)

APPENDIX II

Requirements for drought victims as requested by Djibouti

A summary of the elements of this programme follows:

	<u>Cost in</u> <u>United States</u> <u>dollars</u>
<u>Drinking water</u>	500,000
<u>Famine relief</u>	4,780,000
<u>Transport</u>	152,000
<u>Shelter, blankets and utensils</u>	2,460,000
<u>Health</u>	670,000
<u>Total</u>	<u>8,562,000</u>

The details of the request are as follows:

Drinking water

In order to reduce the tragedies due to the lack of drinking water which thus far has not been the subject of external assistance programmes, the following is required for both the population and their animals:

Purchase of 15 water trucks and the construction of 60 water tanks	\$500,000
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Famine relief

The Government has already purchased some food-stuffs with its own resources and pledged international assistance is on the way, including: sorghum 2,000 tons, rice 2,700 tons, oil 1.8 tons, milk 100 tons.

The following additional assistance is urgently required to avoid further suffering, based on the needs for 20,000 persons over a period of six months: (for those who have lost all of their livestock) rice 640 tons, sorghum 820 tons, oil 1.2 tons, sugar 200 tons, milk 160 tons, sardines 100 tons, tomatoes 60 tons, dates 100 tons, tea 20 tons, salt 10 tons.

The estimated cost of this assistance is \$1.6 million.

For the rest of the rural population, that is those who have lost a portion of their livestock, the following food commodities have been requested for a six months period: rice 3,200 tons, sorghum 4,100 tons, oil 500 tons, milk 800 tons.

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Shelter, clothing and utensils

As a good portion of the nomad population is being grouped into camps, the purchase of tents, blankets, clothing and kitchen utensils for 5,000 families is required. A breakdown of these needs is as follows:

	<u>Quantity</u>	<u>Cost in United States dollars</u>
Tents	5,000	2,000,000
Blankets	10,000	120,000
Kitchen utensils, sets	5,000	50,000
Cloth for women, metres	50,000	200,000
Cloth for men, metres	15,000	90,000
		<hr/> 2,460,000 <hr/>

Health aspects of the drought victims

Drought victims, grouped in camps, are today estimated by government sources at 8,000. They are located in nine camps all over the country. It is expected that their numbers may reach 20,000 in the next six months.

In one drought victim camp (Ali Adé), visited by the mission, their number was estimated at 1,500. In other camps visited (Alaila Dada, Dadato, Assa Gayla and in Tadjourah town) their number was about 200-300.

The most important and urgent needs of these people are water and food. A high proportion of children in these camps appeared to be underweight for their age and undernourished. Apart from a recent limited outbreak of measles among children in one of these camps (Alaila Dada), reported to us by the nurse in the adjacent military post, no other outbreak or epidemic seems to have occurred in the last 2 to 3 months.

In addition to water and food, these people need simple health care and first aid. In camps where no "poste de secours" or other health facility is available nearby (estimated at nine camps) it would be advisable to establish a health post. Should the authorities be able to assign a nurse or assistant nurse or to select suitable persons from the drought victims groups to be trained in primary health care standard supplies for a primary health care centre could then be provided, the additional needs in supplies and equipment created by these camps (estimated at 15 camps) should be taken into consideration.*

An abridged list of medicines, as set out in table 6 above, should be prepared for these health posts "poste de secours" and be regularly replenished.

* N.B. The same applies to all existing "poste de secours" or rural health facilities where the nomadic victims of the drought estimated by the Government at 130,000 usually call and could be attended to.

APPENDIX III

Supplementary list of hospital supplies and equipment as requested by Djibouti

La Medimex Company
13 rue Morère
Paris 74014

<u>Quantity</u>	<u>Reference</u>	<u>Description</u>
10	C.4510	Vezieh dressing scissors
4	C.3030	11 cm standard scissors, curved needle-nose, blunt tips
20	C.3730	Mayo 15-cm scissors, straight
40	C.3740	Mayo 15-cm scissors, curved
10	C.4590	14 cm grooved probes
60	C.5130	14 cm offset-nose forceps, 2 toothed
10	C.4972	Ombredanne crossing forceps
20	C.5250	12-cm dissecting forceps, untoothed
30	C.5260	12-cm dissecting forceps, 3-toothed
20	C.7510	Halstead crossing haemostats, straight, toothed
20	C.7490	Halstead crossing haemostats, straight, toothed
50	C.7520	Halstead crossing haemostats, curved, untoothed
50	C.7500	Halstead crossing haemostats, curved, toothed
25	C.7532	Kocher 16-cm crossing haemostats
25	C.7572	Terrier 13-cm crossing haemostats
25	C.7710	Kelly 14-cm crossing straight haemostats
50	C.7720	Kelly 14-cm crossing curved haemostats
50	C.7770	Bengoela crossing haemostats, straight, untoothed
50	C.7790	Bengoela crossing haemostats, straight, toothed
20	C.7780	Bengoela curved crossing haemostats, untoothed
10	C.7800	Bengoela curved crossing haemostats, toothed
2	C.8012	O'Shaughnessy curved crossing haemostats
20	C.8810	Allis 4 x 5 16-cm curved crossing haemostats

<u>Quantity</u>	<u>Reference</u>	<u>Description</u>
20	C.8820	Allis 5 x 6 16-cm curved crossing haemostats
2	C.8330	Redon dissectors
2	C.8340	O'Shaughnessy dissectors
2	C.8354	20-cm American dissectors
100	C.8920	10-cm clips for use with clip forceps
100	C.8930	15-cm clips for use with clip forceps
3	C.8943	8-cm cups
5	C.8945	12-cm cups
3	C.C.8947	16-cm cups
10 prs	C.9000	120 x 12 Farabeuf retractors
10 prs	C.9010	150 x 14 Farabeuf retractors
5 prs	C.9020	150 x 14 Farabeuf vaginal specula
2	C.9520	Gosset retractors, large
2	C.9530	Gosset retractors, small
2	C.9650	Extra large adjustable gosset vaginal specula
1	C.10130	Auvert frame 36 x 28
1	C.10135	Auvert frame 36 x 28, with case
10	C.10640	Clip forceps
10	C.10720	Pauchet forceps
4	C.12210	Finochietto 13-cm needle-holder
2	C.12230	Finochietto 17-cm needle-holder
4	C.12660	Mayo Hegar 15-cm needle-holder, with tungsten jaws
25	C.13190	Reverdin curved needles
20	C.13150	Bergeret 21-cm needles
20	L.1065	Chaput 12-cm crossing forceps
5	L.1450	Duval 18-cm ring forceps
2	L.1500	Hartmann 16-cm forceps
1	U.900	CH 19 exploratory cold-light cystoscope
1	U.910	CH 22 cold-light cystoscope with one-way catheter
1	U.920	CH 24 cold-light cystoscope with two-way catheter
1	U.930	CH-27 cold-light cystoscope with operating catheter

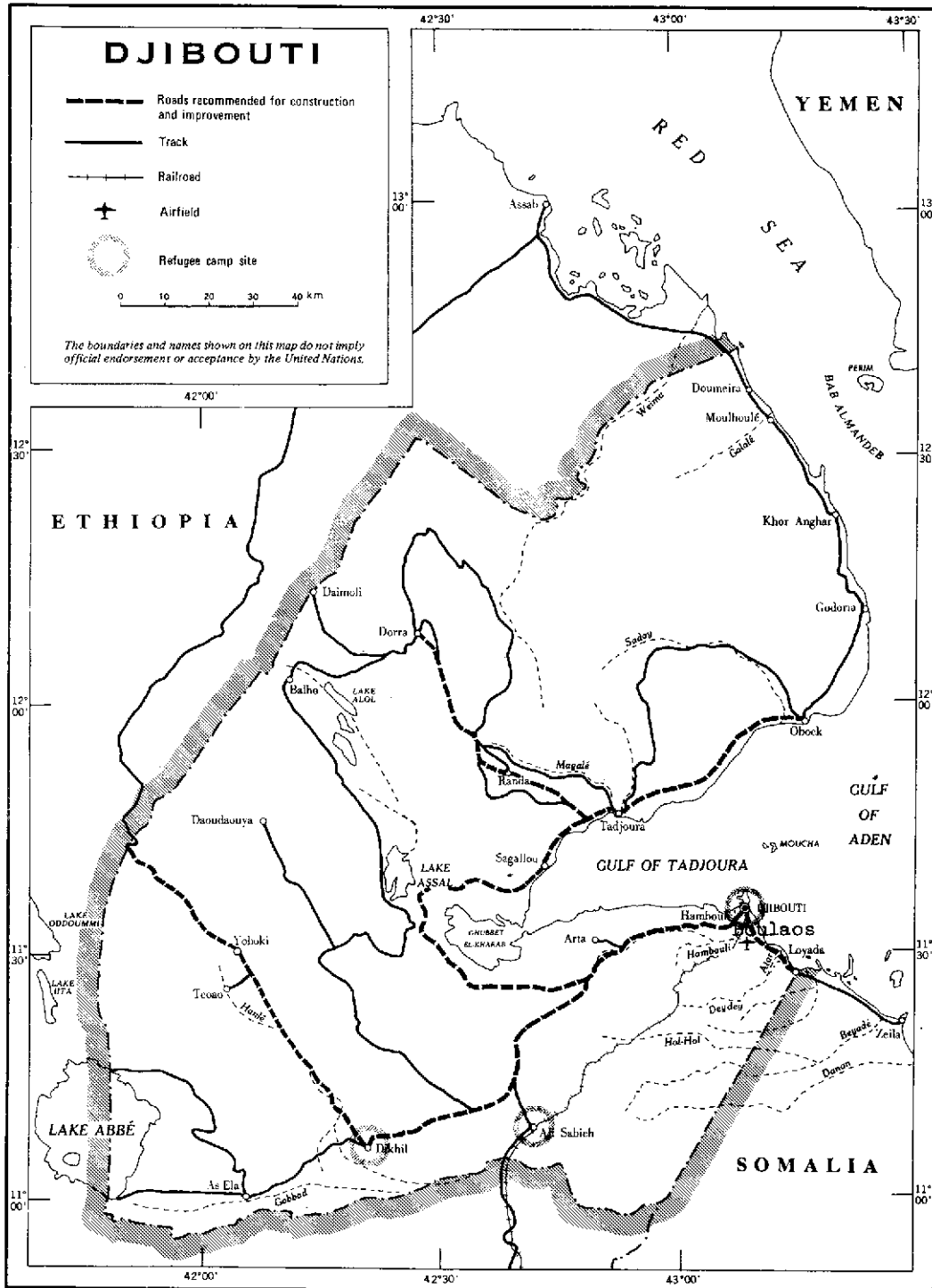
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<u>Quantity</u>	<u>Reference</u>	<u>Description</u>
1	J.4110	Flexible conductor
4	J.4120	Spare bulbs
50	C.2560	No. 4 lancet handle
4	C.8880	33-cm tenting forceps, non-adjustable
1	P.204	Lambotte hook, small
1	P.205	Lambotte hook, medium
1	P.206	Lambotte hook, large
1	C.9430	Polosson 60-cm speculum
1	P.210	Lambotte bone scraper, small
1	P.211	Lambotte bone scraper, medium
1	P.212	Lambotte bone scraper, large
3	P.275	Zimmer caliper splint, small
3	P.276	Zimmer caliper splint, large
1		Chuck for drill-bits
1	P.456	Loute cerclage-wire applicator
10	P.711	PL openwork metal cradles (splints), right arm
10	P.711	PL openwork metal cradles, left arm
10	720	PL openwork metal cradles, right leg
10	720	PL openwork metal cradles, left leg
1	S.43	Greed dissector
24	S.152	Guillaume curved forceps
1	S.212	Offset-nose clip forceps
200	S.216	Clips
1	S.240	Spinal retractor with 6 pairs of jaws
1	S.245	Pertuiset retractor
1	S.247	Guillaume root retractor
1	S.248	Guiot root retractor
1	S.256	Beckmann 20-cm retractor
1	S.257	Beckmann 21-cm retractor
1	S.290	Lancet, long, thin
1	S.311	Vincent bone scraper

<u>Quantity</u>	<u>Reference</u>	<u>Description</u>
1	S.312	4 mm sciatic gouge
1	S.312	7 mm sciatic gouge
1	S.360	David angled gouge forceps
1	S.361	David curved gouge forceps
1	S.350	Vincent short serrated gouge forceps
1	S.351	Vincent long serrated gouge forceps
1	S.380	Narrow vertebral disc forceps
1	S.381	Broad vertebral disc forceps
1	S.386	Pertuiset narrow vertebral disc forceps
1	S.387	Pertuiset broad vertebral disc forceps
1	S.420	4-mm Dr. Tavernier metal suction tube
1	S.420	6-mm Dr. Tavernier metal suction tube
1 pr.	S.435	Petit-Dutadlis spatulas with cutting edge, one right, one left
1 pr.	S.436	Petit-Dutadlis spatulas with cutting edge, 30 cm. length
1	S.313	5-mm straight sciatic curette
1	S.432	5-mm angled sciatic curette
1	S.383	Rongeur forceps for lamina of vertebral arch
1	S.388	Pivoting toothed Rongeur forceps
1		Cairns angled <u>dura mater</u> separator
1		Tenaculum for meningeal artery
1 pr.		Poirier blades
1		Flexible blade
1		Brass box 45 x 30 x 9
1		Brass box 40 x 20 x 9
1	P.18	Farabeuf saw with three rotatable blades
1	P.19	Spare blades, 8-, 10-, 12- and 16-mm
1	P.704	Pliers for plaster removal
1	P.691	Plaster shears
1	P.693	Plaster shears
1	P.703	Saw-toothed pliers for plaster

APPENDIX IV

Map of Djibouti showing refugee camp sites



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○ Refugee camp sites