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Introduction 1
Myths to be Debunked 1
Djibouti in the Bigger Picture 8

USAID Strategy as related to
US Policy Objectives 9

The USAID/Djibouti Program 11

1. Energy Initiatives 14
2. Fisheries Development 17
3. Housing/Urban Development 21
4. Manpower Development 26
5. Development Management and Training 31
6. Primary Health Care 42
7. Small-scale Agriculture 48

PL 480 Narrative 51
Program Management 53

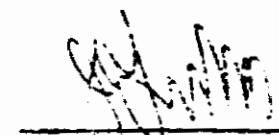
Financial Tables

1. Table I 56
2. Table IV 57
3. PDS Activities 59
4. Table VIII 60
5. Table VIII (a) 66
6. Table VIII (b) 67
7. Table VIII (c) 68
8. Operating Expense Narrative 72
9. NXP Procurement Plan 73
10. Table XIII 75

Annex A "A Primary Health Care Statement"..... 1 - 45

Annex B "The Agriculture Situation in Djibouti" ..... 1 - 23

Annex C CRS 1985-88 Multiyear Operations Plan ..... 1 - 20
Title II, PL 480 Commodities Annual Estimate
of Requirements (AER), FY85



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AID Representative

May, 1984

Introduction

As a part of the FY 1986 ABS, this document should be regarded as a "concepts paper". It puts into prospective the USAID program in Djibouti; it outlines a strategy, the program and the directions in which that program is heading. In light of the foregoing, it can be considered to be an updating of the FY 1986 CDSS/SPS, as well as this year's Action Plan.

This document adheres strictly to AFR guidance re AAPL levels. It contains no proposals for program activities beyond those levels. Nevertheless, were circumstances to dictate increased USAID activity in Djibouti, this document (as a comprehensive report with respect to our on-going program experiences and present strategic thinking) would provide a basis for giving appropriate direction to any program expansion mandated. This would be the case whether increased ESF, or EPI, resources were involved.

Myths to be debunked

Upon assignment of the present AID Representative (and Ambassador) to Djibouti, it was popular in Washington to banter about a number of factors that supposedly limited severely the potential for USAID to undertake meaningful program development in Djibouti. To be sure, there are limiting circumstances, such as the immaturity of a fledgling government, its highly charged politization of all things, the weakness and artificiality of its economic base, and the general lack of trained personpower to bring about the growth of a nation and its development. On the other hand, there are a number of myths that need debunking, if we are to look at the scene in Djibouti in the proper light for meaningful program development.

MYTH N° 1: That the French have the development scene in Djibouti firmly under their control.

Beyond budget subventions, military support and the benefits deriving to Djibouti from local French spending, French assistance leaves a lot to be desired from a socio-economic development point-of-view.

The French, while attempting to keep the macro-economic boat afloat, are doing relatively little in the kind of socio-economic development we propose for Djibouti. As benevolant as their intentions may be, the French carry the stigma of being the former colonial power; their intentions are weighed by GROD officialdom in that light; their influence in policy formulation and institutional development is hindered accordingly. This is a simple historical fact of life, by no means unique to the present development scene in Djibouti.

The backbone of French assistance is its non-projectized cooperant (advisory) program comprising some 490 individuals. At any given time, approximately half of these are teachers. To be sure, without them the Djiboutian education system would come to a halt. Nevertheless, the positive effects of the French teaching corps, must be evaluated in the light of the fact that it perpetuates an educational system which for the most part is not entirely appropriate to Djibouti's needs. Additionally, in a typical year only 25 to 30 Djiboutians receive high school diplomas; this does not reflect well on the local educational scene. A strong viewpoint held here by many Djiboutians and French alike is that the present educational system is training Djiboutians to be unemployed. This situation provokes much annoyance throughout Djiboutian officialdom and the population at large.

The balance of the cooperant corps - some 245 individuals - fall into the technician category. Very few are oriented to

achieve socio-economic development along lines common to our basic human needs interests and practices. They are there simply to keep Djibouti functioning as a modern state - and then primarily in their own image and serving in areas of interest to the French. Approximately 200 are engaged solely in keeping the modern infrastructure in gear, e.g. transportation, telecommunications, utilities, public works, major hospital and pharmaceutical operations (as opposed to public health), the national judicial system, etc. To be sure, this fact rankles the average Djiboutian civil servant and common citizen. Although technically Djiboutian civil servants answer to GROD authority, the cooperant corps perpetuates a neocolonial image in the eyes of the Djiboutians.

Most of French project aid comes through the Caisse Centrale. Credits from this service are used to a great extent to support the very same infrastructure which absorbs the bulk of the cooperant corps. Project assistance through FAC is minuscule compared to other French efforts and is used mainly in an ad hoc manner to plug a variety of gaps. To what degree development planning and sectoral analysis take place relatively little gets translated into direct French assistance.

MYTH N° 2: That the French are not amenable to collaboration and seek to limit American program development.

This simply is not true, at least in the last six months since the arrival of the present AID Representative. During that time, French assistance officials have consistently welcomed, indeed, have sought out, USAID consultation on a variety of topics. Virtually the entire gamut of USAID activities have been part of this ongoing collaborative dialogue. The director of French assistance has publically stated that the policy of his home ministry (and his personal intention) is to fold the FAC program into a multidonor effort (and USAID has played a substantial role in supporting that effort beyond basic franco-american cooperation).

MYTH N° 3: That Djibouti is a hopeless case offering little opportunity for designing and implementing a meaningful USAID development portfolio.

To be sure, from a macro-economic viewpoint, Djibouti has a long way to go to become a viable economic entity. Djibouti has severely limited absorptive capacity, particularly where increased capital infrastructure - with an acceptable internal rate of return - is concerned.

In the task of socio-economic development, the GROD hardly knows where to begin. The mere fact that macro-economic solvency is so far from its grasp would be enough to daunt a more mature and sophisticated government. The GROD is in its infancy, - with all the political hang-ups that newly gained sovereignty entails. Further more, the embryonic government lacksan adequate data base and the qualified personpower to devise rationale economic development policies or to implement them. The GROD is particularly handicapped by a lack of experienced administrators, indeed the lack of a national pool of trained and educated human resources.

The GROD's strongest and most recent initiative towards development was the international donors conference which the GROD, itself, convoked in November 1983. From the objectives stated at that time, the conference can be considered as a political success: i.e., the conference attracted (identified) many friends with warm words of fraternal spirit and best wishes for the future; it solidified Djibouti's place in the regional area with proper play-off and balancing among its immediate and near-by neighbors; it obtained a sizeable pledging of financial support from its friends (although the total amount and the firmness of a number of the individual pledges are still somewhat less than certain).

But from the development prospective, the conference can not

be considered particularly successful; six months afterwards, the GROD still has not been able to come to grips with organizing the aftermath, much less taking hold of its long-term development destiny. Indeed, the GROD still has not been able to put forth substantive proposals to utilize funds pledged by various donors as long as two years ago.

Djibouti, a sovereign nation relying heavily on the political and economic goodwill of the former colonial power, is in desperate need of institutional development (including cadre training) and sensible socio-economic development policies, not only for the benefit of its citizenry and its own institutional growth, but for its political survival, quite apart from the question of whether or not it is, or ever can become, an economically viable nation.

Indeed, France and Saudi Arabia are keeping Djibouti afloat as a modern state, and other donors are struggling to identify ways to demonstrate their interest and friendship. However, capital investment alone is not going to meet Djibouti's critical development needs, nor should this necessarily be considered the proper focus of future USG assistance to Djibouti.

Notwithstanding the view above, there <u>is</u> substantial opportunity for designing and implementing a meaningful USAID development portfolio in Djibouti. There is an important and unique role for the USG in Djibouti's development arena.

We can participate in Djibouti's development where the impact versus funding ratio is most advantageous and, incidentially, where the greatest critical void exists. The opportunity beckons within our relatively modest funding capability for the USG to play a substantive role in influencing the policy framework and institutional development needed for administrating socio-economic development related to the basic human needs of Djibouti.

There are things we can do in this regard which others can not. French influence will always be tempered to some degree by the image of its colonial past; Saudi money comes unadulterated by serious development or policy objectives; and the World Bank is seen as a severe taskmaster, which is not an endearing quality. The USG, on the other hand, can exercice that needed influence - which corresponds to agency guidelines and priorities.

Why should the USG seek to meet Djibouti's manifest need for policy oriented development activity ? Whether or not Djibouti is an economically viable nation with any meaningful development potential, the fact is:it exists - with all the strategic, political and humanitarian connotations involved; and it is not likely to go away. Djibouti will either continue to exist in a somewhat innocuous state of limbo, or it will deteriorate, probably concommitant with circumstances not to the pleasure of the USG in a region of considerable strategic importance. It would seem that, in our own selfish interest, the USG should play a marginally more active role in meeting development needs here, and thus help assure Djibouti's political and economic stability. This is all the more true, given (a) cost cutting by the French (understandable in light of the exchange rate;(b) the value of Djibouti's cooperation with the USG and (c) the increasing economic and financial hardships we expect will confront this country in the next 2 - 3 years. There are few regions of the world where stability is more in our self-interest. We can play a more supportive role with relatively modest resources. To do so does not require that we compete with France and Saudi Arabia, in monetary or political terms. Indeed, competition is neither desirable, nor even conceivable, given our financial burdens elsewhere.

What level of resources is being proposed ? In terms of USAID programming, the level for basic program strategy purposes is

irrelevant. The task and objectives should remain the same, notwithstanding the level of resources attributable. For the purposes of the FY 86 ABS, we are talking about the authorized AAPL levels. Were increased inputs to become available, the strategy would remain the same. Obviously, increased inputs would enhance attainment of the objectives. In any case, what we should want to see five, ten or twenty years from now is a Djibouti that is free, stable and with a government that is capable of meeting the basic needs of its population. The extent to which that is true will depend - to a considerable degree - upon the magnitude of our effort.

Djibouti in the Bigger Picture

We believe it improper and imprudent to consider Djibouti as a typical small-country program. Too much is at stake here.

Djibouti is strategically located at the mouth of the Red Sea immediately across the straits of Bab Al Mandab from the People's Democratic Republic of Yemen (PDRY). It is bordered by two powerful armed warring neighbors, one of which Ethiopia, along with PDRY and Libya are members of the Soviet-backed Tripartite Pact.

In this turbulent area so important to long-term US and Western interests, the United States is well served by contributing to the support of a stable, relatively free government in Djibouti. Djibouti's port and airfield are usable by US naval vessels and air patrols operating in the Indian Ocean. The department attaches much importance to access to these facilities. Djiboutian willingness to provide access and to demonstrate sympathy with US positions in important world fora, including the UN, OAU and Arab League, make it appropriate that we consider a modestly more active US assistance program.

As for France, we have no doubt that Paris would appreciate help in moving Djibouti towards greater institutional independence. Our efforts in this direction would seem appropriate under the general umbrella of Franco-American cooperation.

USAID Strategy as related to US Policy Objectives

Although the justification for our ESF program has political motivation as its basis, a sound socio-economic development strategy guides the formulation and implementation of that program. The priorities and objectives of the USAID strategy are:

- to promote broad long-range USG objectives in Djibouti through the use of AID resources;
- to promote international cooperation and multidonor coordination in support of USG objectives specifically as a means for maximizing the impact of AID resources;
- to encourage a realistic GROD approach to the development process, including an objective assessment of the country's strengths and weaknesses, acceptance of inherent circumstances which defy economic solutions, and development of long-range policies to correct other weaknesses and exploit present and potential strengths;
- to influence implementation of GROD development policies for the achievement of maximum growth and economic independence possible within the constraints imposed by Djibouti's circumstances;
- to strengthen GROD institutional capabilities to conceptionalize and manage sound development practices;
- to strengthen the AID program in Djibouti through sound management practices, including continual review of each element of

the program and, as appropriate, sectoral assessments necessary to evaluate the development impact and cost/benefit ratio of that program and its various elements;

- to develop and implement specific assistance activities emphasizing;

- the development of sound GROD socio-economic policies;

- institutional development of the public and private sectors;

- human resources development within the public and private sectors;

- research and the transfer of technology appropriate to Djibouti;

- USG concern for addressing basic human needs; and

- utilization of PVO resources.

These objectives can only be accomplished through an appropriate program administered by an in-country USDH staff. Although small in number, this in-country staff is essential not only to manage properly the program from the vantage point of a full-time presence, but also to achieve the political impact sought and afforded by that presence.

The USAID/Djibouti Program

The foregoing strategy and policy objectives are based on the recognition of where we are today, and not on some preconceived rationale. The present program in Djibouti has come about over the years as a result of various political pressures and beckoning opportunities. It is not a question at this time of developing, or defending, a program based on macro-economic justifications or along the lines of some generalized policy so much as it is one of shaping the various elements of the ongoing (and potential) program to achieve the greatest good possible.

Our strategy is directed toward broadly influencing that policy framework and institutional development required for better administration and the satisfaction of basic human needs on the part of the GROD. This is, by its nature, a multisectoral effort. This focus on policy and institutional development is also the common thread running through the program, to wit the congruency factor of the program. In any case, our over-riding goal is to attempt to eke developmental impact out of a politically-inspired program.

During recent months we have been reshaping our thinking and the program to stress the role of the USAID program in the influencing of GROD policy determination and institutional development within line ministries addressing the basic human needs of the Djiboutian population. We see this initiative as filling the gaps in French and other donor assistance, and as an opportunity to ease key constraints on absorptive capacity (e.g. limited GROD management capability, inadequate development policies, etc.) and to provide fall-out ideas for other donors to finance.

Five years from now we would like to see a number of the major elements of Djibouti's socio-economic development operating effectively under policies and through mechanisms established by the USAID program. Given the configuration of our program and the present status of its various elements, now is an appropriate time to lay the ground-work for this initiative through the re-orientation and improvement of the various elements of our program. Recent months have seen much activity along these lines.

We are presently engaged in a comprehensive multi-phased technical assessment of our Energy Initiative project. This assessment will provide a sound basis for a threshold evaluation early next fall, which will lead to a fuller definition of that project's various initiatives.

We have just completed a threshold evaluation of our IHAP (PVO) Human Resources Development project, which went beyond the project itself and assessed the entire manpower development sector and the impact of our effort on the overall development scene in Djibouti. The result has been a proposal for a new project starting mid-way through the original OPG, with a corresponding up-grading of the latter. We recently commissioned a study of public administration training needs in Djibouti; this has led us to the design and proposal of an ad hoc Development Management and Training activity.

Last fall for the Djibouti Donors Conference, we proposed a Housing/Urban Development initiative, which will result this FY in an innovative joint financing venture with the World Bank.

We recently concluded sectoral pre-assessments in primary health care and small-scale agriculture and have commissioned a major social attitudes study; all of these are in preparation for a threshold evaluation this fall of our CRS (PVO) Food and Nutrition project. This evaluation will lead to the design of a new CRS project based on a sound sectoral strategy and related development objectives - a first for CRS in Djibouti. Our strategy calls for the CRS effort to be intergrated with, and supported by, inputs from PRITECH, a major centrally-funded project. We have also worked with CRS to develop a multiyear PL 480 Operational Plan which for the first time will integrate the CRS Title II program with specific sector goals and development objectives.

We have completed the design of Phase II to our Fisheries project, which will allow us to expand our support to the national fisheries service and the private sector cooperative organized for the greater production and expanded marketing of fish.

1. Energy Initiatives

As presently authorized, this project is fully funded at the $ 4 Million level through LOP (September 1986).

The project is aimed at reducing the adverse impact of fossil fuel imports on Djibouti's balance of payments, thereby freeing up scarce resources for investment in Djibouti's economic and social development. The project seeks also to assist the GROD achieve a high-quality applied research capability in support of the social and economic objectives of the country.

The project will assist the GROD in the development of policy options concerning energy production, consumption and conservation. It will also assist in establishing the institutional capacity for collecting and organizing basic energy information and for directing the testing of various alternatives energy technologies.

These objectives will be accomplished by means of two essential project thrusts. Firstly, the project will undertake the immediate groundwork required for an eventual national conservation effort and a national energy sector strategy; and secondly, the project will develop a capacity for developing and evaluating alternate energy technologies which might be considered in Djibouti's energy strategy.

The project, implemented by VITA, is oriented to the development of a national energy policy;

the institutional development of ISERST, the national science and technology agency; prototype development; and raising the level of renewable energy and energy conservation consciousness in Djibouti. An initial major task of the project, the construction of a renewable energy lab and related office space for ISERST is nearing completion. Once the building is completed, the lab will be put into operation. The second part of a comprehensive energy assessment is underway. The results of this technical assessment, combined with those of an energy audit already completed, will lay the groundwork for a mid-project review and threshold evaluation which is expected to identify specific additional project intervantions for continued project implementation. Progress is on track for other benchmarks.

It is anticipated that a good number of these initiatives will fall within the financial parameters and objectives of the present project with emphasis on priority areas of interest, e.g., national energy policy, solar and wind-generated technology and the application of energy conservation techniques to low-cost construction, including rammed-earth bricks. However, new funding opportunities are also likely to be identified.

FAC has approached USAID concerning potential areas of collaboration in the energy field, particularly with respect to the relationship among energy conservation techniques and low-income housing construction. We believe that important parallel actions related to our par-

ticipation with IBRD in the omnibus Housing/ Urban Development project will be identified. Considerable potential for additional donor-coordinated energy-related project activity is also likely to become more evident in the near future. The technical assistance and experimental aspects of our present project can contribute substantially to that process, with new USAID funding opportunities related to our present program possibly evolving in the near-term.

By mid-FY 85, the mid-project evaluation - with necessary Project Paper amendments, if any required - will have been completed, with identification of specific major activities and their respective objectives, to be undertaken by the project. Initial progress towards a number of these objectives will have been made.

2. Fisheries Development

The first phase of this project is coming to a successful end this FY. The basic fishing and marketing cooperative movement has been established, and a research vessel is soon to be on its way to Djibouti for use under Phase II.

This follow-on activity is oriented toward the institutional development of the private sector fishing and marketing cooperative and the GROD's national fishing service, as well as the establishment of the parameters and policies of the national fishing industry. It has been authorized for $ 3 Million over a three-year period starting this FY. For the most part, Phase II will involve technical assistance, a source search for which has already been initiated; hopefully contracting arrangements for same will be concluded this summer.

The goal of Phase II is the full utilization of marine resources of Djibouti in a manner which is conducive to the development and maintenance of a stable marine fisheries resource base. The more immediate operational objectives of the project are: increased income for Djiboutian fishermen; increased capability on the part of ACPM(the principal fish marketing cooperative in Djibouti) to process seafood products and to serve its owners and clients; market expansion of quality seafood products to reach all potential customers in Djibouti; and improvement of the institutional capabilities of the GROD to better support the fisheries industry in Djibouti as a whole.

To achieve these objectives, the project will seek to expand the number of local boats and fishermen involved in fishing activities; to increase the number of fish and other seafood products landed; to expand and improve the quality and quantity of fish processed and the sales services provided by ACPM; to increase the consumption and demand for seafood products in Djibouti; to promote local private retail trade to meet this demand; to strengthen the capabilities of the fisheries services (SEP) to support the fisheries industry; and to assist ACPM to become a more independent and financially sound cooperative institution.

Over its three-year life, the project is expected to increase substantially the production capability of artisanal fishermen. The sale of fish through local retail outlets is expected to increase concomitantly. Using research and trial results, SEP will be expected to have designed and begun implementation of a national fishing industry strategy and a support program for the protection of local fisheries. The formulation and implementation of improved financial systems at ACPM is also expected.

The operational aspects of the project can be grouped into four areas: production, processing, marketing and administration. The production component of the project will focus principally on basic resource exploration and fishermen training/demonstrations. The processing component of the project will improve the quality and quantity of seafood products through the reduction of losses due to excessi-

ve handling, poor storage, improper cutting, disorganized workflow, and poor utilization of facilities. The marketing component will involve the formulation and implementation of a coordinated marketing plan which will include supply needs, demand analyses, product analyses, pricing policies, physical distribution, and product production. The design and implementation of a national fisheries program and the strengthening of the financial management and control systems at ACPM will be the objectives in area of administration.

It is anticipated that IFAD will continue its efforts in collaboration with our project. IFAD is currently exploring the nature of a second phase of its own project, which in any case will be closely linked to ours.

It is anticipated that as the Fisheries Project moves forward concomitantly with the activities of other donors, additional activities of an operational nature will be identified to strengthen further Djibouti's artisanal fishing industry. We anticipate a symbiotic relationship among these activities and our project technical assistance, e.g., the idea of a fisheries wharf which would increase the efficacity of our project has already surfaced. A specific proposal to this effect is scheduled for Arab financing. Also, the FAO has indicated its attention to move forward with a sub-sector strategy with similar goals as our own. The Italians have also indicated an interest in participating. Ample opportunity exists to strengthen the multi-donor approach to Djibouti's

fisheries program; with its strong technical assistance input, our present project will play an important coordinating role in that direction. Additionally, we anticipate identification of complementary activity potentially interesting for the investment of possible additional USAID funding in the future.

By Mid-FY 85, the requirements for the bridging activities of an extended Phase I will have been satisfied, with Phase I satisfactorily completed, Phase II personnel in place, construction of expanded office space completed and the research vessel in operation; ACPM will be operating efficiently, the essential aspects of a national fisheries program will be defined, progress will be discernible with respect to improved fishing techniques and fish marketing.

3. Housing/Urban Development (HUD)

The recently designed IBRD HUD project represents the major new initiative open to AID participation in the foreseeable future. Based on the recommendations of its assessment mission, the IBRD is completing the design of a 16.5 Million Dollar omnibus HUD project to be managed by the IBRD and, for which eight Million Dollars of IDA credits and a $ 5.5 USAID contribution are proposed. A USAID-financed (RHUDO/ES) technical team collaborated with the IBRD assessment mission in the analysis of various financial aspects involving low-income housing. The IBRD HUD project proposal is in the process of finalization with anticipated IBRD/GROD/USAID negotiations being completed in June 1984, with IBRD board approval following shortly thereafter. The USAID contribution is scheduled to start in FY 84 and to extend over a four-year period.

Implementation of this project will greatly influence the evolution of national low-cost housing and urban development policy and practices. The project will foster development of the various national agencies engaged those matters.

The IBRD proposal focuses on the problem of the city's low-income residents: specifically, recurrent flooding and poor housing conditions in the old wards of the city, where 65 percent of its residents are located, the lack of infrastructure and services in the neighborhood of Balbala which serves as a reception area for new arrivals to the city and the development

of the Salines Ouest area for low-income housing. The project will benefit directly approximately 59,000 inhabitants in the old wards, and the neighborhoods of Balbala and Salines Ouest (roughly one-third of the city's population).

The IBRD proposal includes:

- improvement of basic roads and drainage infrastructure, granting of land tenure, expansion of water supply, public lighting and refuse collection in the old wards;
- improvement of basic roads, drainage, water supply (via stand pipes), refuse collection and granting of land tenure in the squatter settlements of Balbala;
- development of 176 lots in Salines Ouest with four different home models. Seventy additional lots will be serviced with water and sewerage and sold to individuals prepared to construct their own houses;
- credit to provide about 600 loans for house construction and improvement in Balbala and the old wards, and an additional 150 loans for the purchase or construction of houses on the Salines Ouest property;
- technical assistance and equipment to the loan office, the district of Djibouti (Municipal Government), the Office of Urban Development, and the institution responsible for the housing credit program, i.e., CDD, and SID, which will act as developer of the Salines Ouest component;
- an urban project office (UPO) will be established under an interministrial committee. The UPO will supervise execution of the project

and the involvement of the various participating agencies and the provision of recommended technical assistance for those participants.

It is contemplated that USAID will participate in the HUD program based upon the IBRD design. Nevertheless, we have two parallel points of interest related to the IBRD concept, i.e., energy conservation and use of low-cost local construction materials processed through energy efficient means.

We believe energy conservation and efficiency (as well as earthquake-proof considerations) ought to be considered as a specific element of technical assistance and design related to housing construction. These initiatives, although not part of the IBRD project, will be coordinated with it. We see initial initiatives concerning these matters coming out of our on-going energy initiatives project. Under our energy initiatives project, VITA has already carried out several tasks related to energy conservation in building construction as a potential major thrust for reducing Djibouti's almost total dependence on imported fossil fuels.

For example, it is contemplated that at least four different types of dwellings will be built under the project. We think this offers a good opportunity to build an energy-efficient component into the design of these homes which could serve as a model for future construction and encourage the GROD to consider changes in buil-

ding codes that could lead to future energy-efficient construction.

As mentioned in the discussion of our energy program, one item within our VITA project deals with rammed-earth construction blocks. FAC has approached us with the idea of USAID cooperating (thru VITA) with FAC in an experimental program for the development of consumer-accepted low-cost construction materials for use in Djibouti's future housing programs. The French are giving priority interest to the development of low-cost local construction materials and the establishment of appropriate technology small-scale industries as a way of reducing imports of expensive items and bringing building costs down. USAID/Djibouti believes this represents excellent opportunity for Franco-American collaboration.

The practical experience made along these lines will also lay the groundwork for an eventual second-phase HUD project which would likely have an expanded low-cost housing construction component. In any case, this entire issue has been thoroughly discussed with IBRD, which is in agreement with the ideas expressed herein.

In addition, once the Housing/Urban Development project gets underway, various urban-oriented health/sanitation service interventions are likely to be identified for targeting by our primary health care (PHC) initiative to be implemented by CRS. (See Annex A,"A Primary Health Care Statement" which contains a discussion on urban-oriented health and sanitation considerations). Urban-health/sanitation considera-

tions should not be necessarily considered as discrete activity, but merely as points of concern within a generalized public health education/information program.

By mid-FY 85, final arrangements for USAID participation with IBRD in a joint project will have been established and tested through initial procurement actions; initial commodity and technical assistance procurement actions will have been initiated; organization of local institutional requirements will have been satisfied.

4. Manpower Development

Under its initial OPG, IHAP (PVO) has established a modest commercial training facility within the adult education program of the Ministry of Labor. The second year of training operations is coming to an end with one additional year to run under that project. A mid-project evaluation was conducted in early 1984 indicating satisfactory progress towards estabished benchmarks.

Beyond assessing implementation progress of the on-going OPG, the evaluation assessed inter alia the role being played by the IHAP project with respect to Djibouti's overall manpower requirements and the GROD's vocational training program. Within the context of that evaluation, a comprehensive sector assessment was made, including the potential for AID/IHAP collaboration in a major multidonor manpower development program that would involve ILO, UNDP, the French (FAC) and possibly European Common Market (FED) participation.

Based upon that evaluation, IHAP has submitted for USAID approval a proposal for a second phase to their Human Resources Development project. This new phase will overlap with the initial one in an interim period during the coming school year, thus allowing for continuation of scheduled training while undertaking the transitional actions identified by the evaluation for upgrading project impact. LOP funding for the new project will be $ 4 Million over a five-year period starting in FY 84.

The second phase of the IHAP project will have the goals of increasing the overall efficiency and effectiveness of personnel and organizations, in both the public and private sectors and reducing employment. The project's specific contribution to the achievement of these goals will be to improve on-the-job performance of those already employed and to increase the job opportunities for those currently without a job, through the up-grading of skills. This is to be accomplished through the following:

- greater awareness and understanding of manpower development and employment needs;
- institution of an effective matching mechanism between those seeking and those offering employment; and
- effective management of training programs, with respect, for example, to the selection of students, timing of programs, use of staff, etc.

The project's purpose will be to develop the institutional capability of the Ministry of Labor (MOL) and more specifically of the Directorate of Employment & Professional Training (DEPT) to design, coordinate and implement a national vocational training policy. This policy would be in tune with the overall socio-economic development strategy of the country and would aim at effective coordination of all relevant training activities in order to reduce duplication of effort and to increase efficiency and effectiveness of vocational training programs. Part of the capability to be developed by the DEPT will be to carry out the four complementary functions mentioned above.

The project therefore will focus on the DEPT and its two divisions: the Service National de l'Emploi (SNE) and the Centre de Formation Professionnelle pour les Adultes (CFPA). The Project will also involve the participation of the business community and labor organizations, since a vocational training policy can hardly be effective without the strong and continuous input from both of these groups. The project therefore has a five-pronged strategy:

- reinforce DEPT's capability to play a leadership role in developing and implementing an effective vocational training policy, including coordination of all relevant vocational training activities;
- reinforce SNE's capability to assess the job market through manpower analyses on a continuous basis; to service in an effective manner both those seeking and those offering jobs; and to promote, institutionalize and play a catalytic role in the essential consultations between the government, the business community, the labor unions, and the training institutions, regarding the responsiveness of vocational training to the needs of the job market;
- establish collaborative efforts between the MOL (DEPT) and the Chamber of Commerce, and strengthen the latter's ability to design and conduct business-relevant surveys; to identify, quantify and qualify a framework to assist small and medium-size Djiboutian enterprises; and to promote apprenticeship;
- assist the labor organization of Djibouti, through their membership education efforts, to increase the motivation for training and

self-improvement among working force of the country; and to improve the quality of participation by labor union representatives in their consultations on the relationship of employment needs to professional training;
consolidate the institutional development efforts of the CFPA and initiate reforms that would increase the Center's development impact and make its programs more cost-effective and custom-tailored to manpower needs.

A major thrust of the project will be to continue and to expand the practice initiated in the project's first phase of providing training to upgrade the proficiency of personnel already employed in the public and private sectors. Requirements addressed will include administrative skills and English-language training.

UNDP/ILO personnel participated in the design of the Phase II proposal, and it is contemplated that UNDP/ILO will provide parallel inputs to the project in support of IHAP's efforts. These inputs will be addressed particularly to the organizational and functional requirements of the DEPT and to the involvement of labor union concerns. It is anticipated also that FAC inputs into CFPA will be orchestrated in support of project goals.

In summary, the project will strive for better coordination of the actions of various donors/ministries/private sector agents in the area of vocational training in order to achieve less duplication of efforts through increased overall efficiency and effectiveness.

By mid-FY 85, the initial OPG will be nearing completion with satisfactory achievement of its major goals. Technical assistance required for initiating the new OPG will be in place. Initial actions will have been initiated, e.g., construction of new office space, organization of related MOL staff, establishment of manpower analysis procedures, institution of English-language training courses.

Development Management and Training

USAID/Djibouti has sponsored, with AMDP funds, two annual in-country development management seminars conducted by the francophone management training program of the University of Pittsburgh in collaboration with the GROD civil service establishment. The seminars were attended by director-level officials representing all areas of government. Both of these seminars were well-received by the GROD and the attending participants. These seminars were highly successful. The participants of the second seminar held in October 1983 presented a petition to USAID/Embassy and the GROD Prime Minister, who officiated at the closing ceremony, praising this type of training and requesting intensification of same.

The GROD would like this type on in-country modular management seminars to continue; particularly as mid and high-level GROD officials are few and not readily available to attend longer-term training outside the country.

Discussions with the GROD on the continuation of this type of management training for civil service officials has brought to light the desirability and doubtless effectiveness of

holding more than one seminar per year and possibly expanding the length of individual in-country training sessions. The idea of sending a number of GROD officials each year to the University of Pittsburgh summer management training program with possible supplemental, problem-specific training has also been advanced. Most significant has been the idea of UPITT - and/or NASPAA, or similar associates involved in administrative training - exploring with the GROD specific management problems faced by Djiboutian officials which can be addressed by the former in the role of case-study management consultants.

In this regard, in a subsequent action to the last seminar, we arranged: a computer workshop consultancy with various GROD services and representatives of the private sector as a follow-up to the management information module of the last seminar; and a UPITT management training consultancy which included a study of the public administration training needs of GROD officials at the higher echelons of the civil service system (chefs de services and above).

The report resulting from this study identified several factors leading to the limited capacity of the GROD to administer its affairs:

- very few Djiboutians in the higher levels of responsibility have any preparation in public administration;
- a wide range of circumstances has led to untrained officials assuming high level posts, e.g., Djiboutians who were formerly in the French colonial administration automatically were placed in these positions even though unqualified;
- complete lack of any institutions in Djibouti which provide even a basic foundation in management principles;
- the GROD administrative structure, work methods, administrative guidance, etc., are based on the former colonial system almost without any consideration for more modern public administration concepts;
- excessive control of policymaking by expatriate advisors, largely because of the lack of indigeneous capability, sometimes leading to decisions which are not in the best interests of Djibouti;
- the centralized public administration system in the town of Djibouti proper is not

responsive to the population in the hinderlands.

In sum, public administration in Djibouti, in particular at the higher levels, is characterized by a few individuals (many being quite young), an absence of any infrastructure for training and re-training, and a high degree of reliance on foreign expatriates.

This weak GROD public administration system is now faced with the planning and administration of a five-year development program estimated to be funded at the level of $400 Million (of the $570 Million planned) as a result of the donor's conference held in Djibouti last November. In this respect, it should be pointed out that the IBRD has an on-going project to strengthen GROD development planning. The project has not yet gotten off the ground due to GROD organizational and personnel problems with respect to that function. USAID and other donors recognize the importance of the development planning function being stabilized and insitutionalized in an efficient manner in an appropriate location within the GROD.

Analysis of the director corps, the prime managers of the Djibouti's development program,

indicates that of the 20 posts there are only two PhD incumbents, five at the M.A. level and four with B.A.'s. None are judged to have been prepared or trained in public administration, and none, who were asked, have received any management training, as such, during any subsequent training they might have taken.

Our study also looked into the situation of potential new GROD staff currently at universities overseas. Of the 121 university students identified, the predominate concentration is in law, natural sciences and mathematics. It is estimated that less than 50 of the upcoming university graduates will be exposed, even indirectly, to techniques, methodologies and tools of modern public administration.

Interviews conducted with top-level GROD officials and, in some cases, expatriate advisors have led to the conclusion there is little understanding of what the training needs in public administration are, although these officials were able to articulate some of their managerial problems, e.g., lack of coordination between sections within the ministries and between ministries which leads to a truncated administrative system unable to address

management problems in their entirely; inability to communicate ideas clearly either verbally or in written form; almost a total lack of ability to manage human resources; lack of personnel controls resulting in a demoralized public workforce; heavy reliance on expatriate advisors which stifles national creativity and initiatives; lack of planning of work loads with an inordinate amount of time spent at meetings with little time available for thoughtful, substantive activities; lack of a rational decision-making process, aggravated by a lack of indormation, whereby decisions tend to be contradictory and based on individual habits; and a total lack of use of modern management technologies, methodologies and planning.

The study grouped training needs in management by common and sectoral paths over the short, medium and long-term. Four options for improving the managerial capability of top-level GROD officials were identified, i.e., work through the cooperant system; formal training; in-country training; or a combination of the three. The recommendation for proceeding with a program to improve public administration in Djibouti proposes a plan

which combines these options. The criteria used for this recommendation takes into account:

- the nature of the Djiboutian administration, which is young, with top officials having very little training even in technical fields;
- the program must be implemented rapidly and results must be of long duration;
- similar experiences in public administration in the third world provide a foundation upon which to build;
- training must be operational, as opposed to theoretical, to allow the Djiboutian administration to better serve the needs of its people;
- training should be broad-based so top-level GROD officials are managers in the full sense of the term;
- costs should be within the means of the country; and
- the assumption that the limited professional training infrastructure of the country will continue into the long-term such as it currently exists.

It is fairly obvious that no full response to the requirements will require a process that

will take some time to evolve under existing conditions, not the least of which being the predominance of prevailing non-relevant methodology in the formal educational system with its tendency to perpetuate the status quo.

On the other hand, most of the short-term and some of the medium-term recommendations would fall within the ruberic of past efforts by USAID/UPITT, if these were to be somewhat expanded. The report has, moreover, fleshed-out our thinking on the development of future strategies in the critical manpower development area of this service-oriented country.

Development management training of GROD officials, both in-country and at UPITT/FDMC summer seminars is considered to be of the highest priority for meaningful development to take place in Djibouti, regardless of the financial involvement of any particular donor. We believe this type of training to be an area where american leadership should prevail. It has been repeatedly recognized both in Washington and here in Djibouti that training should be a major USAID concern and effort in Djibouti.

Taking into account the situation described by the report on public administration training needs in Djibouti and based on the successes we have had to date in this area, we plan to increase our attention to management training requirements in Djibouti with particular emphasis on combining in-country training with case-study management consultancy techniques. We hope to establish a continuing institutional relationship with UPITT and possibly other NASPAA (and/or similar administrative training) colleagues to meet these objectives.

Meeting the short-term public administration training needs of management-level public officials will require a flexible approach and a variety of discrete inputs which may be small individually, but together would represent a substantial improvement to the situation described. Illustratively, we see UPITT in-country development management seminars increasing to three per year with emphasis on meeting the short-term training needs facing the GROD. The UPITT FDMC summer seminars would include several GROD participants annually. This would address some of the medium-term needs. Under the general NASPAA task

order (or similar vehicles), we also foresee other institutions providing sectoral-specific training, as requirements are identified and arrangements made. We also anticipate intermittent T.A. to provide organizational and planning continuity between formal training sessions, as well as management consultancy visits to develop and/or expand upon the case-study approach utilized in the seminars.

The overall objective of this activity would be to upgrade the management capabilities of senior-level officials for the betterment of the Djiboutian public administration with the specific goals of strengthening the GROD institutional structure and increasing the efficiency of the socio-economic development process in Djibouti.

It is obvious that the funding requirements for this magnitude of activity exceed the levels to be anticipated from our annual AMDP and/or PDS allotments. This situation was raised in the ECPR-level portfolio review held April 24, 1984. A suggestion was advanced at that time to establish over the current planning period an annual $200,000 line-item entitled "Development Management & Training"

to fund the initiative described above.

USAID/Djibouti would anticipate continuation of its annual AMDP allotment to meet other training needs.

By mid-FY85, this activity will be programmatically established as a long-term element of the USAID/Djibouti portfolio, two additional in-country development management seminars will have been conducted, the first wave of Djiboutian officials will have attended the UPITT FDMC seminar in Pittsburgh, plans for follow-up actions will have been drawn up with the GROD to meet large-range requirements.

6. Primary Health Care

Catholic Relief Services (CRS) was originally sollicited by the USG, shortly after Djiboutian independence, to establish a refugee-relief program in Djibouti. After some time, CRS turned its attention to readily apparent basic human needs among the national population beyond the refugee camps. By 1983 it became evident that refugee-relief soon would no longer be the major rationale for the CRS presence in Djibouti, given the thus far successful resettlement effort. CRS, therefore, initiated efforts to develop on OPG proposal as a companion piece to its PL 480 Title II food delivery program directed ever-increasingly toward non-refugee recipients. This OPG, entitled "Food and Nutrition", was approved with a gamut of initiatives ranging from mother/child health (MCH), nutrition, basic health & sanitation education, school feeding, fish promotion and variety of small-scale agriculture and rural development activities. In addition to being the organizational vehicle for its PL 480 program, the Food Nutrition OPG has served as the basic for CRS achievement of noteworthy successes beyond its basic feeding program e.g., CRS is in large part responsible for the advancement of general MCH activity in Djibouti, this in turn represents the main element of the primary health care (PHC) program. In addition, CRS has accumulated noteworthy experience in small-scale agriculture, largely of an experimental nature. The CRS fish promotion initiative (in support of our fisheries project) is also to its credit. In this latter effort, as well as in its MCH initiatives, CRS has worked closely with UNICEF.

Notwithstanding these successes, both CRS and USAID have experienced some concern about the degree and nature of beneficiary response to CRS program initiatives. We feel that answers to a number of social attitude questions are necessary to give meaning to eventual evaluation findings as well as to

guide future project actions. Therefore, CRS and USAID have initiated a social attitudes study, currently underway, to provide the basis for future program planning, particularly with respect to MCH initiatives and related PL 480 nutritional inputs, and the operational orientation and methodology for the same.

It was also evident to USAID that the CRS Food & Nutrition OPG has been operating in an almost complete void of systematic information concerning the national aspects of the subsectors, i.e., primary health care and small-scale agriculture, being addressed by that project. The original OPG proposal, itself, was seriously lacking in analysis of those subjects.

Therefore, USAID considered it essential to undertake pre-assessments of these subsectors. These studies were designated "pre-assessments" as opposed to "assessments" in part due to the modesty of the undertaking (each consisted of approximately only four person-weeks of effort), but also in recognition of the idea that together with the social attitudes study mentioned earlier, these studies would provide an accumulation of knowledge and a data base for the required mid-project evaluation and the anticipated proposal from CRS of a follow-on activity subsequent to the April 1985 PACD of the current OPG. This joint USAID/CRS combined evaluation/design effort is now contemplated for September/October 1984. In general, taking into consideration the preceding, implementation of the present OPG has progressed well in accordance with established benchmarks planned. The evaluation will detail progress and shortcomings, while laying the groundwork for proposing a new OPG.

The overall objective of the pre-assessment on primary health care was to provide the basic information necessary for USAID to assess CRS's present efforts in that subsector and to devise a strategy within which CRS under a subsequent OPG might

play a future role in collaboration with other inputs such as those available through PRITECH.

The PHC pre-assessment sought to investigate such factors as:

- the current health situation in Djibouti;
- existing donor and GROD initiatives, program activities, and human material resources related to MCH and primary health care including:
  (a) diarrhoea control (breast feeding, oral rehydration, therapy, personal hygiene, environmental hygiene;
  (b) maternal and child nutrition (infantile malnutrition, weaning, vitamin deficiencies, anemia); and
  (c) infection disease control;
- methods of training community health workers, including community health committee members, government extension agents, teachers and other community representatives;
- development and field testing of appropriate audio-visual aids and mass media programs for health education activities, including school health and education of the public;
- integration of health and sanitation initiatives into low-cost housing and urban development programs; and
- nature and extent of the need for strengthening existing initiatives including those of the CRS nutritional program, UNICEF and WHO child health activities and to facilitate collaboration and coordination between the organizations working in the area of primary health care in Djibouti.

The PHC pre-assessment took place concomitantly with multi-donor involvement in the formulation of the GROD's first

PHC strategy statement and draft action plan, USAID played a strong role in supporting the multi donor nature of the endeavor and influencing the orientation of the GROD strategy and the context of the draft documentation. It is reassuring that GROD PHC strategy is in general concordance with our own throughts on the subject. Stress is given in the GROD plan to health education, MCH (including emphasis on control of infantile diarrhoea disease and the promotion of oral rehydration therapy) and the importance of nutrition, water and sanitation issues to PHC. (See Section V, Annex A).

The results of the pre-assessment completed in March 1984 is presented as Annex A, "A Primary Health Care Statement". That statement provides the basic framework for proposed future USAID-supported effort in this direction.

The goal of our proposed PHC initiative would be to assist the GROD in its efforts to develop on integrated national health care program. The strategy for doing so would be to support and reinforce existing initiatives and programs through coordination with other donors, specifically WHO, UNICEF and FAC, and through close collaboration with Ministry of Health, other ministries, agencies and projects involved in activities related to public health. Emphasis would be placed on influencing PHC policy and strengthening the Ministry of Health institutional capacity for implementing that policy.

The focus of USAID funded primary health care activities would be directed primarily to strengthening of projects in three major categories: 1) health education, 2) health personnel training and 3) community health action. In all these areas, USAID would place emphasis on improving the management and planning skills of health personnel.

Additionally this PHC initiative places considerable emphasis on infantile diarrhoeal control and the use of oral rehydration therapy (ORT). PRITECH participation will support this priority. It is contemplated that infantile diarrhoeal control will be the principal focal point of PTITECH involvement.

The PHC initiative also provides the primary justification and framework for the future use of PL 480 Title II Commodities by CRS in Djibouti.

Annex A supports the line item entitled "Primary Health Care Initiatives" shown in Tables I and IV. It contemplates a four-year, $ 2 Million OPG proposal in that regard from CRS with start-up in FY 85; it is contemplated that the CRS activity activity will be coordinated with a PRITECH initiative. This budgetary submission is supported by the ECPR-level portfolio review of the Djibouti program which took place April 24, 1984.

By mid-FY 85, the present CRS OPG will have been satisfactorily completed with major goals realized. The new OPG, based upon evaluation of the first, will have been designed and will be getting underway.

7. Small -scale Agriculture

USAID involvement in this sector dates back to the early USAID program in Djibouti. As part of an initial assessment of agriculture potential in Djibouti, USAID funded a national soils study. This study was complemented by a German-financed water study. These studies indicated that Djibouti has an exploitable agricultural potential, if site locations, degree of effort and crop varities are selected carefully.

USAID also financed previously the establishment of a soils and water laboratory in the Ministry of Agriculture. Personnel of this lab have received training both in the United States and in-country from USDA. Although the USAID project has expired, USDA technical assistance and training inputs are scheduled to continue through the near-term in support of the lab's operation. Unfortunately, this sporadic assistance (devoid at any funding capability for equipment, maintenance, supplies, etc.) falls short of the requirements and the aspirations of the Ministry of Agriculture, which has repeatedly expressed its displeasure with the termination of USAID involvement. It is evident that the original USAID project was short-sighted with respect to long-term considerations. USAID's present unresponsiveness in this respect is unfortunate as it runs counter to the basic political motivation of the USAID program in Djibouti.

CRS (PVO) has accumulated a modest degree of successful experience in small-scale agriculture within the context of its ongoing Food/Nutrition project, and earlier efforts. USAID support to CRS initiatives along these lines is scheduled to terminate at the April 1985 PACD of the current CRS OPG.

Unfortunately as pointed out in the preceding section discussing CRS initiatives in primary health care. the project documentation for the present CRS OPG lacked analysis with respect to the agriculture sector in Djibouti. A need therefore existed to accumulate adequate knowledge and a data base to support the required mid-project evaluation of the present CRS OPG and to provide a response capability in the event of an eventual CRS proposal with respect to small-scale agriculture.

In response, USAID commissioned in early 1984 a study of the small-scale agriculture situation in Djibouti. The basic objective of that study was to assess the advisability, or non-advisibility, of future funding of small-scale agriculture activities in Djibouti, including the rationale therefore. The resulting report, Annex B "The Agriculture Situation in Djibout", discusses the physical characteristics of Djibouti; its human and institutional resources; the cooperative system; food requirements, imports and prices;

past and present agricultural experiences; and economic considerations. The study concludes that the physical and human resources available appear to be clearly adequate to support a substantial increase in the production of fruits and vegetables and possibly cereals. The report stresses the need for an expanded agricultural research program in support of any efforts to expand production. Environmental impact would also have to be studied; an increased number of technical agents trained; and services to cooperatives strengthened.

It is important to stress that the Ministry of Agriculture (MOA) although organized for, and minimumly engaged in, small-scale agricultural initiatives need to develop a policy framework and institutional capability to meet the requirements indicated above. As such initiatives are in their formative stages, the opportunity is ripe for a properly oriented and motivated donor to get is on the groundfloor to make an appreciable impact in this direction. Such a donor would be in a position to be quite influential in these matters; the MOA is looking for such guidance.

As the traditional population of Djibouti is nomadic, two extracts, one each from recent UNSO and FAO reports, discussing separate views with respect to the livestock and forage situation in Djibouti, have been appended to Annex B to provide a more comprehensive picture of the overall agriculture scene in Djibouti.

It should be pointed out that the MOA has concerns and responsabilities in the various fields of traditional interest to an agricultural ministry. The situation in Djibouti, however, is quite unique in that fisheries is currently the predominate operations; livestock and crop agriculture having in the past been neglected aspects of the economy. The MOA is now seeking to strengthen its capabilities in that respect. A modest effort would greatly improve the MOA's institutional capacity to deal with the problems of its rural population in these areas. Because of the relatively small size of Djibouti and the limitations imposed by natural circumstances, the scope of MOA operations will be necessarily modest in any case. Combined assistance to fisheries, small-scale agriculture and livestock would allow the MOA to develop institutionally in an integrated fashion. Proper donor action to that effect could be quite influential to development of a key ministry addressing the basis needs of its population and the establishment of the policy framework to do so.

It would appear that any future USAID agricultural initiatives in Djibouti would be technically justifiable (and politically desirable). Due to budgetary considerations, however, no proposals to that effect are included in the FY86 ABS. Annex B is included in this submission solely for informational purposes with a view toward possible future programmatic interest.

PL 480 Narrative

CRS has prepared a completely new multiyear PL 480 Operations Plan for the period FY85-88. This period corresponds to the LOP of their anticipated new OPG scheduled for design immediately on the heels of the mid-project threshold evaluation of their present OPG. This evaluation/design effort is anticipated in September/October 1984.

The new OPG proposal will adhere to the primary health care (PHC) strategy outlined in Annex A of this submission. The new CRS PL 480 Operations Plan was prepared in conformance with this strategy. For the most part, the CRS Title II program will be in support of their new PHC initiatives OPG. In this regard, PL 480 inputs will be combined with OPG funds in pursuit of the same development objectives.

CRS has proposed a monetization scheme to generate funds necessary to meet the administrative and logistical costs of the Title II commodity delivery program. Such a scheme is extremely important given the likely limited availability of additional Outreach Grant funds for that purpose. In the same light, it is anticipated that the entirety of the funds under the new OPG will be budgeted for specific PHC requirements, with none available to support PL 480 program requirements.

The FY85 AER includes relatively small amounts of commodities to allow CRS to meet effectively general relief, refugee-feeding and disaster response requirements, such as these may materialize.

USAID/Djibouti approves the proposals contained in the CRS-prepared documentation included in this submission.

Program Management

As indicated earlier in this paper the USAID program in Djibouti has its roots in political motivation; nevertheless, the present program effort is very much oriented to achievement in the socio-economic sense. This effort, given the cloudy development horizon in Djibouti, requires an ample amount of developmental analysis. The needs of such analysis are compounded by a USAID strategy calling for building on past program experiences (gained to a great extent through projects originally designed in a somewhat more than usual political motivations vs developmental rationale ratio), and with heavy reliance on the use of American PVO's (which under the circumstances require more than an usual amount of technical guidance to achieve developmental results on behalf of a USAID program strategy.

In our investigations so far, we have been faced with a frustrating dearth of data upon which to analyse the economic and social structure of Djibouti. Rationale development planning is extremely difficult under such circumstances particularly in the face of an almost complete absence of a host government

institutional capability to deal with such issues and the painfully thin layer of trained personnel to engage in such efforts. Rational development, indeed the sound management, of a USAID program in Djibouti oriented to socio-economic objectives requires strong planning and implementation monitoring. Therefore, we foresee over the mid-term an important USAID program evaluation, design and implementation monitoring effort in collaboration with the GROD. In fact, based upon our continuing implementation experiences, we plan to execute a steady series of assessments, evaluations and redesign initiatives directed toward every element of the portfolio.

These vital program management tasks will be accomplished by the small in-country USDH staff assigned to Djibouti, augmented to the extent possible through use of PD & S resources. It is anticipated, however, that the level of PD & S funding available will be inadequate with respect to the total need.

We foresee two ways of meeting remaining requirements, i.e., either through establishment of a discrete Program Management and Research (PMR) line-item within our ESF

budget, or as might be more appropriate for longer-term management requirements, through direct funding of US PSC services under O.E. As our present ESF budget will not accomodate at this time drawdown for this purpose, no such proposal is contained in the ABS. On the other hand, the proposed FY85/86 O.E. budgets include funding for program management assistance.

FY 1986 ANNUAL BUDGET SUBMISSION
TABLE I - LONG RANGE PLAN BY APPROPRIATION ACCOUNT ($000)

603 - DJIBOUTI

	FY 1983 ACTUAL	FY 1984 ESTIMATE	—FY 1985— CP ESTIMATE		FY 1986 AAPL	——PLANNING PERIOD—— 1987	1988	1989	1990
ECONOMIC SUPPORT FUND									
TOTAL	2000	3000	3500	3500	3500	3500	3500	3500	3500
GRANT	2000	3000	3500	3500	3500	3500	3500	3500	3500
LOAN	---	---	---	---	---	---	---	---	---
DA AND ESF TOTAL									
TOTAL	2000	3000	3500	3500	3500	3500	3500	3500	3500
GRANT	2000	3000	3500	3500	3500	3500	3500	3500	3500
LOAN	---	---	---	---	---	---	---	---	---
PL480									
TITLE I	---	---	---	---	---	---	---	---	---
TITLE III	---	---	---	---	---	---	---	---	---
TITLE II	(1299)	(1434)	(1164)	(2350)	(1302)	(1367)	(1400)	(1450)	(1500)
HOUSING GUARANTIES									
	---	---	---	---	---	---	---	---	---
TOTAL PERSONNEL									
USDH WORKYEARS				2.0	2.0	2.0	2.0	2.0	2.0
FNDH WORKYEARS				2.0	2.0	2.0	2.0	2.0	2.0

FY 1986 ANNUAL BUDGET SUBMISSION
TABLE IV - PROJECT BUDGET DATA

603 - DJIBOUTI

PROJECT NUMBER AND TITLE	G L	OBLIG DATE INIT	FIN	-TOTAL COST- AUTH	PLAN	OBLIG THRU FY 83	FY 83 PIPE-LINE	ESTIMATED U.S. DOLLAR COST ($000) ----FY 1984--- OBLIG-ATIONS	EXPEND-ITURES	--------FY 1985------- OBLIG-ATIONS	EXPEND-ITURES	FUNDED THRU	---FY 86--- AAPL	FUNDED THRU	PEACE CORPS VY84	VY85	ITEM NO
AGRICULTURE, RURAL DEVELOPMENT AND NUTRITION																	
6030003 FISHERIES DEVELOPMENT								SUBCAT: FNEX			%PVO: 0						
	G	79	81	978	978	978	132	---	132	---	---	---	---	---	---	---	6022
APPROPRIATION TOTAL				978	978	978	132	---	132	---	---	---	---	---	---	---	
GRANT				978	978	978	132	---	132	---	---	---	---	---	---	---	
LOAN				---	---	---	---	---	---	---	---	---	---	---	---	---	
EDUCATION AND HUMAN RESOURCES																	
6030006 HUMAN RESOURCES DEVELOPMENT (PVO)								SUBCAT: EHAC			%PVO: 100						
	G	80	81	2662	2662	2662	1326	---	500	---	836	08/85	---	---	---	---	
APPROPRIATION TOTAL				2662	2662	2662	1326	---	500	---	836	---	---	---	---	---	
GRANT				2662	2662	2662	1326	---	500	---	836	---	---	---	---	---	
LOAN				---	---	---	---	---	---	---	---	---	---	---	---	---	
ECONOMIC SUPPORT FUND																	
6030003 FISHERIES DEVELOPMENT								SUBCAT: FNEX			%PVO: 0						
	G	83	84	1000	1200	1000	738	200	738	---	200	03/85	---	---	---	---	11729
6030013 ENERGY INITIATIVES								SUBCAT: SDEG			%PVO: 0						
	G	81	82	4000	4000	4000	3351	---	1500	---	851	---	---	09/86	---	---	11732
6030014 FOOD & NUTRITION GRANT (PVO)								SUBCAT: FNNI			%PVO: 100						
	G	83	83	1000	1000	986	986	---	636	---	350	04/85	---	---	---	---	11733

FY 1986 ANNUAL BUDGET SUBMISSION
TABLE IV - PROJECT BUDGET DATA

603 - DJIBOUTI

PROJECT NUMBER AND TITLE	G L	OBLIG DATE INIT	OBLIG DATE FIN	-TOTAL AUTH	COST- PLAN	OBLIG THRU FY 83	FY 83 PIPE- LINE	ESTIMATED U.S. DOLLAR COST ($000) ----FY 1984--- OBLIG- ATIONS	EXPEND- ITURES	--------FY 1985------- OBLIG- ATIONS	EXPEND- ITURES	---FY 86--- FUNDED THRU	AAPL	FUNDED THRU	PEACE CORPS VY84	PEACE CORPS VY85	ITEM NO
6030015 FISHERIES DEVELOPMENT, PHASE II		SUBCAT: FNEX										%PVO: 0					
	G	84	87	2998	3000	---	---	1000	200	800	800	12/85	1000	12/86	---	---	11734
6030017 HUMAN RESOURCES DEVELOPMENT, PHASE II (PVO)		SUBCAT: EHMA										%PVO: 100					
	G	84	88	---	4000	---	---	500	100	1000	500	12/85	800	12/86	---	---	11731
*6030018 PRIMARY HEALTH CARE INITIATIVES (PVO)		SUBCAT: HEDH										%PVO: 100					
	G	85	88	---	2000	---	---	---	---	500	300	03/86	500	03/87	---	---	---
6030019 DEVELOPMENT MANAGEMENT AND TRAINING		SUBCAT: EHMA										%PVO: 0					
	G	84	88	---	1000	---	---	200	50	200	250	10/85	200	10/86	---	---	---
6030020 HOUSING AND URBAN DEVELOPMENT		SUBCAT: SEHU										%PVO: 0					
	G	84	88	---	5500	---	---	1100	100	1000	1000	12/85	1000	12/86	---	---	12334
APPROPRIATION TOTAL				8998	21700	5986	5075	3000	3324	3500	4251	---	3500	---	---	---	---
GRANT				8998	21700	5986	5075	3000	3324	3500	4251	---	3500	---	---	---	---
LOAN				---	---	---	---	---	---	---	---	---	---	---	---	---	---
COUNTRY TOTAL TOTAL				11660	24362	8648	6401	3000	3956	3500	5087	---	3500	---	---	---	---
GRANT				11660	24362	8648	6401	3000	3956	3500	5087	---	3500	---	---	---	---
LOAN				---	---	---	---	---	---	---	---	---	---	---	---	---	---

*final proposal is expected to include substantial activities to promote Oral Rehydration Therapy (ORT) programs in Djibouti.

603 - DJIBOUTI

PDS ACTIVITIES
($000)

ACTIVITY	ARDA	POP	HE	EHRD	SDA	TOTAL
FY 1985						
-Design	-	-	15.0	-	-	15.0
-Implementation	15.0	-	-	10.0	15.0	40.0
-Program Development	15.0	-	-	-	-	15.0
-Evaluation	-	-	-	-	10.0	10.0
Total	30.0	-	15.0	10.0	25.0	80.0
FY 1986						
-Design	-	-	-	-	-	-
-Implementation	-	-	15.0	-	15.0	30.0
-Program Development	15.0	-	10.0	-	-	25.0
-Evaluation	-	-	-	30.0	-	30.0
Total	15.0	-	25.0	30.0	15.0	85.0

TABLE VIII - FY 1984

ORGANIZATION USAID/DJIBOUTI
(Including RIG Costs if Applicable)

EXPENSE CATEGORY	F.C.	O.C.	DOLLAR FUNDED	TRUST FUNDED	TOTAL BUDGET	UNITS
U.S. DIRECT HIRE	U100		206.9	-	206.9	XXXXX
U.S. CITIZENS BASIC PAY	U101	110	118.4	-	118.4	2.0
PT/TEMP U.S. BASIC PAY	U102	112	-	-	-	-
DIFFERENTIAL PAY	U103	116	29.6	-	29.6	XXXXX
OTHER AID/W FUNDED O.C. 11	U104	119	-	-	-	XXXXX
OTHER MISSION FUNDED O.C 11	U105	119	-	-	-	XXXXX
EDUCATION ALLOWANCES	U106	126	13.7	-	13.7	1.0
RETIREMENT - U.S.	U107	120	8.3	-	8.3	XXXXX
LIVING ALLOWANCES	U108	128	9.5	-	9.5	XXXXX
OTHER AID/W FUNDED O.C. 12	U109	129	6.0	-	6.0	XXXXX
OTHER MISSION FUNDED O.C.12	U110	129	5.4	-	5.4	XXXXX
POST ASSIGNMENT - TRAVEL	U111	212	-	-	-	-
POST ASSIGNMENT - FREIGHT	U112	22	-	-	-	-
HOME LEAVE - TRAVEL	U113	212	-	-	-	-
HOME LEAVE - FREIGHT	U114	22	-	-	-	-
EDUCATION TRAVEL	U115	215	6.0	-	6.0	4.0
R AND R TRAVEL	U116	215	10.0	-	10.0	2.0
ALL OTHER CODE 215 TRAVEL	U117	215	-	-	-	-
FOREIGN NATIONAL DH	U200		48.5	-	48.5	XXXXX
BASIC PAY	U201	114	46.0	-	46.0	2.0
OVERTIME, HOLIDAY PAY	U202	115	1.5	-	1.5	0.3
ALL OTHER CODE 11 - FN	U203	119	-	-	-	XXXXX
ALL OTHER CODE 12 - FN	U204	129	1.0	-	1.0	XXXXX
BENEFITS FORMER FN PERS.	U205	13	-	-	-	XXXXX
CONTRACT PERSONNEL	U300		15.0	-	15.0	XXXXX
PASA TECHNICIANS	U301	258	-	-	-	-
U.S. PSC - SALARY/BENEFITS	U302	113	-	-	-	-
ALL OTHER U.S. PSC COSTS	U303	255	-	-	-	XXXXX
F.N. PSC - SALARY/BENEFITS	U304	113	15.0	-	15.0	0.7
ALL OTHER F.N. PSC COSTS	U305	255	-	-	-	XXXXX
JCC COSTS PAID BY AID/W	U306	113	-	-	-	-
HOUSING	U400		60.0	-	60.0	XXXXX
RENT	U401	235	37.0	-	37.0	2.0
UTILITIES	U402	235	12.0	-	12.0	XXXXX
RENOVATION AND MAINT.	U403	259	2.5	-	2.5	XXXXX
QUARTERS ALLOWANCE	U404	127	-	-	-	-
PURCHASES RES. FURN/EQUIP.	U405	311	-	-	-	XXXXX
TRANS./FREIGHT - CODE 311	U406	22	-	-	-	XXXXX
SECURITY GUARD SERVICES	U407	254	8.0	-	8.0	XXXXX
OFFICIAL RESIDENCE ALLOW.	U408	254	0.5	-	0.5	XXXXX
REPRESENTATION ALLOWANCE	U409	252	0.5	-	0.5	XXXXX

TABLE VIII - FY 1984

ORGANIZATION USAID/DJIBOUTI
(Including RIG Costs if Applicable)

EXPENSE CATEGORY	F.C.	O.C.	DOLLAR FUNDED	TRUST FUNDED	TOTAL BUDGET	UNITS
OFFICE OPERATIONS	U500		58.9	-	58.9	XXXXX
RENT	U501	234	-	-	-	XXXXX
UTILITIES	U502	234	-	-	-	XXXXX
BUILDING MAINT./RENOV.	U503	259	-	-	-	XXXXX
OFFICE FURN./EQUIP.	U504	310	-	-	-	XXXXX
VEHICLES	U505	312	-	-	-	XXXXX
OTHER EQUIPMENT	U506	319	-	-	-	XXXXX
TRANSPORTATION/FREIGHT	U507	22	-	-	-	XXXXX
COMMUNICATIONS	U508	230	4.0	-	4.0	XXXXX
SECURITY GUARD SERVICES	U509	254	-	-	-	XXXXX
PRINTING	U510	24	1.9	-	1.9	XXXXX
RIG/II OPERATIONAL TRAVEL	U511	210	-	-	-	-
SITE VISITS - IN COUNTRY	U512	210	0.8	-	0.8	4.0
SITE VISITS - OTHER	U513	210	-	-	-	-
INFORMATION MEETINGS	U514	210	2.6	-	2.6	2.0
TRAINING ATTENDANCE	U515	210	1.3	-	1.3	1.0
CONFERENCE ATTENDANCE	U516	210	4.3	-	4.3	2.0
OTHER OPERATIONAL TRAVEL	U517	210	1.0	-	1.0	1.0
SUPPLIES AND MATERIALS	U518	26	8.0	-	8.0	XXXXX
FAAS	U519	257	12.0	-	12.0	XXXXX
CONSULTING SVCS - CONT.	U520	259	-	-	-	XXXXX
MGT./PROF. SVCS. - CONT.	U521	259	-	-	-	XXXXX
SPEC. STUDIES/ANALYSES CONT.	U522	259	-	-	-	XXXXX
ALL OTHER CODE 25	U523	259	23.0	-	23.0	XXXXX
TOTAL O.E. BUDGET			389.3	-	389.3	XXXXX
RECONCILIATION			(174.3)	-	(174.3)	XXXXX
OPERATING ALLOWANCE REQUEST			215.0	-	215.0	XXXXX

OTHER INFORMATION:
Dollar requirement for local currency costs $152,700
Exchange rate used (as of May 1, 1984) FD176.84=$1

TABLE VIII - FY 1985

ORGANIZATION USAID/DJIBOUTI
(Including RIG Costs if Applicable)

EXPENSE CATEGORY	F.C.	O.C.	DOLLAR FUNDED	TRUST FUNDED	TOTAL BUDGET	UNITS
U.S. DIRECT HIRE	U100		229.2	-	229.2	XXXXX
U.S. CITIZENS BASIC PAY	U101	110	118.4	-	118.4	2.0
PT/TEMP U.S. BASIC PAY	U102	112	-	-	-	-
DIFFERENTIAL PAY	U103	116	29.6	-	29.6	XXXXX
OTHER AID/W FUNDED O.C. 11	U104	119	-	-	-	XXXXX
OTHER MISSION FUNDED O.C 11	U105	119	-	-	-	XXXXX
EDUCATION ALLOWANCES	U106	126	14.0	-	14.0	-
RETIREMENT - U.S.	U107	120	8.3	-	8.3	XXXXX
LIVING ALLOWANCES	U108	128	9.5	-	9.5	XXXXX
OTHER AID/W FUNDED O.C. 12	U109	129	6.0	-	6.0	XXXXX
OTHER MISSION FUNDED O.C.12	U110	129	5.4	-	5.4	XXXXX
POST ASSIGNMENT - TRAVEL	U111	212	7.5	-	7.5	1.0
POST ASSIGNMENT - FREIGHT	U112	22	15.0	-	15.0	1.0
HOME LEAVE - TRAVEL	U113	212	3.0	-	3.0	1.0
HOME LEAVE - FREIGHT	U114	22	1.5	-	1.5	1.0
EDUCATION TRAVEL	U115	215	6.0	-	6.0	2.0
R AND R TRAVEL	U116	215	-	-	-	-
ALL OTHER CODE 215 TRAVEL	U117	215	5.0	-	5.0	2.0
FOREIGN NATIONAL DH	U200		52.6	-	52.6	XXXXX
BASIC PAY	U201	114	50.1	-	50.1	2.0
OVERTIME, HOLIDAY PAY	U202	115	1.5	-	1.5	0.3
ALL OTHER CODE 11 - FN	U203	119	-	-	-	XXXXX
ALL OTHER CODE 12 - FN	U204	129	1.0	-	1.0	XXXXX
BENEFITS FORMER FN PERS.	U205	13	-	-	-	XXXXX
CONTRACT PERSONNEL	U300		221.0	-	221.0	XXXXX
PASA TECHNICIANS	U301	258	-	-	-	-
U.S. PSC - SALARY/BENEFITS	U302	113	86.6	-	86.6	1.5
ALL OTHER U.S. PSC COSTS	U303	255	111.4	-	111.4	XXXXX
F.N. PSC - SALARY/BENEFITS	U304	113	23.0	-	23.0	1.7
ALL OTHER F.N. PSC COSTS	U305	255	-	-	-	XXXXX
JCC COSTS PAID BY AID/W	U306	113	-	-	-	-
HOUSING	U400		60.5	-	60.5	XXXXX
RENT	U401	235	37.0	-	37.0	2.0
UTILITIES	U402	235	12.0	-	12.0	XXXXX
RENOVATION AND MAINT.	U403	259	2.0	-	2.0	XXXXX
QUARTERS ALLOWANCE	U404	127	-	-	-	-
PURCHASES RES. FURN/EQUIP.	U405	311	-	-	-	XXXXX
TRANS./FREIGHT - CODE 311	U406	22	-	-	-	XXXXX
SECURITY GUARD SERVICES	U407	254	9.0	-	9.0	XXXXX
OFFICIAL RESIDENCE ALLOW.	U408	254	-	-	-	XXXXX
REPRESENTATION ALLOWANCE	U409	252	0.5	-	0.5	XXXXX

TABLE VIII - FY 1985

ORGANIZATION USAID/DJIBOUTI
(Including RIG Costs if Applicable)

EXPENSE CATEGORY	F.C.	O.C.	DOLLAR FUNDED	TRUST FUNDED	TOTAL BUDGET	UNITS
OFFICE OPERATIONS	U500		60.9	-	60.9	XXXXX
RENT	U501	234	-	-	-	XXXXX
UTILITIES	U502	234	-	-	-	XXXXX
BUILDING MAINT./RENOV.	U503	259	-	-	-	XXXXX
OFFICE FURN./EQUIP.	U504	310	22.0	-	22.0	XXXXX
VEHICLES	U505	312	-	-	-	XXXXX
OTHER EQUIPMENT	U506	319	-	-	-	XXXXX
TRANSPORTATION/FREIGHT	U507	22	-	-	-	XXXXX
COMMUNICATIONS	U508	230	5.0	-	5.0	XXXXX
SECURITY GUARD SERVICES	U509	254	-	-	-	XXXXX
PRINTING	U510	24	2.0	-	2.0	XXXXX
RIG/II OPERATIONAL TRAVEL	U511	210	-	-	-	-
SITE VISITS - IN COUNTRY	U512	210	-	-	-	-
SITE VISITS - OTHER	U513	210	-	-	-	-
INFORMATION MEETINGS	U514	210	6.0	-	6.0	4.0
TRAINING ATTENDANCE	U515	210	1.5	-	1.5	1.0 *
CONFERENCE ATTENDANCE	U516	210	4.2	-	4.2	2.0
OTHER OPERATIONAL TRAVEL	U517	210	4.5	-	4.5	1.0
SUPPLIES AND MATERIALS	U518	26	8.0	-	8.0	XXXXX
FAAS	U519	257	1.9	-	1.9	XXXXX
CONSULTING SVCS - CONT.	U520	259	-	-	-	XXXXX
MGT./PROF. SVCS. - CONT.	U521	259	-	-	-	XXXXX
SPEC. STUDIES/ANALYSES CONT.	U522	259	-	-	-	XXXXX
ALL OTHER CODE 25	U523	259	5.8	-	5.8	XXXXX
TOTAL O.E. BUDGET			624.2	-	624.2	XXXXX
RECONCILIATION			(164.2)	-	(164.2)	XXXXX
OPERATING ALLOWANCE REQUEST			460.0	-	460.0	XXXXX

OTHER INFORMATION:

Dollar requirement for local currency costs	$ 194,200
Exchange rate used (as of May 1, 1984)	DF 176.84 = $ 1.00
Estimated Wage Increases - FY 1984 to FY 1985	10 %
Estimated Price Increases - FY 1984 to FY 1985	10 %

* PI Training for GDO in Cairo (5/12 - 24/85) in conjunction with HL.

TABLE VIII - FY 1986

ORGANIZATION USAID/DJIBOUTI
(Including RIG Costs if Applicable)

EXPENSE CATEGORY	F.C.	O.C.	DOLLAR FUNDED	TRUST FUNDED	TOTAL BUDGET	UNITS
U.S. DIRECT HIRE	U100		201.3	-	201.3	XXXXX
U.S. CITIZENS BASIC PAY	U101	110	118.4	-	118.4	2.0
PT/TEMP U.S. BASIC PAY	U102	112	-	-	-	-
DIFFERENTIAL PAY	U103	116	29.6	-	29.6	XXXXX
OTHER AID/W FUNDED O.C. 11	U104	119	-	-	-	XXXXX
OTHER MISSION FUNDED O.C 11	U105	119	-	-	-	XXXXX
EDUCATION ALLOWANCES	U106	126	15.0	-	15.0	1.0
RETIREMENT - U.S.	U107	120	8.3	-	8.3	XXXXX
LIVING ALLOWANCES	U108	128	9.5	-	9.5	XXXXX
OTHER AID/W FUNDED O.C. 12	U109	129	6.0	-	6.0	XXXXX
OTHER MISSION FUNDED O.C.12	U110	129	-	-	-	XXXXX
POST ASSIGNMENT - TRAVEL	U111	212	-	-	-	-
POST ASSIGNMENT - FREIGHT	U112	22	-	-	-	-
HOME LEAVE - TRAVEL	U113	212	-	-	-	-
HOME LEAVE - FREIGHT	U114	22	-	-	-	-
EDUCATION TRAVEL	U115	215	4.0	-	4.0	2.0
R AND R TRAVEL	U116	215	7.5	-	7.5	2.0
ALL OTHER CODE 215 TRAVEL	U117	215	3.0	-	3.0	1.0
FOREIGN NATIONAL DH	U200		55.1	-	55.1	XXXXX
BASIC PAY	U201	114	52.6	-	52.6	2.0
OVERTIME, HOLIDAY PAY	U202	115	1.5	-	1.5	0.2
ALL OTHER CODE 11 - FN	U203	119	-	-	-	XXXXX
ALL OTHER CODE 12 - FN	U204	129	1.0	-	1.0	XXXXX
BENEFITS FORMER FN PERS.	U205	13	-	-	-	XXXXX
CONTRACT PERSONNEL	U300		224.9	-	224.9	XXXXX
PASA TECHNICIANS	U301	258	-	-	-	-
U.S. PSC - SALARY/BENEFITS	U302	113	90.0	-	90.0	1.5
ALL OTHER U.S. PSC COSTS	U303	255	110.0	-	110.0	XXXXX
F.N. PSC - SALARY/BENEFITS	U304	113	24.9	-	24.9	1.7
ALL OTHER F.N. PSC COSTS	U305	255	-	-	-	XXXXX
JCC COSTS PAID BY AID/W	U306	113	-	-	-	-
HOUSING	U400		90.1	-	90.1	XXXXX
RENT	U401	235	40.0	-	40.0	2.0
UTILITIES	U402	235	12.6	-	12.6	XXXXX
RENOVATION AND MAINT.	U403	259	2.0	-	2.0	XXXXX
QUARTERS ALLOWANCE	U404	127	-	-	-	-
PURCHASES RES. FURN/EQUIP.	U405	311	12.5	-	12.5	XXXXX
TRANS./FREIGHT - CODE 311	U406	22	12.5	-	12.5	XXXXX
SECURITY GUARD SERVICES	U407	254	9.5	-	9.5	XXXXX
OFFICIAL RESIDENCE ALLOW.	U408	254	0.5	-	0.5	XXXXX
REPRESENTATION ALLOWANCE	U409	252	0.5	-	0.5	XXXXX

TABLE VIII - FY 1986

ORGANIZATION USAID/DJIBOUTI
(Including RIG Costs if Applicable)

EXPENSE CATEGORY	F.C.	O.C.	DOLLAR FUNDED	TRUST FUNDED	TOTAL BUDGET	UNITS
OFFICE OPERATIONS	U500		73.3	-	73.3	XXXXX
RENT	U501	234	-	-	-	XXXXX
UTILITIES	U502	234	-	-	-	XXXXX
BUILDING MAINT./RENOV.	U503	259	2.5	-	2.5	XXXXX
OFFICE FURN./EQUIP.	U504	310	1.0	-	1.0	XXXXX
VEHICLES	U505	312	20.0	-	20.0	XXXXX
OTHER EQUIPMENT	U506	319	-	-	-	XXXXX
TRANSPORTATION/FREIGHT	U507	22	-	-	-	XXXXX
COMMUNICATIONS	U508	230	5.3	-	5.3	XXXXX
SECURITY GUARD SERVICES	U509	254	-	-	-	XXXXX
PRINTING	U510	24	2.1	-	2.1	XXXXX
RIG/II OPERATIONAL TRAVEL	U511	210	-	-	-	-
SITE VISITS - IN COUNTRY	U512	210	-	-	-	-
SITE VISITS - OTHER	U513	210	-	-	-	-
INFORMATION MEETINGS	U514	210	6.0	-	6.0	4.0
TRAINING ATTENDANCE	U515	210	4.0	-	4.0	2.0
CONFERENCE ATTENDANCE	U516	210	4.0	-	4.0	2.0
OTHER OPERATIONAL TRAVEL	U517	210	8.0	-	8.0	2.0
SUPPLIES AND MATERIALS	U518	26	8.4	-	8.4	XXXXX
FAAS	U519	257	2.0	-	2.0	XXXXX
CONSULTING SVCS - CONT.	U520	259	-	-	-	XXXXX
MGT./PROF. SVCS. - CONT.	U521	259	-	-	-	XXXXX
SPEC. STUDIES/ANALYSES CONT.	U522	259	-	-	-	XXXXX
ALL OTHER CODE 25	U523	259	10.0	-	10.0	XXXXX
TOTAL O.E. BUDGET			644.7	-	644.7	XXXXX
RECONCILIATION			(165.2)	-	(165.2)	XXXXX
OPERATING ALLOWANCE REQUEST			479.5	-	479.5	XXXXX

OTHER INFORMATION:
Dollar requirement for local currency costs $224,000
Exchange rate used (as of May 1, 1984) DF 176.84 = $ 1

Estimated Wage Increases - FY 1985 to FY 1986 5 %
Estimated Price Increases - FY 1985 to FY 1986 5 %

TABLE VIII(a) - Information on U.S. PSC Costs
(Function Codes U302 and U303)

ORGANIZATION USAID/DJIBOUTI

Job Title/Position Description	FY 1984	FY 1985	FY 1986
Chauffer : driver services, routine maintenance of USAID vehicles, and messenger services	7.0	7.5	8.1
Translator : (25hrs/wk) : French-English translation services and backstop LN Administrative Assistant position	15.0	16.5	16.8

TABLE VIII(b) - All Other Code 25 Detail
(Function Code U523)

ORGANIZATION USAID/DJIBOUTI

Description of Service	FY 1984	FY 1985	FY 1986
No services received with annual cost exceeding $ 25,000			

TABLE VIII(c)
OBLIGATIONS FOR ACQUISITION, OPERATION
AND USE OF INFORMATION TECHNOLOGY SYSTEMS

Item and Explanation	Fiscal Years ($000) 1984	1985	1986
1. Capital Investment			
A. Purchase of Hardware Purchase of automation equipment by the Mission; such as WANG VS mini-computer, WANG OIS System, WANG WP equipment and micro-computers and their associated workstations/terminals, printers and telecommunications modems.	-	19.5	-
B. Purchase of Software Purchase of software by the Mission to operate an existing or new automation equipment (hard-ware) such as CP/M, Multiplan, DBASE II and Microstat, LOTUS 1-2-3, etc.	-	2.5	-
C. Site and Facility Cost of proposed site construction to prepare for setting up a WANG VS or WANG OIS automation system, such as raised floors, walls, air conditioning and uninterruptible power sources.	-	-	-
SUBTOTAL	-	22.0	-

TABLE VIII(c) (continued)

Item and Explanation	Fiscal Years ($000) 1984	1985	1986
2. Personnel Mission will provide requirements below for personnel involved in the information technology functions, such as systems development and operation, and the percentage of management and secretarial personnel also involved. Personnel that use systems will not be included.	-	-	-
A. Compensation, Benefits and Travel			
B. Workyears	( )	( )	( )
3. Equipment Rental, Space and Other Operating Costs			
A. Lease of Equipment Obligations for lease and maintenance of non-government owned equipment (rented equipment)		-	
B. Space Obligations for lease of space to house automation equipment, office space for personnel (direct-hire and contractor) involved in the information technology function (See 2A&B) including basic utilities and house keeping services.		-	

TABLE VIII(c) (continued)

Item and Explanation	Fiscal Years ($000) 1984	1985	1986
C. Supplies and Other Obligations for supplies and software rental (not included in a rental contract for equipment)	-	2.0	2.0
D. Non-Commercial Training Obligations for planning and conducting government operated training to prepare users to make effective use of automation resources.	-	-	2.0
SUBTOTAL	-	2.0	4.0

4. Commercial Services
This includes obligation for services where payments are made to private industry.

A. Computer Time
Obligations to fund contract with a private firm to provide computer time to the Mission. -

B. Leased Telecommunications Services
Obligations for leased telephone lines and other telecommunication services to obtain data from other computers or to transmit data. For Missions, where applicable include, but identify separately, the lease of local telephone lines and modems to reach the American Embassy's, Office of Communications for the purpose of the transmission of data to and from AID/W. -

C. Operations and Maintenance
(1) Operations
Include funds to be obligated for contractor services to operate a WANG VS computer or an OIS System (system administrator and staff, not workstation operators). -

TABLE VIII(c) (continued)

Item and Explanation	Fiscal Years ($000) 1984	1985	1986
C. (2) Maintenance Include obligations for contracts to maintain government-owned equipment (hardware) and software that is currently in place and that is to be acquired in 1A and 1B above.	-	3.0	3.0
D. Systems Analysis and Programming Obligations for contractor services to design and program new ADP or OIS application systems and to maintain existing systems.	-	-	-
E. System Design and Engineering (Do not complete - OMB requirement not applicable to AID.)	XXXX	XXXX	XXXX
F. Studies and Other Obligations for management and feasibility studies, requirement definitions, and commercial training.	-	-	-
SUBTOTAL	-	3.0	3.0
5. TOTALS Total Obligations	-	27.0	7.0
Workyears (From item 2A)	(-)	(-)	(-)
6. Special Breakout A. Amounts included in Mission allowances for existing systems. (Includes 2A, 3, and 4) (Services for equipment in place only.)		-	
B. Amounts included in Mission allowances for new or expanded systems. (Includes 1, 2A, 3 and 4.) (Equipment and services for new efforts beginning during the fiscal year.)	-	27.0 (Requested)	7.0

603 - DJIBOUTI

OPERATING EXPENSE NARRATIVE

A. Management Improvements

The major management improvements proposed for the FY 1986 ABS include the introduction of data processing equipment during FY 1985. The effect of introducing this equipment is twofold:

1. USAID/Djibouti has only one FNDH employee to provide all English language secretarial services, administer the OE budget and manage our routine general service needs. As currently configurated, we judge USAID has need for a two-third time TCN secretary (about $15,000 annually) to permit the FNDH employee to adequately perform financial and administrative tasks. It is planned that introduction of data processing equipment will lead to more effective use of the FNDH's time and reduce substantially, or eliminate, the need for the TCN secretary.

2. All three of USAID's English language electric typewriters and one French machine have, or will have shortly, met replacement standards. With the introduction of data processing equipment, one French and two English language stations, we anticipate it will not be necessary to replace these machines (about $4-5,000) in FY 1985 and, in later years, only replace two of the machines.

B. Justification for Funding Changes

Function level for Code U500 has been increased by $22,000 in FY 1985 to finance the introduction of data processing equipment described in Section A above.

In addition, function level Code U500 has been increased in FY 1986 to include a replacement set of household furnishings ($25,000) for the AID Rep residence (current furnishings were purchased in the late-70's or transferred used from USAID/Addis Ababa in 1981) and a replacement office vehicle (about $20,000 for replacement of a vehicle purchased in 1981).

Finally, under Code 300 an additional $198,000 has been included in FY 1985 and $200,000 in FY 1986 for PSC costs for one full-time and six person months of part-time services for technical services related to the program development, implementation and monitoring of the program. These amounts are included in the OE budget pending resolution of efforts to establish a separate PMR project for this purpose.

C. Trust Funds

None available.

603 - DJIBOUTI

NXP PROCUREMENT PLAN

FY 1985 Procurement Plan

O.C. 310:

I. Replacement Property Requirements: None

II. New Property Requirements:

Qty	Item	Unit Cost	Extend Cost	Pkg/ Shpg	Total
3 ea	Wang, Basic	2,123	6,369	-	6,369
3 ea	Graphic Card	156	468	-	468
3 ea	Memory Card	1,096	3,288	-	3,288
2 ea	Wincnester Drive	1,551	3,102	-	3,102
1 ea	Disk Drive	342	342	-	342
3 ea	Printer	585	1,755	-	1,755
3 ea	Software Package	520	1,560	-	1,560
2 ea	Lotus 1-2-3	416	832	-	832
2 ea	Upgrade MS/DOS	40	80	-	80
3 ea	Upgrade PC-WP	40	120	-	120
3 ea	Clamp, Desk	65	195	-	195
3 ea	Arm, Monitor	98	294	-	294
3 ea	Conditioner	330	990	-	990
1 ea	D-base II	700	700	-	700
1 ea	SL-micro	250	250	-	250
	shipping/packing/supplies	-	-	1,655	1,655
			Total		22,000

III. Total 310 Requirements FY 1985: 22,000

O.C. 312:

III. Total 312 Requirements FY 1985: None

FY 1986 Procurement Plan

O.C. 310:

I. Replacement Property Requirements:

Qty	Item	Unit Cost	Extend Cost	Pkg/ Shpg	Total
2 ea	Chairs, Desk	300	600	inc.	600
Var.	Miscellaneous	400	400	inc.	400
			Total		1,000

III. Total O.C. 310 Requirements FY 1986: 1,000

603 - DJIBOUTI

O.C. 312:

I. Replacement vehicle

Qty	Item	Unit Cost	Pkg/ Shpg	Total	To Retire
1 ea	Toyota 4x4 Landcruiser, diesel, a/c	20,000	inc.	20,000	603-09-24

II. New Vehicle: None

III. Total 312 Requirements FY 1986: 20,000

FY 1987 Procurement Plan

O.C. 310:

I. Replacement Property Requirements:

Qty	Item	Unit Cost	Extend Cost	Pkg/ Shpg	Total
2 ea	Electric Typewriter	800	1,600	400	2,000

II. New Property Requirements: None

III. Total 310 Requirements FY 1987: 2,000

O.C. 312: None

FY 1986 ANNUAL BUDGET SUBMISSION

TABLE XIII

FL 480 TITLE II

I. Country DJIBOUTI

Sponsor's Name CATHOLIC RELIEF SERVICES

A. Maternal and Child Health.....Total Recipients 20,000

No. of Recipients by Commodity	Name of Commodity	(Thousands) KGS	Dollars
20,000	Rice	960	393,600
20,000	Vegoil	240	229,200
20,000	CSM	480	164,160
Total MCH		1680	786,960

B. Monetization .....Total Recipients _____

No. of Recipients by Commodity	Name of Commodity	(Thousands) KGS	Dollars
	Vegoil	210	200,550
Total Monetization		210	200,550

C. Other Child Feeding.....Total Recipients 7,000

No. of Recipients by Commodity	Name of Commodity	(Thousands) KGS	Dollars
7,000	Rice	126	51,660
7,000	Vegoil	31,5	30,082
7,000	CSM	126	43,092
Total Other Child Feeding		283,5	124,834

D. Food for Work.....Total Recipients 4,800

No. of Recipients by Commodity	Name of Commodity	(Thousands) KGS	Dollars
4,800	Rice	259,2	106,272
4,800	Vegoil	43,2	41,256
4,800	CSM	259.2	63,245
Total Food for work		864	210,785

E. Other (Specify).General.Relief.....Total Recipients 3,000

No. of Recipients by Commodity	Name of Commodity	(Thousands) KGS	Dollars
3,000	Rice	144	59,040
3,000	Vegoil	36	34,380
	CSM	72	24,624
Total Other		252	118,044

II. Sponsor's Name _____

Total Value : $ 1,441,173

ANNEX A

A PRIMARY HEALTH CARE STATEMENT FOREWORD

I.	Description of Current Health Situation	1
II.	Current MOH Activities in the Area of Primary Health Care	8
III.	Donor Assistance in the Area of Primary Health Care in Djibouti	17
IV.	Other Organizations Potentially or Actually Working in the Area of Primary Health Care	27
V.	Current Health Strategy of the GROD	29
VI.	Proposed Strategy for Potential USAID Primary Health Care Program	30
VII.	Specific Programmatic Suggestions for the Current CRS OPG	38
VIII.	The Potential Role of PRITECH	40
IX.	Conclusion	45

Annex A

A PRIMARY HEALTH CARE STATEMENT

FOREWORD

The purpose of this annex is to give a general overview of the current primary health care situation in Djibouti in order to propose a general long-term strategy for an eventual USAID primary health care program in Djibouti. Such a program would be a logical outgrowth of ongoing CRS activity under a present OPG. It is anticipated that future program activity would be undertaken through a new OPG with CRS and in collaboration with PRITECH.

Information was collected through a series of personal interviews with both Djiboutians and foreign-donor personnel and through a series of site visits to a variety of primary health care or health related projects and programs. While the information presented is necessarily incomplete due to the limited time available, every effort has been made to give as broad an overview of the Djiboutian health scene as possible.

I. DESCRIPTION OF CURRENT HEALTH SITUATION

A) BIRTH AND MORTALITY RATES

Crude birth rate	20- 25 (per 1000)
Crude death rate	45- 55 (per 1000)
Child mortality (0-4 yrs) rate	232-350 (per 1000)
Infant mortality rate (/ lyr)	125-250 (per 1000)
Neonatal mortality rate	62- 67 (per 1000)

The high infant and child mortality rates are surprising in light of the virtual absence of typical parasitic tropical disease (malaria, bilharzia, intestinal parasites etc) in Djibouti. Childhood communicable diseases (especially pertussis, measles, chickenpox and neo-natal tetanos) also appear to be hyporather than hyperendemic after the vaccination campaigns of the last few years.

The principles causes of child mortality according to official government figures are as follows:

1) diarrhoea diseases (60% of deaths)
2) respiratory infections (20% of deaths)
3) nutritional problems (15% of deaths)
4) childhood diseases (5% of deaths)

B) MORBIDITY

Besides the above mentionned health problems, otitis and eye, nose and throat infections account for a significant portion of consultations of children at dispensaries. The

major adult health problems appear to be under-nutrition, especially iron-deficiency anemia among adult women, tuberculosis, sexual transmitted diseases, especially gonorrhoea, syphilis and leprosy, leishmaniasis and so forth are seen at dispensaries, they are rare and appear to occur principally in people arriving from Somalia and Ethiopia. There is some concern that the rate of malaria infection is on the rise in Djibouti and may have become hypo-endemic, but the evidence for this is scanty.

C) DIARRHOEAL DISEASE

Diarrhoeal diseases account for 30 to 40% of all dispensary consultations in the 0 to 5 year age group. Gastro-enteritis, bacillary disentary and amoebiasis are the most common diagnosis. The primary cause of childhood diarrhoeal disease in Djibouti appears to be the almost universal practice of bottle feeding infants. Over 80% infants are not breastfed beyond 6 months. Al least 20% are breastfed for less than 3 months. Bottle feeding often starts at birth even for partially breastfed infants. While these practices are more common in Djibouti-town elsewhere in the country, bottle feeding is a widespread practice even among nomadic populations here. Apparently, goats-milk is often substituted for formula in rural areas. In Djibouti-town, where an estimated 65% of births occur in medical institutions, the practice of bottle feeding is encouraged by the common practice of separating mother and infant at birth and starting feeding with glucose solutions. Hospitalized children are also often taken off the breast. In addition, all dispensaries, MCH clinics and maternities distribute "Gallia" brand infant formula and even jars of baby food to mothers free of charge, although in theory this distribution is limited to needy mothers who are unable to breastfed. Faced with the dilemna of a high incidence of diarrhoea resulting from incorrect or unhygienic preparation and storage of infant formula and a high percentage of women unwilling to breastfeed exclusively, health education efforts at dispensaries appear to focus rather more heavily on correct preparation of formulas than on the benefits of breastmilk. Further, despite an official govern-ment benefits of breastmilk. Further, despite an official government policy to the contrary (dating from 1982) pre-packaged baby foods are widely advertised and available in even the smallest local stores.

The popularity of bottle-feeding, apparently of long standing in Djibouti-town, appears to result largely from a widely-held belief in the inadequacy of breast-milk as an infant food. Socio-cultural factors may also play a role, as one rarely sees Djiboutian women breastfeeding in public, while a large number work outside the home as petty traders.

A second major cause of the diarrhoea epidemic among young children is the inadequacy of the weaning diet. Weaning usually occurs at around 6 months and weaning foods are usually rice, sorghum or related staples from the family pot, only rarely supplemented by foods with an adequate protein or vitamine content. Maternal ignorance concerning infant (and adult) nutrition appears widespread. Everyone interviewed denied that food taboos played a major role in limiting the choice of foods given to children.

The third major contributing factor to diarrhoea disease prevalence appears to be poor environmental sanitary conditions and ignorence concerning the impact of personal hygiene on disease. While access to potable water is relatively high (an estimated 85% of the urban population, though less than 25% of the rural population), fecal-oral transmission probably occurs during food preparation and consumption. In addition, poor food storage and inadequate cleanliness of ustensils and food containers can also be assumed to contribute to the problem.

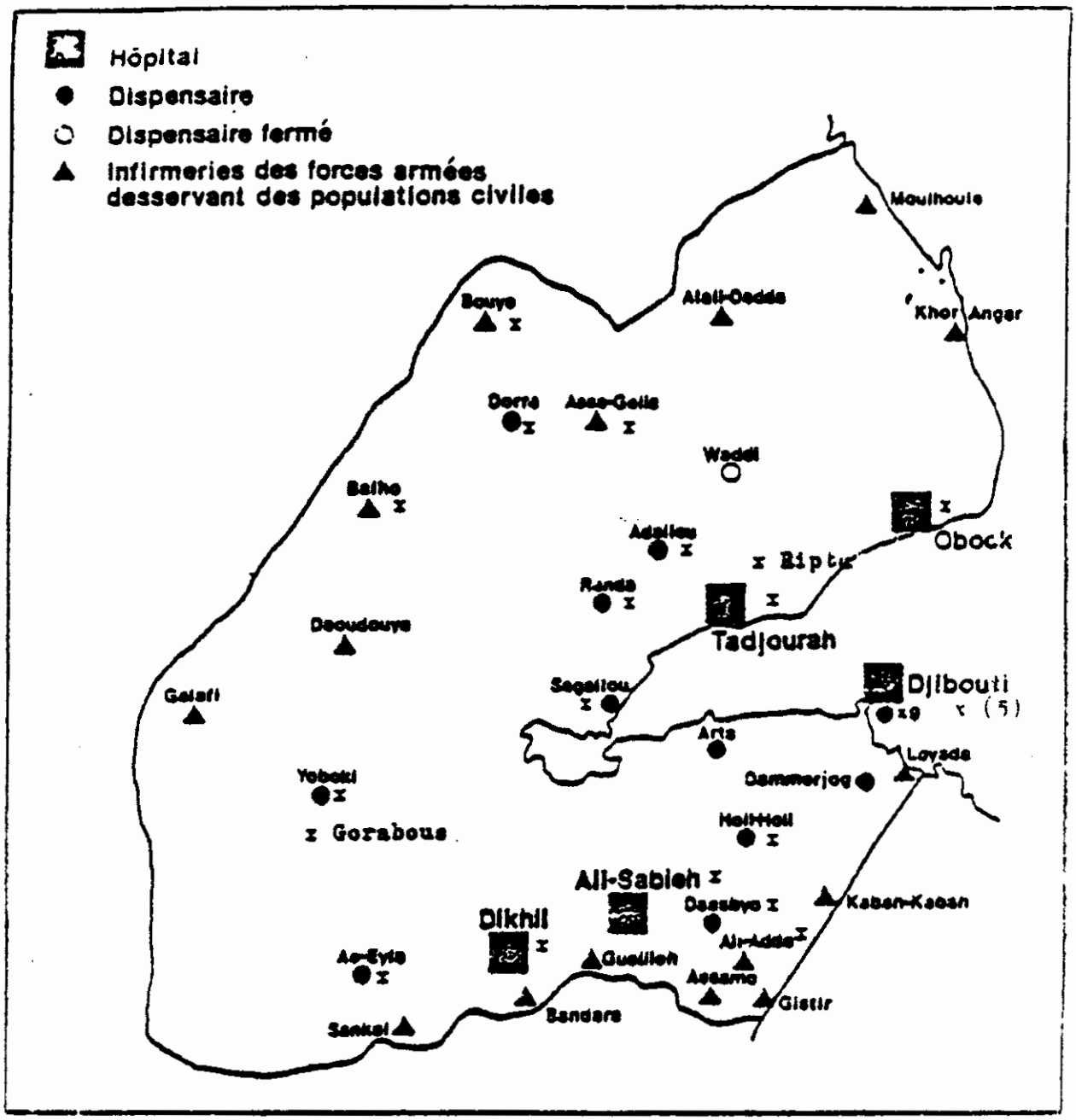
D) MALNUTRITION

Average daily per capita caloric intake has been estimated at 1,500 to 2,500 calories in urban areas and from 1,000 to 1,500 calories in the rural sector. Nomadic populations often only eat one meal a day. The average birthweight is estimated at between 2.500 and 2.800 Kg. Official government statistics state that 13.7% of infants weigh less than 2.500 Kg at birth, while 70% weigh more than 2.800 Kg. An estimated 80% of adult women suffer iron deficiency anemia.

Child malnutrition is estimated at between 40 to 60% of the under five year age group. Mild to moderate malnutrition (between 70% and 80% of standard weight for age) occurs in 30 to 46% of children overall (30 - 45% in urban areas, 43 to 57% in rural areas). Severe malnutrition (less than 70% of standard) occurs in an estimated 12 to 16% of the population. Weight for height statistics present a less pessimistic picture. Acute malnutrition is reported by dispensary personnel to be relatively rare (less than 4 cases per 1000 children under 5 at two local dispensaries). However, as less than 25% of the children are regularly followed in the MCH clinics, actual rates of severe and acute malnutrition may be considerably higher.

E) TUBERCULOSIS

Approximately 2500 new cases of pulmonary tuberculosis are identified annually of which 1800 in Djibouti-town. The case rate is estimated at 1 to 2 per 1000 population. An active tuberculosis control program is being supported by the FAC and WHO. An estimated 35 to 40% of identified cases complete treatment.



F) HEALTH INFRASTRUCTURE

Coverage of the population by medical clinics and trained or semi-trained medical personnel is unusually high for a developing country. Overall between 60% and 70% of the population are estimated to have access to health care facilities: 75% to 80% in urban areas and 30 to 40% in rural areas.

There are 7 hospitals, 21 dispensaries, 15 health posts (run by military nurses), 3 mobile health units and one maternity in Djibouti. There are a total of 1182 hospital

beds. Of these, 3 hospitals, 10 dispensaries, the mobile units, the maternity and 777 beds are located in Djibouti-town, which is not disproportionate if one remembers that at least 2/3 of the population lives here. At least 20 of the hospitals and dispensaries contains MCH centers.

While adequacy of medical supplies and equipment does not appear to be a major problem at these centers, maintenance and upkeep of the facilities seem lacking. Several of the dispensaries visited, notably the ones at Arhiba, Ambouli and Damerdjog appeared to be too small and overcrowded.

Medical personnel consists of 46 doctors (oh whom 30 are expatriates) and 5 "medical assistants", 401 nurses-aides and dressers of various categories, 60 midwives and birth attendants (plus 97 upgraded traditional birth attendants), 29 laboratory technicians in addition to other support personnel. An estimated 90% of the doctors and 85% of the remaining health personnel resides in Djibouti-town. The doctor to population ratio is approximately 1 to 4760 in urban areas and 1 to 20,000 in rural areas.

Although numerous, Djiboutian health personnel are often poorly trained. Only 6 midwives and less that 50 nurses have received professional training at an accredited school of nursing. Most of the rest received their training through a long period of apprenticeship at a local dispensary. Levels of professional skill between and even within various categories of personnel is extremely variable. There are often no clear divisions of tasks or responsibilities between different categories of personnel within the health center setting. Promotion is reputedly based as frequently on the strength of personal ties or simple seniority as on professional comptetence. Morale and motivation are often low.

Several of the dispensaries visited continue to use unpaid "volunteers" to supplement their staff. Relatively uneducated, these young men and women are trained at the dispensaries (primarily by the "watch-and-copy" method) and may continue to work without pay for up to eight years in the hopes of eventually being hired as a full-time permanent employees.

G) NATIONAL HEALTH BUDGET

Over the past five years an average of 8.6% of the national budget has been spent on the health sector. Approximately 62% of this sum is spent on personnel. The average yearly per capita expenditure es estimated at $27. This figure is deceptively low, however, since it does not include the substantial foreign donor assistance to the health sector, primarily by the French government, the Saudi government, UNICEF, WHO, and CRS. The actual per capita expenditures are probably close to $70.

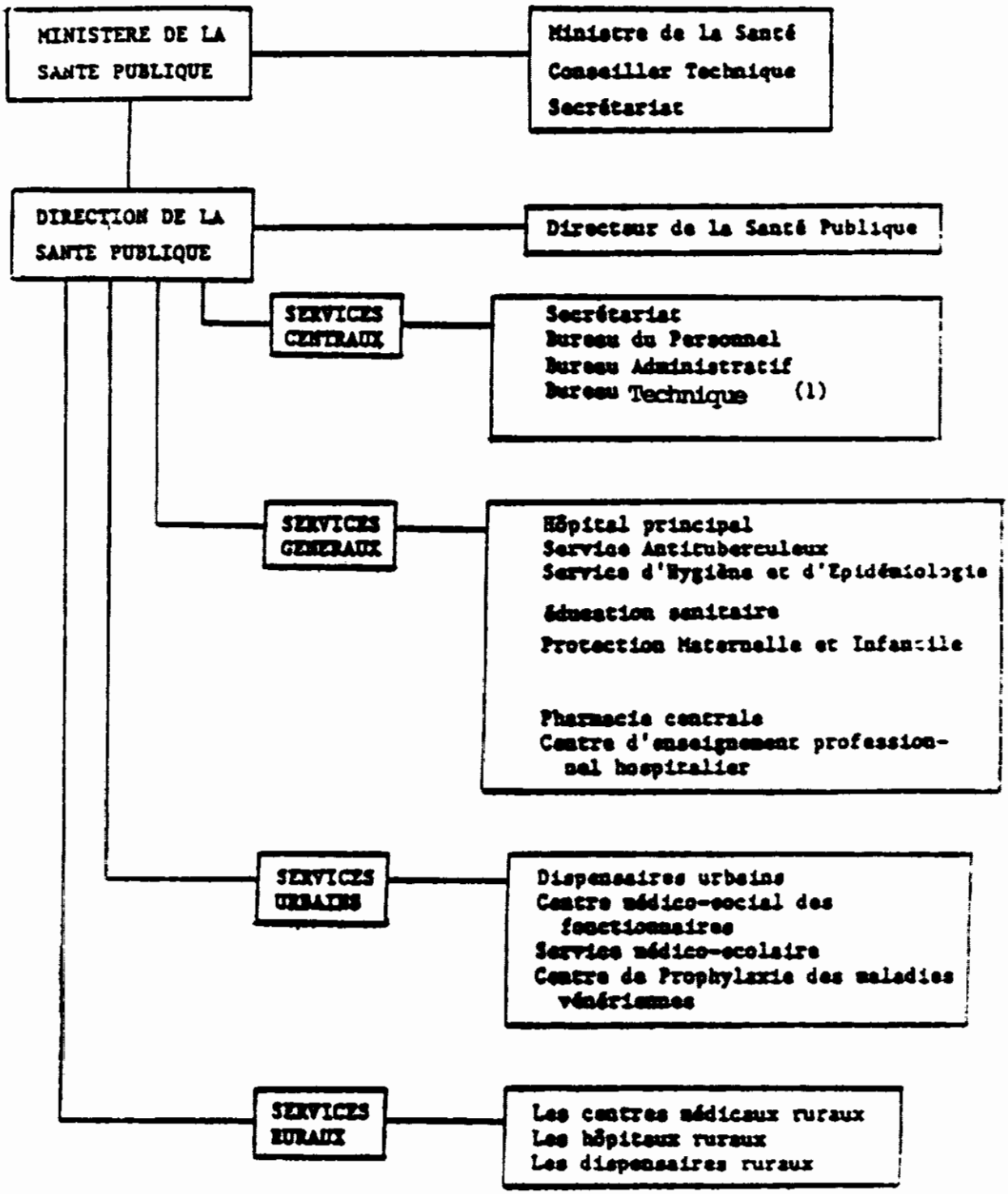
H) MINISTRY OF HEALTH

At present the Ministry of Health upper echelon consists of the Minister, his French technical consultant, a medical doctor who participates in all important meetings and planning activities and a director of Public Health.

The position of the Director of Primary Health Care has been newly created and a dynamic young Djiboutian physician has been provisionally named to the post. His role will be to coordinate all primary health care activities in Djibouti.

Under this upper echelon are four sub-divisions: Central Administrative Services, including the newly formed office of health statistics, Urban Health Services in charge of urban dispensaries, health centers and the (largely defunct) venerial disease control program, Rural Health Services, in charge of rural hospitals and health facilities and General Health Services which includes under its direction not only the central hospital and central pharmacy, but the Service of Hygiene and Epidemiologie, the Anti-tuberculine service, the Direction of Health Education, the Maternal and Child Health Division and the Center for professional training. With the exception of the central hospital and pharmacy and the Hygiene Service (which) is undergoing a major reorganization) the other directions of general Health Services are all less than two years old. The Service of Hygiene and Epidemiology has a staff of 71 hygiene agents of whom not more than 40 are field personnel. The Direction of Health Education has four employees. The staff of the training center consists of 3 Djiboutians and 2 technical consultants.

ORGANIGRAMME DE LA SANTE PUBLIQUE



II. CURRENT MOH ACTIVITIES IN THE AREA OF PRIMARY HEALTH CARE

Until very recently the emphasis on health care activities in Djibouti was almost exclusively on curative medicine. It can be said, virtually without exception, that all primary health activities in Djibouti are in the initial developmental stages.

A) MOTHER AND CHILD HEALTH

Until the initiation, by CRS, of growth surveillance, nutrition education and food distribution in both rural and urban health centers in 1979, mother and child health services in the modern sense of the term did not exist in Djibouti. Currently 20 MCH centers are in operations: 7 in Djibouti-town and 13 in the rest of the country. Starting in 1980, a childhood vaccination program was slowly integrated into CRS center activities. Only now are pre-natal consultations being integrated into the activities of some of the MCH centers. Because of the relative newness of the program, the lack of central, ministry-level coordination of activities and the still strong curative orientation of many of the health personnel, the development of the MCH program remains uneven and sporadic. Nevertheless some excellent beginnings have been made and several potentially valid pilot projects initiated in various local dispensaries.

In late 1982, CRS sponsored the training of 8 Djiboutian nurses at the National Institute of Nutrition and Food Technology in Tunis for a 3 month course emphasizing nutrition, nutritional surveillance and promotion and administrative techniques. In 1983, 6 more nurses attended this program and in 1984 an additional 8 will be sponsored. These nurses are now back in Djibouti, assigned to MCH centers primarily in rural dispensaries. One of these nurses runs a center in the Ali Sabieh dispensary and with the help of the local women's organization has established what may be considered a model MCH program. Two women from each of 11 quarters of the town have been formed into a local health committee which meets regularly with MCH personnel to discuss the concerns of local mothers and to assist in the organization of MCH activities. At the community level, these women organize and encourage mothers to participate in weight monitoring and vaccination activities. Approximately 400 children a month participate in MCH activities. This represents nearly one half of all the children under five in this community. Once a month a health lesson is presented at the center on a topic relevent to the mothers. The lessons are presented in the form of playlets, acted by the women and drawn from real situations in the community. The MCH center collaborates with the adjoining maternity (350 birth/year) to enroll new mothers in the program and to ensure vaccination coverage of women (anti-tetanos) and children. Once a month, the MCH uses the local ambulance to visit four outlying towns tp provide MCH services there.

Of the three persons running the MCH center at Ali Sabieh, 2 are supported entirely by mother's contributions from the CRS program. Only the nurse is paid by the MOH. Of (perhaps incidental) interest is the fact that the responsible physician at this center reported that diarrhoeal disease was of secondary importance in terms of percentage of consultations after pulmonary infections (50% of consultations here), the only health center visited where diarrheoal disease was not by far the most important health problem.

In the Arhiba dispensary, in one of the poorest quarters of Djibouti-town, a program of home visits has been initiated by the supervising (French) physician. Daily, a team of health center personnel visits households in the quarter to follow-up on Tuberculosis cases, malnourished children, children in need of vaccination and pregnant mothers. Both known and new cases are encouraged to go to the dispensary for continued care. Pre-natal consultations have recently been added to the MCH activities of this center. A newly constructed CRS center provided growth surveillance and food distribution. Two members of the staff are volunteers from the community, while the supervising nurse is one of the Tunesia graduates, paid by the Ministry of Health.

The supervising physician (also French) of the Farah-Had dispensary, the largest dispensary (7000 consultations/month) in Djibouti-town, uses the dispensary land-rover to operate a mobile clinic three days a week. Two days a week the clinic visits quarters of Djibouti-town to do growth monitoring, health education and food distribution and once-a-week the team visits rural villages (principally in the region south of Djibouti-town, towards the Somali border). In at least two of these villages health posts have been constructed and Village health workers have been trained (4 months at Farah-Had dispensary). The one room health posts were constructed exclusively with village funds and the health workers chosen by the villagers. These village health posts are visited once a month by the MCH team for the purpose of weight monitoring, CRS food distribution vaccination and health education. The physician accompanies the team to supervise both the village level and the local dispensary health personnel. The team consists of a Tunisia trained nurse financed by MOH, one CRS mothers' contribution paid assistant and two volunteer trainees. Another MOH nurse and CRS paid assistant remain at Farah-Had to implement MCH activities there, pre-natal consultations are currently being integrated into the mobile team program.

The programs of home visiting and mobile clinics significantly expand the "reach" of the health centers into their communities. This is achieved at considerably less cost than would be the case if more dispensaries were built,

staffed and supplied. Similar types of projects are currently being implemented at the Arta and Tadjourah MCH centers and perhaps elsewhere. While these various projects are encouraging and exciting, much remains to be done. Among the problems that need to be tackled are the following:

1) Since there is no clearly elaborated national MCH program, nature and extent of MCH activities are dependent on the dynamism and creativity of the individuals in charge of each center. As a result, each center creates its own program and there is little attempt to duplicate one set of activities in different centers.

2) While a semi-official list of important components of an MCH center has been developped (growth monitoring, pre and post natal consultations, health education, child and maternal vaccinations and food distribution), these elements are incorporated into the programs of individual centers to varying degrees and in varying ways, depending on the interests and biasis of those in charge.

3) Scheduling of MCH activities varies from center to center and is not always organized. In some centers mothers are required to return for curative care, vaccinations, growth monitoring and food distribution on different days of the month or week.

4) As a result of poor organization or activities and complicated administrative procedures, mothers are often required to spend long hours at the MCH centers in order to follow the cycles of activities. Health education session are often eliminated from the program because no time can be found to do them.

5) In Djibouti-town, many mothers visit several centers in order to receive additional food and medicines. Since there is no national child health card, it is currently impossible to follow the consultation schedule of individual children. This problem is in the process of being addressed as will be discussed below. Also approximately 1/4 of the mothers come very irregularly, often disappearing for four months to a year, usually during the summer "hot season" when families move into the interior or go to Somalia and Ethiopia in search of cooler weather or to stay with families.

6) Many mothers appear to think of the MCH centers primarily in terms of food distribution locales, understandably given the history of their development. This occasionally provokes difficulties in the integration of other MCH activities with the CRS nutrition program. Conversely, many dispensary personnel feel that in the absence of the CRS nutrition program, the other MCH activities would suffer a serious setback.

7) Many of the MCH personnel are inadequately trained, especially in the areas of health education, managerial skills and vaccination techniques so that bulk of the work falls on a few people. Division of tasks and responsibilities is not always well throught-out.

DAILY ACTIVITIES

PMIs in Djibouti Town

	Ambouli	Arhiba	Balbala	Farah - Had	Eingueilla	PMI Mobile	SMI N°2
Sat.	Treatment weighing	Treatment Weighing Home visiting	Weighing distribution vaccination	Weighing vaccination distribution demonstration	Distribution of baby formula weighing treatment		Weighing distribution demonstration
Sun.	Treatment weighing Food distribution	Treatment weighing home visiting	Prenatal care	Same	Treatment weighing distribution	Djibouti-town quartier visits weighing vaccinations	Weighing distribution demonstration
Mon.	Vaccination Pre-natal	Vaccination Pre - natal	Weighing distribution vaccination	Same	Treatment vaccination weighing	Djibouti-town quartier visits	Weighing distribution demonstration vaccination (4-6 pm)
ues.	Treatment weighing	Home visiting Treatment weighing Food distrib.	Pre-natal Care	Same	Treatment weighing distribution Arhiba-Eingueila		Weighing distribution demonstration
ed.	Treatment weighing	Treatment weighing Home visiting	Weighing distribution vaccination	Same	Treatment weighing distribution 3, 4, 5	Village visits - weighing - distribution - vaccinations - pre-natal	Weighing distribution demonstration
Thu.	Treatment weighing food distribution	Food distribution home visiting	Weighing distribution vaccination	Same	Treatment weighing distribution 1, 2		Weighing distribution demonstration

From : CRS

B) VACCINATION PROGRAM (EPI)

This program was started in 1979 with the assistance of UNICEF. All vaccinations are still provided by UNICEF. Initially vaccinations were apparently not restricted to specific age groups, but as of this month the vaccination target group has been restricted to children under the age of 1 year. All EPI activities occur at the MCH centers. Up to 60% of the target population (children under 5) are estimated to have been partially immunized, but only 5% have completed the prescribed cycle of vaccinations. All dispensary personnel interviewed claimed to have observed a marked reduction in child-hood communicable diseases over the last year or two. Vaccination or pregnant mothers against tetanos was added to the program in 1982.

While a large proportion of mothers are willing to have their children vaccinated, many are confused about the number of vaccinations required to achieve full immunization, thinking one "shot" is enough. Also since the vaccinations are administred through MCH centers and dispensaries, with regularly monitor less than 25% of the children, the rates of coverage can only be expected to go up if unvaccinated or insufficiently vaccinated children are followed to their homes, as is now being done at a few clinics.

C) HYGIENE AND SANITATION

The Service of Hygiene and Sanitation employs 71 hygiene agents, of whom about 40 can be considered "field agents". They work exclusively in Djibouti-town. Traditionally concerned primarily with vector (primarily mosquito) control using chemical pesticides and with the control of restaurants, this service is undergoing a major organizational change. Since August of 1983, an active program of community level health action has been underway. The stated purpose of this activity is mosquito control, but the effects go well beyond that limited concern. The control of mosquitos appears to be a priority for many Djiboutians. Apparently, when the regular pest control activities of the Service d'Hygiene slackened after independence (and also because of a general growing resistance of insect population to pesticides), an enormous resurgence of the mosquito population occured. Although, in a country where mosquito-borne diseases are not a serious health problem, mosquitos are more a nuisance than a public health threat, the new mosquito control program has used this popular concern to mobilize the urban population to form health committees and participate in clean-up campaigns. Once a week, the hygiene agents visit a different quarter of the city (visiting each quarter at least once every two months) and with the help of the local health committee members, "important" members of the community selected by the local political authorities,

rouse the inhabitants or the quarter to sweep the streets clean, pick up piles or garbage and pour motor oil down latrines and sink-wells containing waste-water. Despite the rather militaristic aspect of the action, local people interviewed felt unanimously that the activity was beneficial to the community and should be continued. Hygiene service personnel claimed that popular participation in the clean-up campaigns has increased dramatically since the inception of the program and everyone notes the significant improvement in the cleanliness of the neighborhoods. While a good start, the following problems need to be addressed if this project is to be broaden into a true community health action program:

1) Currently the people organizing the activities, the hygiene agents and local committee members, are all men while the people cleaning up are almost exclusively women. A few women's union representatives assist in the organization of the clean-up, but do not appear to be among "those in charge" (all of whom wear the bright green hygiene service uniform).

2) The hygiene agents have received little or no training to help them change their traditional role of "law-enforcers" to that of community educators and organizers. The heavy hand of authority is still glaringly more evident than real dialogue with the community. Also, because of the low level of education of many of the agents, it is unclear how well informed they are about health-related problems other than mosquito control and thus how effectively they could expand the educational activities without considerable further training.

3) The health committee members have also received to training, except in the means of mosquito control. Their educative role in the community appears unclear.

4) Bi-monthly clean-up campaigns, while useful, do not address the root of the problem, which is the insufficiency of the refuse disposal system.

It should be noted that the director of the "Cellule" of Health Education collaborates with the Hygiene Service in this project, although he does not appear to have the means at his disposal to elaborate a health education program at this time.

D) TRAINING OF PERSONNEL

1) BASIC TRAINING

The first Djiboutian nurses training school opened in January, 1983 with a class of 24 nursing and 6 midwifery students, all of whom are now in their second year. Half the nursing students are speciallizing in community medfcine and half in hospital care. A new class was to be admitted in 1984. This has not yet occured. The government has recently restricted the number of students to be admitted to the school to a total of 15 per year. Of interest is the fact that students become government employees on the day they enter the school, receiving the salary of a beginning nurse.

The current staff of the "Centre de formation" consists of three Djiboutians and 2 foreign technical consultants. The centre is housed in a small pre-fab building containing two class-rooms and an office. The library consists of three short shelves of books donated by WHO and UNICEF. The students have no books. Course material was either developed by the staff or pieced together from an old teaching materials left over from earlier training courses. WHO is currently assisting the center to develop its curriculum.

2) CONTINUING EDUCATION

WHO is assisting the government in the organi-zation of a series of regional and national level workshops for the nurses responsible for the MCH clinics. Also a trainer of trainers program has been initiated at Balbala health center.

3) TRAINING OF TRADITIONAL BIRTH ATTENDANTS

97 out of 200 identified traditional birth attendants have received a one-week training course to up-grade their skills. UNICEF provided midwifery kits. WHO also sponsors this activity.

As mentioned above, the health care personnel situation in Djibouti is very complex. The danger that with the continued training of "volunteers at the dispensary level and the regular graduation of students from the nursing school, the absorptive capacity of the system may be over burdened. Careful planning of personnel needs, upgrading and standardization of skills of existing personnel and clear

definition and separation of the tasks and responsibilities of the different types of personnel is urgently needed.

4) CHILD HEALTH CARD

The MOH is currently engaged in the development of a child health card, containing birth data, vaccination records, weight monitoring records and a record of curative consultations. The current plan is to incorporate the CRS master chart as the individual child growth chart in the health card. This card will be required for all children between the ages of 0 and 5 visiting any health center for any reason, thus facilitating the surveillance of each child's health status. Mothers will purchase the cards for 100 DF at or soon after the birth of the child.

III. DONOR ASSISTANCE IN THE AREA OF PRIMARY HEALTH CARE IN DJIBOUTI

A) WHO

The staff of WHO consists of three people. The representative and two technical consultants. The 5 components of primary health care strategy for Djibouti according to WHO are:

1) Childhood vaccination through the EPI program. A new EPI program will start in April, 1984. This is the current top priority.

2) Mother and child health care to be integrated into the dispensaries, consisting of:

   a) pre and post-natal consultations
   b) growth monitoring and surveillance
   c) nutrition
   d) health education

3) Control of infections diseases

   a) diarrhoeas
   b) tuberculosis
   c) sexually transmitted diseases

4) Water and sanitation including well maintenance

5) Training of personnel

   a) basic training
   b) advanced (intermediate) training
   c) continuous training of existing personnel through courses abroad or locally held seminars

6) Development of a Khat strategy

WHO contributes primarily technical consultants and, occasionally drug supplies (such as to the anti-tuberculin program). The principal area of assistance, currently, is in the category of personnel training, especially at the level of the nursing school and ongoing training of existing personnel, WHO also contributes to the training of traditional birth attendants. Further, WHO offers organizational and supervisional assistance to the MOH for a diverse range of programs. The WHO program orientation appears to be directed primarily at the medical service sector (i.e. dispensaries). Little is being done to develop a community oriented approach to primary health care nor to encourage inter-ministerial collaboration so as to develop a multi-sectoral strategy.

B) UNICEF

UNICEF currently assists the GROD, primarily through contributions in materials and technical assistance, in the following areas of primary health care:

1) EPI childhood vaccination program (all vaccines are provided by UNICEF)

2) Mother and Child Health Care

- provision of scales, ORS, vitamines, and other supplies to dispensaries
- health education, primarily through CRS: UNICEF contributes to the CRS education activities in girls schools and with the national women's organization (UNFD) - the UNICEF contribution has consisted of the salaries of some of the educational personnel for the fish promotion program run by CRS as well as the salary of the CRS/UNICEF health education specialist and some audio-visual materials. This collaborative effort is currently being renegotiated.

3) Water and Sanitation

UNICEF is collaborating in a multi-donor rural water project. 29 deep bore wells (up to 160 meters deep) have been drilled primarily in the Dikhil/Ali Sabieh area, but also in the north.

4) Personnel training

- UNICEF has contributed books to the nurses training school library
- The midwifery kits distributed to the traditional midwives upon completion of their one-week training course were contributed by UNICEF.

5) Income Generating Activities for Women

- UNICEF has assisted the UNFD in the purchase of knitting and sewing machines for their cooperatives.

The UNICEF program's philosophical approach is more community oriented than that of WHO, but their scope of action is severely limited by the absence of a field staff able to assist in program planning and implementation over the long term. UNICEF is therefore forced to rely on national or other international programs for effective follow - through of activities. Nevertheless, at the level of national policy formulation, UNICEF plays an important, if subtle, role.

C) FAC

FAC is by far the biggest donor in the health sector. Until recently the French have been primarily concerned with curative services, with major inputs into the central hospital, the pharmaceutical division, the tuberculosis control program and 4 urban and 2 rural dispensaries. Personnel inputs include 25 medical doctors, of which 15 are assigned to the central hospital and 18 other medical personnel including pharmacists, nurses, midwives and laboratorians. Currently this strategy is being reviewed with the intention of putting greater emphasis on community health. The FAC has indicated its desire to collaborate with other donors in this area.

D) CRS

Besides the director, CRS currently employs a technical staff of two Americans (agricultural advisor, Food and Nutrition supervisor) and three Djiboutians (a woman MPH, an MD and a school-program coordinator).

Since 1979, CRS has been a leader in the area of maternal and child health in Djibouti. The initiation of CRS weight monitoring and nutrition activities in rural dispensaries in 1979 marked the beginning of MCH activities of any kind in Djibouti.

Currently CRS participates in the following activities in the area of primary health care:

1) Mother and Child Health

In 20 MCH clinics throughout the country (7 in Djibouti-town and 13 elsewhere), CRS runs a food and nutrition program. Participating mothers bring their children (under age 5) once a month to be weighed.

Afterward, in principle, the mothers participate in a health education session and are then eligible to receive a ration of food (rice, oil and corn soy milk) for herself and each participating children at a 100 DF contribution per ration. As stated earlier, vaccination and pre-natal programs have been integrated into this basic CRS program in most of the dispensaries.

Between 8,000 and 10,000 children and their mothers are currently enrolled in the program on a more or less regular basis. This represents approximately 15 to 20% of the entire under-five population of Djibouti. The mothers' contributions pay for the salaries of at least 16 of the total

of about 45 health workers responsible for the running of these MCH clinics. Of the remainder, 20 are paid through the Ministry of Health, 6 through UNICEF, 2 through the Ministry of Labor and 2 through the National Refugee Organization (ONARS). Eight of the MOH employees received special training, through a CRS grant, at the Institute of Nutrition and Food Technology in Tunisia. In addition CRS participates in the activities of 3 MCH mobile clinics, which visit outlying villages, as described earlier.

2) Health Education

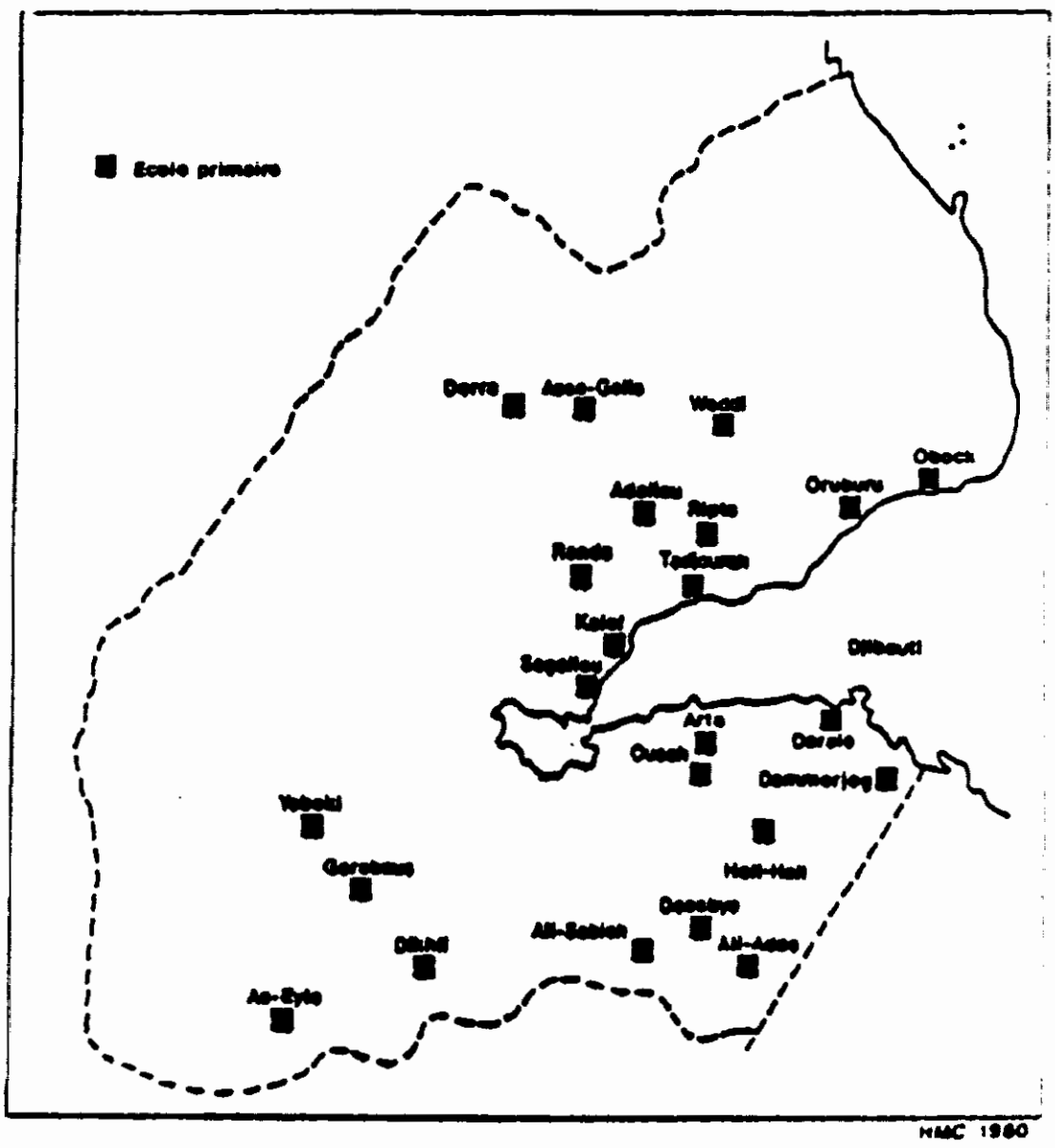
During 1980-81, CRS developed two health booklets concerning child nutrition and hygiene which are still used at dispensaries as reference materials. In addition, with the assistance of UNICEF, a number of posters have been printed concerning the three food groups and the role of growth monitoring in the MCH center which have been widely distributed to MCH centers for use as visual aids. Recently CRS has collaborated with the Djibouti radio station to develop a 3 minute health lesson (in the form of a playlet acted by CRS personnel in local language) concerning the importance of child growth monitoring.

Also, with assistance from UNICEF, CRS has developed and tested a series of three health lessons (the three food groups, breast feeding and weaning, diarrhoea and ORT) for use in girls home economics schools and with women's groups (through the UNFD). These lessons are being presented regularly in at least three girls schools (Foyers Sociaux) to a total of between 150 and 200 teenage girls. Sessions with women's groups occur occasionally on request from the local UNFD chapter.

3) Training of Personnel

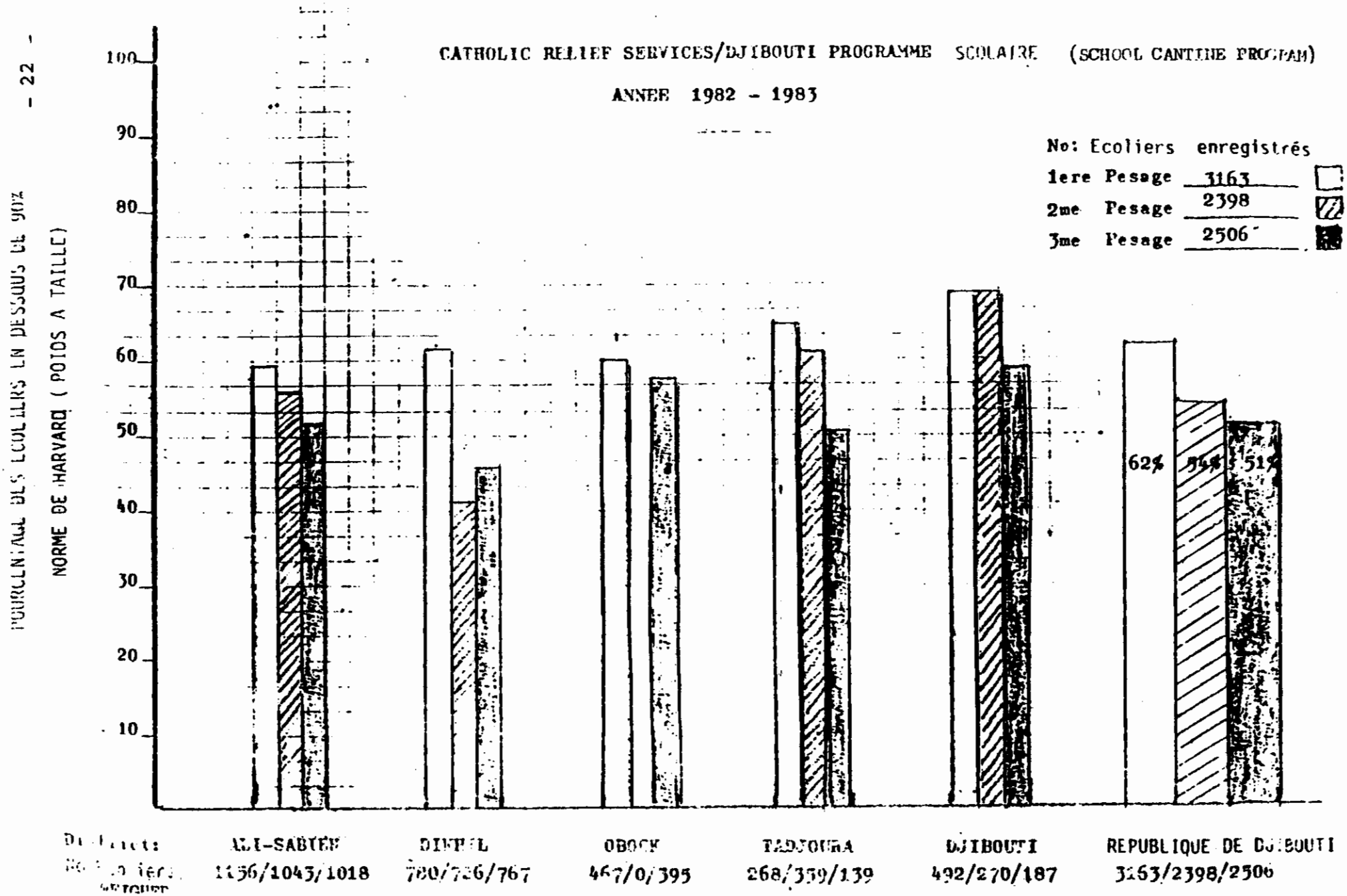
Besides the Tunisia training, CRS has sponsored a number of short (1 to 3 day) workshops and seminars for Dispensary personnel, refugee personnel and, more recently primary school teachers since December 1981. The topics of these workshops focussed primarily on nutrition and growth monitoring. The CRS food and nutrition supervisor regularly works with both dispensary and national level health personnel to improve management of the MCH services and to assist in development of health policies (such as the child health card). This on-the-job training also constitutes a valuable CRS contribution.

Republic of Djibouti
CRS Rural School Lunch Program



4) School Health

In 28 of the 30 rural primary schools in Djibouti and in two orphanages, CRS contributes food to the school cantines to provide meals to needy children. In addition CRS monitors the growth of these children (ages 6 - 14) three times a year. Statistics from these weighing sessions show a clear increase in weight for height of participating children after the beginning of the school year and a drop during the summer holidays. Approximately 5000 children are involved in the program, or about 50% of enrolled children (approx. 15% of all rural children in this age group).


CATHOLIC RELIEF SERVICES/DJIBOUTI PROGRAMME SCOLAIRE (SCHOOL CANTINE PROGRAM)
ANNEE 1982 - 1983
No: Ecoliers enregistrés
1ere Pesage 3163
2me Pesage 2398
3me Pesage 2506
POURCENTAGE DES ECOLIERS EN DESSOUS DE 90% NORME DE HARVARD (POIDS A TAILLE)
100
90
80
70
60
50
40
30
20
10
62%
51%
ALI-SABIEH
1136/1043/1018
DIKHIL
780/726/767
OBOCK
467/0/395
TADJOURA
268/359/139
DJIBOUTI
492/270/187
REPUBLIQUE DE DJIBOUTI
3163/2398/2506

5) Other (Nutrition - related) activities

a) Fish Promotion: Until recently, CRS, with UNICEF collaboration, operated a mobile fish promotion unit which visited health centers and other institutions to teach Djiboutian women to prepare and eat fish. Djiboutians traditionally do not fish nor consume fish, but due in part to the USAID fish project, the fisheries industry is slowly developing and, due largely to the CRS educational campaigns, fish consumption has become acceptable to many Djiboutians. This activity has now been stopped since CRS began introducing CSM (Corn, Soy, Milk) and is currently educating mothers in its use. CRS feels that most interested women are now familiar enough with fish preparation methods that further education in this area is not needed.

b) CRS has started numerous experimental gardening plots throughout the country through its food-for-work program.

6) Future Orientation of CRS Activities, Current Programmatic Issues and Problems

Given the past and potential future leadership role of CRS in the area of primary health and especially mother and child helth, in Djibouti, it would be most unfortunate if CRS were to limit its input to a food distribution and weight monitoring activity. The impact of the CRS program could be vastly enlarged with a relatively limited additional input of personnel material and financial resource if the following current issues and problems were addressed in any future program plan:

In the Area of Mother and Child Health

a) There is concern among many health personnel that the MCH clinics are perceived primarily as food distribution centers by many mothers and that the nutrition activities take up a disproportionate amount of time and energy (especially the food distribution component). While this is natural, given the history of these cenetrs, the current efforts of the MCH to integrate the CRS nutritional activities with vaccinations, pre and post-natal consultations and simple curative care is to be applauded and will re-

quire a change of focus in the CRS program. The degree of emphasis on nutritional activities on the whole needs to be readjusted in line with the broader approach to MCH being promoted by the GROD. Also the importance and manner implementation of the individual components of the nutritional program need to be reevaluated in order to ensure proper support of MOH priorities. (While saying this, it should also be emphasized that many health personnel applaud the CRS program and feel that the MCH clinics could not or would not exist without it.)

b) While in theory the mother'scontributions are to pay for participation in the CRS program as a whole, given the reality of free medical care in Djibouti and the fact of CRS program integration into the Dispensary system, the CRS concept of payment for access to services is contradictory and a bit of an anomoly. This concept sometimes leads to the regrettable denial, by ill-informed or confused health personnel, of other MCH services (such as vaccinations) to mothers who refuse to participate in the CRS program. While the official national policy of universal free medical care may be ill-advised, CRS nevertheless needs to come to terms with this in relation to the function of the mothers' contributions.

c) Mothers often perceive their contributions as payment for food, understandably since one pays 100 DF for each ration. Since some mothers refuse all or part of the food offered and since CRS has observed a decrease in attendance at t the weight monitoring activities, there has been some question as to whether the value of the food offered is "worth" the 100 francs payment. In fact, most health personnel interviewed felt that the value of the oil alone was well worth the 100DF to most poor mothers. For less impoverished women in the urban setting, however, the cumulative cost of transportation and time investments may exceed the value of the CRS ration. The issue is not whether the food ration is an effective or necessary tool to draw mothers to the MCH clinics. There appear to be three categories of women involved in the issue:

    1) poor women who value the food and therefore participate in the MCH program (which they may or may not value in and of itself)

2) less poor women who do not value the food but attend the MCH program anyway (This, it would seem, can only be encouraged)

3) less poor women who dc not value the food and do not attend the MCH clinics (Why ? How to attract them ?)

Two questions are to be considered: 1) What is (are) the most effective tool(s) to encourage mothers to participate in MCH activities on a regular basis and to value them for themselves ? and 2) What is the role of food supplements in the MCH program ? If the role of food supplements is to offer nutritional and economical support to needy families, perhaps their dislected participants (mothers of children with a history of malnutrition, for example) - In this case, though, is it fair that contributions from the poorest mothers should support the salaries of personnel used by all ?

Another related issue is the question of how to combat the impression, apparently current among certain elements of the population, that the MCH centers are "for the poor" - an idea apparently related to the fact of the food distribution and the initial creation of the dispensaries to serve the poorest strata of Djiboutian society. Wealthier Djiboutians use other non-free health facilities.

These questions cannot be resolved by the CRS staff in isolation, but must be discussed and agreed upon with MCH personnel.

4) Current coverage of less than 20 % of the under-five population is clearly insufficient. How can more children be reached?

<u>In the Area of Health Education</u>

a) The number of educational materials at the CRS (MCH) centers are still very limited. There are only two basic posters (and some materials developed by other organizations). The three food groups poster was developed in Upper Volta and shows a very West-African looking mother, and the weight monitoring poster, while attractive, appears to place undue emphasis on food distribution. Also the range of health topics covered is very limited (nutrition, growth monitoring) and needs to be expanded to include information

on other MCH health problems and activities.

b) The range of topics taught at the girls schools and to womens groups are again very limited. More serious, however, is that, currently, all the lessons are taught by the CRS employed Djiboutian doctor. As he can be expected to leave as soon as a job more appropriate to his level of training becomes available, the long term continuity of this program looks bleak. Termination of this activity would be unfortunate as it is one of the very few health activities occuring outside the health center system in Djibouti. It is the only health education program directed at school children. The only solution to the problem of continuity of this project would appear to be the training of teachers and women's group leaders as health educators.

In the Area of Training of Personnel

The only real problems with these activities appear to be the narrow range of topics covered the short duration and limited number of the workshops, the fact that the last one occured nearly 2 years ago and the dependence on CRS staff to conduct the training activities. Expansion and continuation of this aspect of CRS activities is definitely to be encouraged, perhaps training and using the "Tunisia-8" as trainers.

In the Area of School Health

There is no school health education program in Djibouti. The CRS assisted school cantines and weight monitoring program appear to be the only preventive health program at the level of the primary schools. With its good relations with the Ministry of Education, CRS would appear to be in an excellent position to initiate a school health education program, with the long-term objectives of assisting the GROD with the development of a multi-sectoral health strategy.

In the Area of Fish Promotion and Gardening

The fish education program concerned exclusively the preparation and consumption of fresh fish. Since CRS has stopped delivering fresh fish to the rural towns, no fish is regularly

available to the population outside Djibouti. The manager of the fish cooperative in Djibouti-town claims that the cooperative has vehicles that could transport fresh fish into the interior, but that he has received no requests to do so. Also,with 10 tons of frozen fish currently in storage at the cooperative because of the lack of a sufficiently large market, one wonders whether the introduction of smoked or dried fish in rural areas would not make sense. Local people(the UNFD ?) could be taught to smoke or dry the fish, which would then need to be brought in fresh only once-a-week or so.

CRS gardening projects do not appear to have been accompagnied by any nutrition education activities. This possibility should be considered, perhaps in relation to an eventual school garden's project.

IV. OTHER ORGANIZATIONS POTENTIALLY OR ACTUALLY WORKING IN THE AREA OF PRIMARY HEALTH CARE

A) UNION NATIONALE DES FEMMES DJIBOUTIENNES (UNFD)

This non-governmental national women's organization deserves mention as a potentially significant contributor to primary health care in Djibouti. One nurse and a midwife are members of the union and the UNFD has requested that the MCH assign a full time person to the organization to assist in the development of appropriate health activities. In the past the UNFD has participated in child vaccination efforts. Currently health classes are organized periodically for women members with the assistance of CRS.

Founded in 1977 as part of the independence movement, the union currently has approximately 6000 members in 20 chapters nation-wide, including at least one chapter in each quarter of Djiboutian-town. Two representatives from each chapter are members of an advisory board which meets monthly to discuss plans and problems. A five member executive board of well educated women takes care of the daily administrative work. All membership activities and work are voluntary. At the end of 1983 a national seminar was held during which the following five UNFD objectives were delineated:

1) Eradication of illiteracy among women

2) Promotion of mother and child health

3) Promotion of income generating activities for women

4) Promotion of appropriate technologies to lighten the workload of women

5) Enhancing the importance of womens' role in the society

B) NATIONAL RADIO AND TELEVISION STATION

The national radio and television station has in the past produced health broadcasts in collaboration with OMS and with CRS and is very interested in developing additional health programs.

There are two main radio channels: the international (French language channel), which broadcasts throughout the day and the national (or local language) station which broadcasts programs in Arabic, Somali and Afar. The station has a translation service which translate materials from French to local languages. Possible formats for radio broadcasts on helth include:

1) short (3 minute) daily health spots

2) round-table discussions among health professionals

3) special broadcasts concerning health activities (at schools, dispensaries etc.)

4) "flash" (15 second) announcements or publicity spots.

The television station would also be an excellent media for health education. Of special interest is the existance of a theatrical troupe at the studio which could be mobilized to develop health plays, stories and songs in local languages. A popular weekly, thursday night, variety show could provide an excellent forum.

C) MINISTRY OF EDUCATION

While currently no collaborative programs exist between the ministries of health and of education, the potential for such a collaboration should be explored. The Ministry of Education, which has its own school health division (and organizes vaccination activities in the primary schools) is currently collaborating with CRS in the development of a primary school health curriculum. No such curriculum now exists. The CRS-Ministry of Education effort is in its infancy but offers exciting possibilities for the increase of contact between the health centers and the communities.

V. CURRENT HEALTH STRATEGY OF THE GROD

The Priorities of the GROD in the area of Primary Health Care, elaborated in a recent, as yet unofficial, preliminary PHC startegy proposal, can be outlined as follows:

1) Health Education

   a) Training of Health personnel including:

      - continuing education and training of existing personnel
      - basic training (at the Nurses Training Center) of new personnel
      - upgrading of traditional birth attendants
      - selection and training of community health workers

   b) Community health education

      - strengthening of the "cellule' of Health Education to produce appropriate educational materials
      - integration of health education in the dispensary program (home visits, group "animation", counselling)
      - use of the mass media

2) Mother and Child Health

   a) reinforcement of pre- and natal consultations,

   b) nutritional surveillance and the

   c) EPI vaccination program

   d) promotion of breastfeeding

   e) control of diarrhoeal disease and promotion of Oral Rehydration Therapy

   f) strengthening of the statistical data collection system so as to be able to evaluate these programs

3) Control of Transmissable Diseases

   a) control of Tuberculosis

   b) eradication of endemic malaria

   c) establishment of a national program for the control of sexually transmitted diseases

4) Water and Sanitation

a) surveillance and protection of potable water sources

b) reinforcement of local sanitation through community health action

5) Nutrition

Promotion of the consumption of local produces (fish, meat, milk, vegetables, fruits)

6) Organization of a System of Health Care

a) improvement of existing structures

- decentralization and task definition for existing health personnel
- primary health care accessible to the community
- creation of a national health council to develop, plan and coordinate health programs and activities

b) Creation of new health structures including community health committees

c) Evaluation of resources and potential development of tradition medicine

7) Furnishing of Essential Medicines

a) creation of a national commission to establish national pharmaceutical policies

b) public education concerning proper use of medications

c) research of traditional pharmacopia

Many projects and programs have been initiated under each of these priority categories. There remains a need for carefulrplanning and for integration of activities into a co-ordinated health system.

VI PROPOSED STRATEGY FOR POTENTIAL USAID PRIMARY HEALTH CARE PROGRAM

A) GENERAL STRATEGY AND ORIENTATION

The goal of any USAID program in the area of primary health care in Djibouti should be to assist the Government of the Republic of Djibouti in its efforts to develop an integrated national health care program. The primary strategy of USAID to achieve this goal should be the support and reinforcement of existing initiatives and programs through coordination with other donors, specifically WHO, UNICEF, FAC, and CRS and through close collaboration with the Ministry of Health of Djibouti as well as other ministries and agencies either actually or potentially involved in activities related to public health (e.g. the IBRD urban

housing program, the Ministry of Education).

Given the extensive support in terms of long-term technical assistance, medical supplies and equipment, and administrative assistance offered to the GROD by WHO, UNICEF and FAC; given, also, the relatively limited funding currently available to USAID/Djibouti for health programming, and in view of the considerable experience USAID is able to draw upon in these areas, the focus of USAID/Djibouti primary health care activities should be directed primarily to the strengtening of projects in three major categories: 1) health education, 2) health personnel training and 3) community health action.

In the area of health education, USAID might seek to work with the Ministry of Health to develop educational materials including audio-visual aids and lessons plans, adapted to the cultural and epidemiological realities of Djibouti, suitable for the following audiences and settings:

1) The general public: mass media campaign materials (including radio and television emissions, news paper articles, poster)

2) Mothers and Children Participating in the MCH Program in Dispensaries (visual aids, stories, songs, role-plays etc.)

3) Both primary and secondary school children (especially the Foyers Sociaux)

4) Women's groups (through the UNFD), including the development of health materials for use in the women's literacy program

5) Village and urban health committees (in collaboration with the Service d'Hygiène)

6) Youth participating in the "Maison des Jeunes" program

7) Nursing students at the Centre de Formation

The principal topics to be covered by the health education materials should include at least the following:

1) diarrhoea treatment and prevention (oral rehydration using both packets and sugar and salt solutions, appropriate nutrition during diarrhoea, the dangers of bottle feeding, personal hygiene, food preparation and storage)

2) infant nutrition (breast feeding, weaning balance diets)

3) Childhood Communicable diseases (vaccinations, home care for sick children, nutrition during and after illness)

4) Pre and Post-natal care (vaccination, danger signs during pregnancy, nutrition during pregnancy)

5) surveilling your child's health (growth monitering, recognizing signs of health and illness)

6) importance of the MCH program (what is done, why go, where to go, who it is for)

7) Tuberculosis (signs, treatment etc;)

8) Environmental Sanitation (community clean-up, mosquitoe control, appropriate latrines, refuse and waste disposal)

Ideally each of these topics would be covered in an intial mass-media public health education campaign and followed up with activities at the level of dispensaries, schools, community organization and sc forth.

In order to make effective use of these health educational materials many categories of health-related personnel need to be trained in three major skills categories:

1) health education techniques

2) methods of adult education and community organzation (especially training of trainers)

3) management, organizational and planning skills.

At least the following groups of people should be trained in the use of health educational materials and the presentation of health lessons (depending on the previous training of each target group, this may require training in the content areas of the health education topics as well!).

1) All dispensary personnel working in the MCH clinics, specifically including "volunteers" and "assistants"

2) primary and secondary school teachers

3) representatives from the UNFD

4) Service d'Hygiène agents

5) the employees of the Cellule d'Education pour la Santé

6) nursing students

7) selected village health workers or village health-committee members.

In order to affect this training the following groups of people should be trained as trainers (it will then be they who train the above groups);

1) Nurses (and possibly physicians) in charge of the MCH centers- specifically the 8 nurses already trained in Tunisia

2) selected primary and secondary school teachers

3) selected representatives of th UNFD

4) Members of the Cellule d'Education pour la Santé

5) Nursing school staff

6) CRS personnel

These same will need training in management and organizational skills so as to be able to organize their work environment in such a way as to make health education possible and in order to organize the training activities they themselves will lead.

In the area of community health action, USAID might support in any way possible for their own health. Specifically, the following activities could be supported:

1) The mobile MCH units which visit villages and quartiers of Djibouti - town.

2) The Service d'Hygiène activities in the quarters of Djibouti - town

3) Training of village health workers and creation of village health posts

Support of these activities could includ:

1) Training (as discussed above) of those responsible

2) Materials and equipment (vehicles, PL 480 food, educational materials, waste disposal cans etc.)

As part of the activities described above, USAID could assist the gouvernment, wherever possible, in improving the management and planning skills of health personnel. At the dispensaries and clinics, this would include the organization of daily activities to reduce waiting time for MCH participants, to reduce the number of times mothers have to return for different services and to ensure adequate time for regular health education. Also included would be those aspects of personnel management which are likely to increase motivation and creative problem solving skills among health workers. Finally improved management and maintenance of materials, records and physical structures needs to be considered a

priority. At higher management levels, USAID might assist those in positions of authority to improve overall planning of personnel systems: clear delineation of tasks and responsibilities of various categories of personnel, careful planning of new recruitment of both trained and untrained personel at all levels. Finally, increased standardization of services, schedules and procedures, while allowing for sufficient creative flexibility, needs to occur.

Beside these major areas of focus outlined above, USAID should also consider the following specific interventions:

1) Assist in the upgrading of certain existing dispensaries for exemple (Arhiba, Ambouli, Damerdjog) by providing up to $ 25,000 finacial credit upon the presentation and approval of appropriate plans

2° Assist the Nurses training center in the development of a library through the provision of a small fund for the purchase of books and reference materials. Also assist the center staff in the development of a satisfactory management and evaluation system, perhaps through the provision of a short term consultant.

3) encourage local self-sufficiency by developing a local potential for the production of ORS salts and by studing the possibility of developing small fish smoking or drying centers (individuals or cooperatives

B) POTENTIAL USE OF PL-480 FOOD IN THE HEALTH SECTOR

PL-480 is undeniably a useful, valid and desirable input into the MCH system and the primary school health initiatives. Not only does the food represent a substantial nutritional support to malnourished children which, given the high percentage of malnourishment in Djibouti, has a substantial impact on overall child health, but the food programs provide access to the health and school systems which permits the development of broader program. It is also true that the current PL-480 inputs need to be reevaluated so as to permit a greater integration of the program into the developing national primary health program and a greater adaption to Djiboutian realities. While any detailed proposals in this area are premature and will depend on the outcome of the planned social attitudes study and CRS evalutation, the following suggestions shoud be taken into account at that time:

1) The target population for the MCH food program should include program women. Undernutrition among this population is a serious problem and indeniably contibutes to the high neo-natal mortality rate. Because of the high level of iron-deficiency anemia among

women, the addition of an iron-rich food (lentils?) to the ration should be considered. The inclusion of pregant women in the food distribution program would also constitute a valuable support to the intergration of pre-natal.

2) The upper age limit of participating children at the MCH centers should be reduced from 5 to 3 years. Because of the generally young age of weaning, the nutritionally vulnerable age group is younger in Djibouti than in other African countries. Children between the ages of 6 months and 2 years can generally be considered most vulnerable here, especially considering the prevalence of bottle feeding this age group and the importance of this practice as a causal factor in the high rate of diarrhoeal disease. The reduction fo the age limit of this target group may also ease the logistical burden which the food distribution program poses on the MCH health staff.

3) A further limitation of the target population to those mothers and children with a history of nutritional problems and/or those below a cetain icome level (as determined by residence, for example) should be considred in the interest of increasing the program's impact on the most needful elements of the population while concomitantly reducing the administrative and logistical burden.

4) The school feeding program should probably be expanded to include the urban primary schools especially in the poor quarters of Djibouti-town in order to improve the nutritional status of poor urban children, who are often more nutritionally deprived than rural children (Also probably 1/4 of these children leave the city during the summer months to live with their families in the rural areas negative consequences observed among the rural children at this time). An urban school feeding program would also support an eventual primary school health education program here.

C) SUPPORT TO SPECIFIC OTHER DONOR PROGRAMS

Within the context of the general health startegy described in section VI A, USAID might consider supporting the following specific other-donor programs

1) The IBRD housing and urban development project:

The IBRD/HUD project aims, among other things, to ameliorate housing, water supply and wast disponal systems and public health through the infrastructural improvements in the "Old Districts" and spontaneaous (refugee) housing areas in the city of Djibouti. These areas comprise approximately 80 % of the population of Djibouti-ville and 53 % or the population of the entire country.

As the major health problems in Djibouti are almost exclusively those primarily related to poor sanitary, hygienic and nutritional conditions, child mortality and morbidity rate be significantly improved by environmental improvements accompanied by appropriate changes in health behaviors.

Municipal level infrastructural improvements already incorporated into the HUD(IBRD) project (drainiage, garbage collection and water supply systems) will have a positive impact on the health status of the target community only in so far as these systems are appropriately used and maintained by the people of the community. Reliance on the maintenance and management capacity of the government services has traditionally proved problematic in Djibouti as witnessed by the degeneration of the existing refuse collection system.
Appropriate use of water and sanitation resources does not occur automatically with their installation. Knowledge and understanding of the interaction between lack of hygiene and disease at the community level are a precondition to effective use.

Infrastructural improvement need to be reinforced by a community-orientated health action program if the desired health impacts are to be achieved. The goals of such a program would be the following.

a) to encourage the target communities to organize themselves to ensure the environmental hygiene of their district through regular clean-up actions and surveillance of the appropriate use of garbage disposal facilities, perhaps by the provision of smaller garbage cans at each street corner and regular street cleaning actions

b) to educate community residents about the importance of proper storage and use of water, latrine maintenance, garbage disposal and home hygiene in relation to personal health maintenance

Several preconditions exist in Djibouti that would make such a community-oriented health action program possible at a relatively low level of cost

a) the active community sanitation campaign organized by the Hygiene service

b) the high level of access to modern mass media and the interest of the radio and television station in health education programming

c) the existance of organized UNFD chapters in all quarters of Djibouti-town

A communtity health action component related to the HUD project would potentially include the following activities:

a) training of the Service d'Hygiène agents and UNFD members in community organization and health education techniques

b) training of community health committee member in simple organizational and planning skills as well as health education

c) development of a multi-media health education package, including radio and television emmissions as well as community level educational sessions emphasizing: community sanitation, water storage and utilization, home hygiene and maintenance and improvement of latrines.

2) The UNICEF sponsored Rural Water project.

UNICEF is currently studying the possibility of developing a health and sanitation component to it's rural water project (29 deep bore wells in both urban settlements and rural/nomadic areas. USAID should assist in this effort, using the extensive experience and resources of the W.A.S.H. project.

VII. SPECIFIC PROGRAMMATIC SUGGESTIONS FOR THE CURRENT CRS OPG

We believe that as a logical outgrowth of its current activities in Djibouti, CRS would be an ideal agent for implementting the herein proposed USAID primary health care strategy, which to a considerable extent was formulated in dialogue with CRS/DJIBOUTI. In any case, CRS has indicated its interest in developing a proposal for a new OPG along the lines of this strategy.

In order to prepare the way for a reorientation of the CRS program in link with the USAID proposed health strategy proposal by putting increased emphasis and resources into those aspects of the current CRS program which are oriented toward broad based primary health care (not excluding nutrition), the following activities are suggested during the current OPG/

A) Health Education and Personnel Training

1) With representatives from the Cellule de l'Education pour la Santé, the UNFD, the Ministry of Education and MCH centers (eg. "Tunisia" nurses) and with the possible assistance of PRITECH consultants, CRS should revise, edit and further develop the existing health education materials so as to adapt them to the needs of the target groups outlined in the proposed USAID strategy. The revised materials should include a variety of educational techninques such as picture series (flip charts), dramas, stories, songs, games, radio annoucements and publicity "spots", posters and so forth. Concentration on educational materials concerning infant diarrhoea and child mutrition, with two or three well developped lessons in each area (see USAID strategy section VII A for suggestions about content) is recommended.

In order that the materials development group work together effectively, initial working sessions may have to take the form of a workshop (conducted by a PRITECH health education specialist ?) during which educational methodologies and techniques, the adaptation of educational materials to various target audiences, the adaptation of materials to local circumstances and the need for pre-testing of materials are discussed.

2) With the possible assistance of PRITECH, a simple testing strategy should be developed in order to pre-test the materials with each of the different target audiences. No attempt should be made to publish, print or finalize the materials until after a considerable effort has been made to pre-test and revise all materials initially developed. Selected target pilot audiences should be identified, first for a quick initial pre-test and, after initial revision of the materials, for a more prolonged and intensive testing period (a few schools, a few health centers a few health committees, a few UNFD chapters).

3) Prior to the more intensive testing activities, a training of trainer workshop (one week or so) should be organized for all those who collaborated in the development of the materials. Possibly one or more CRS staff members could participate in a Peace Corps TOT (in Kenya ?) so as to function as co-trainers for the rest of the group. The materials developers would then be in a position to train selected educators in the use of the materials for the different pilot audiences (again with PRITECH assistance).

4) The trained educators would then use the materials for a period of time in their institutions, with occasional observers from among those who developped the materials. Toward the end of the current OPG all these people would come together for a 2 or 3 day workshop to revise the materials and to suggest a priority list of new topics to be developped.

These preliminary activities would set the stage for expanded training and materials development activities, with USAID support during the next OPG, should CRS decide to continue its efforts in this direction. At that point the CRS staff would need to be expanded by at least one full time health educator/trainer.

B) Maternal and Child Health

CRS should engage in intensive dialogue with MCH health staff and with eventual MOH Director of Primary Health Care to assist in the design of a standard MCH program and to define the role of PL 480 food distribution, mother's contributions and other CRS activities within the context of an integrated program. The logistical and philosophical question outlined in sections III A and V A should be addressed in these discussions.

C) Fish Promotion

Discussions with the fishing cooperative, the UNFD (in relation to their appropriate technology concerns) and other possibly interested parties should be initiated concerning the possibility of developing a local industry for the smoking and drying of fish. Possible tie-ins of such an activity with the school feeding program and the MCH food distribution program should be considered.

VIII. THE POTENTIAL ROLE OF PRITECH

A) There appears to be an interesting potential role for PRITECH to play in our PHC strategy, primarily one in which PRITECH could provide, technical support to the CRS effort. Although we believe pritech in support of an eventually expended CRS initiative, should take Djibouti into consideration with an as broad as possible approach to PHC, with special emphasis on planning management and training, we believe infantile diarrhea contral to be a logical focal point for PRITECH involvement.

B) Djibouti should be considered for substantial pritech inputs for the following reasons:

1) Diarrheal disease is the principle problem in Djibouti accounting for an estimated 60 % of child (0 TO 5 years) deaths.

2) Childhood malnutrition effects between 40 and 60 % of the under-five population and accounts for 15 % of child mortality.

3) Diarrheal control and the promotion of breast feeding (in a country where at least 80 % of mothers bottle feed their children) have been officially the national health strategy.

4) Other major donors (UNICEF, WHO, FAC) strongly support a variety of reasons, are currently not in a strong position to give directional guidence to develop a coordinated national program.

4) USAID is in a position to exercise significant influence on the development of this important primary health care sector with relatively limited TA and financial imputs because of the leadership role Americans (through CRS) have already taken in the area of mother and child health in Djibouti, because of USAID's lack of other commitments and conflicting demands in the health sector, because of excellent working relationships with the other donors and because of the relatively small size of the MOH.

5) The health sector in Djibouti is currently undergoing a period of extremely rapid change and development as the MOH is taking its first steps toward the development of a national health plan with many small experimental and innovative health project. Actions and initiatives are being undertaken through various agencies and organizations. However, co-ordination and integrated planning of theses activites is lacking. A well conceived diarrheal control program could pull these initiatives together into a high impact program which has the potential to significantly affect GROU health policy evolvement.

6) The potential impact of a well-conceived diarrheal control strategy is greatly enhanced by the following factors :

- Approx. 60 % of the estimated 330,000 population of Djibouti is concentrated in Djibouti.
- At least 70 % of the population of Djibouti and at least 85 % of the population of Djibouti town are within easy access of of a health center or dispensary.
- There is an unusually high health personnel to population ratio (1 to 840)
- At least 30,000 people in Djibouti-town have televisions in in their homes. Almost everyone owns a radio. The national radio and television station is highly receptive to the idea of educational and health program broadcasting
- The use of ORT in diarrhea therapy is well accepted by most health personnel and UNICEF donated ORT packets are always available, free of charge, in all dispensaries
- Numerous organizations and institutions with a genuine interest in health promotion could be harnessed to increase access to the population : the national women's union (6000 members in 20 chapter throughout Djibouti), the primary schools (over 20,000 students), the Foyers Sociaux (girls's training), the Maisons des Jeunes (National Youth Centers, and numerous district health committees.
- The Republic of Djibouti offers excellent research opportunities potentially applicable to the development of diarrhea control programs for both urban and nomadic populations in other countries due to the small size and high degree of concentration of the population of Djibouti,
- The great epidemiological significance of diarrhea in the overall health picture due to the relative lack of epidemiologically complicating factors in general (mutual absence of "parasitic tropical diseases" and low rate of childhood communicable disease - after diarrhea, the major child illnesses are pulminary infections, otitis and eye infections).
- The relative cultural homogenity (only two major ethnic groups)

3. In the absence of significant case rates of the traditional "tropical diseases" (there is little or no malaria, bilharzia, etc. in Djibouti and currently relatively low levels of childhood communicable diseases (due, in part, to intensive control efforts of UNICEF an WHO - supported EPI programs), diarrheal disease constitutes the number one health problem in Djibouti. A least 30 % of all dispensary consultations and approximately 60 % of all deaths in the under five population are attributable to diarrheal diseases. In addition, up to 60 % of the 0 to 5 years age group is estimated to suffer from malnutrition (less than 80 % of standard weight for age). Up to 16 % are estimated to be severely malnourished(less than 70 % of standard weight for age. Although weight for height statistics reveal less pessimistic picture). Although acute malnutrition (primarily of the marasmic type) is reported be relatively (less than 4 cased per 1000 children under five), the fact that 70 % or more of children under five are not regularly monitered by MCH

personnel leads one to suspect that actual incidence of all forms of malnutrition may be considerably higher and estimated 15 % of all child deaths are attributable to nutritional problems. Estimates of infant (0 to 1 year) mortality in Djibouti range from an average of 125 per 1000 (UNICEF estimate) to 250 per 1000 (official grod estimate) of which 67 per 1000 are neonatal deaths. Child mortality (0 to 5 years) estimates range from 232 (UNICEF) to 350 (GROD) per 1000.

4) The high rates of diarrheal and concomitant nutritional illness are attributable primarily to the following factors (in order of importance):

1) An estimated 80 % of infants in Djibouti-town (where 2/3 of the Djiboutian population lives) are not beastfed beyond the age of 3 to 6 months. Bottle feeding often starts at birth, encouraged by the common practice at local maternities (where approximely 65 % of births in Djibouti-town occur) of separating mother and infant at birth and commencing feeding with a glucose solution. Also, infant formula and jars of baby food (Gallia brand) are available at all dispensaries and MCH clinics, free of charge, supposedly to "Poor mothers who cannot breastfeed". Despite an official government policy to the contrary, these foods are widely advertised and sold in even the small local stores. The popularity of bottle feeding, apparently a long-standing practice here, appears to result largely from the widely held belief that mother's milk is an inadequate food for infants. Socio-cultural factors may also play a role, as one rarely sees women breastfeeding in public. While perhaps 50 % of Djibouti women work outside the home, often as petty traders. Inadequate and unsanitary preparation and storage of infant formula is considered, by most dispensary personnel, to be the primary cause of infant diarrhea. The response to this has been largely educating mothers to prepare and use formula correctly, while encouraging breastfeeding.

2) Weaning, occuring typically at 6 months, is accomplished by an introduction to the family diet consisting largely of rice, bread and noodles-unaccompanied by vegetables or proteins of any kind (average daily pereapita ealaric consumption in the urban areas has been estimated at between 1,500 and 2,500 calories, 1000 to 1500 calories in rural areas.

3) While access to potable water in urban areas is close to 85 % (15 % in rural areas), sanitary and hygienic conditions are poor. Certain parts of the city are regularly flooded during the rainy season, causing faulty latrines to overflow into the steets.

4) With few exception, efforts at health education of the public have been limited to one-to-one consultations by dispensary personnel. There is widespread ignorance about the causes and treatment of diarrhea.

5) While efforts to control diarrheal disease have been largely limited to the distribution of ORS salts to all dispensaries and dispensary- level advice giving, there is growing awareness of and concern about diarrheal disease at the level of the MOH and other medical personnel. The control of diarrheal disease and the promotion of breastfeeding have been prominently listed among the top priorities in a recent MOH national health strategy proposal. Representatives of UNICEF, WHO and FAC, who have a significant impact on health programs in Djibouti, have made strong public statements in support of this strategy.

6) Current or planned programs addressing these issues include the following:

   1) UNICEF provides ORS salts to the MOH for disbribution to all dispensaries and clinics, at least 65 % of the population has relatively easy access to medical facilities. All drugs (incl. ORS) are provided free of charge and there do not appear to be major problems with drug supply or availability. While little education accompanies the distribution of ORS salts, they constitute part of the accepted regular treatment of diarrhea in all clinics (along with caritas-supplied rizine and sulfamide drugs).

   2) CRS has developed some educational materials for use in MCH clinics, girls schools and women's union groups. A CRS employed Djiboutian doctor currently visits several girl's schools and women's groups on a fairly regular basis for educational activities emphasizing proper infant nutrition (including breastfeeding) and the use of ORS packets to control diarrhea. Educational activities at the level of the MCH clinics are sporadic but do occur.

   3) Within the context of the planned IBRD housing and urban development project improvements in waste and refuse disposal and water systems have been planned for several of the most needful neighborhoods of Djibouti town (see reftel D.)

   4) UNICEF sponsors an active rural water project to which it plans to add a sanitation component.

   5) The hygiene service is engaged in a community clean-up and educational program, partially implemented through newly formed community health committees in quarters of Djibouti-town.

7) Unfortunately, these efforts are punctual and poorly co-ordinated. They are not intergrated into a national diarrhea control program.

8) A diarrhea control program for Djibouti would potentially include the following components:

   1) The development of multi-media health education campaign strategy and materials development including mass-education materials for radio and television, press releases and posters as well as audio-visual aids and lesson plans for use at schools, youth

centers, women's meetings, dispensaries and village and quartier-level meetings (and traditional birth attendants). Subject matter should include breastfeeding, ORS, weaning and infant nutrition, personal hygiene and sanitation.

2) Training of trainers workshops in health education techniques and campaign content for primary school teachers, dispensary personnel, youth leaders, women's group representatives, hygiene service personnel CRS personnel community health committee representives, and MOH health educadors.

3) "Diarrhoea workshops" for MOH supervisory personnel, nursing school students and Ministry of Education personnel

4) Provision/ development of educational materials concerning diarrhoea disease and ORT for the nursing training center

5) Local production of ORS salts possibly through the UNFD (National Women's Union)

6) Promotion of breastfeeding and discouragement of bottle feeding through development and implementation of official legislation.

7) Assistance to MOH personnel at the health centers and dispensaries to improve overall management and organizatioanal skills (perhaps through a series of workshops) to encourage integration of primary health care services including vaccinations, pre and post natal care, nutritional supports, growth monitoring, health education and home visiting (these last two are often eliminated due to organizational and time restraints). Inclusion of management training in the nursing school curriculum would also be useful.

IX. CONCLUSION

The current situation in primary health care in Djibouti is one to be expected at the initial stages of programmatic development. Diverse, innovative, and potentially high impact initiatives are being undertaken in multiple programmatic areas, by many individuals and organizations. These diverse projects and activities suffer from a lack of overall coodination, integration and long-term planning. With the current, initial efforts of the Ministry of Health to design a national health strategy and plan and given the high level of existing infrastructural and personnel resources, the potential exists to create a highly effective national primary health care system in Djibouti. During this period of rapid programmatic development and change, USAID can make significant contributions, even with limited financial imputs, through a program strategy which emphasizes the support of existing national and other-donor initiatives especially in the areas of health-education and related training of both the general public and health personnel and of managerial and planning assistance directed at the intergration of diverse pilot activities into a coordinated program. This latter can be achieved through managerial training of health personnel and regular collaboration with the MOH in the development of national policies and strategies. In order to complement existing other donor imputs, USAID can have the highest impact by providing regular technical assistance with special emphasis on training, educational materials development and program planning, supplemented by materials imputs in support of health education activities and community level health project.

ANNEX B

THE AGRICULTURE SITUATION IN DJIBOUTI

Introduction 1

Climate 2

Water and Soils 3

Human Resources 6

Institutional Resources 7

Food Requirements, Imports and Prices..... 14

Past and Present Agricultural Experiences 17

Economic Considerations 18

Conclusions and Recommendations 22

Sub-Annex B (1) Extract from FAO Report ..... 1 - 6

Sub-Annex B (2) Extract from UNSO Report ..... 1 - 8

ANNEX B.

THE AGRICULTURE SITUATION IN DJIBOUTI

INTRODUCTION

Djibouti is a small country situated on the Horn of Africa, whose economic viability is dependent primarily on its railroad and port. The recent Ethiopian-Somali conflict has disrupted rail services and as a consequence reduced the effectiveness of the Djiboutian port which flourished primarily on rail traffic from Ethiopia.

With little agricultural activity, approximately 97 % of the nation food supplies are imported, primarily from France, Ethiopia and Kenya. Traditionally a nomadic population, even those people who have become settled have kept small numbers of animals. Where gardening exists, these animals serve as a limited source of manure. To reduce its dependency on uncertain supplies of imported foodstuffs and reduce expenditure of limited foreign capital, the government of Djibouti through the Agricultural Service has set the following agricultural objectives:

(1) The creation of a modern and competitive agricultural base which will supply the national market with locally produced fresh fruits and vegetables; and,

(2) The creation of food self-sufficiency in these areas thus improving the well being of the urban and rural poor through better nutrition and increased income.

The purpose of this paper is to assess the existing physical, human and institutional resources available in the Republic of Djibouti and how they may be applied to the development of small scale agriculture. Considerations have been given to local market conditions and technical issues which may pose certain limitations to this development.

CLIMATE

The Republic of Djibouti is an arid country characterized by weak and irregular rainfall, high temperatures and evaporation. The maximum annual rainfall (200 - 300 mm) is found in the area west of Tadjourah in the Goda mountain range. From there towards the north-east, precipitation rapidly decreases to about 50-100 mm along the shore. In the north central region of the country around Dorra and Balko, annual precipitation averages between 100-150 mm while the Hanle and Gobaad plains receive about 150 mm. In the southern coastal region, precipitation increases from 130 mm at Djibouti and Loyada to about 200 mm around Arta and then decreases again as one goes west to less than 150 mm.

Generally speaking, easterly winds are dominant during the winter months and rains generally occur east of a line passing from Ali-

Sabieh to Assa-Gueyla. During the summer, storms occur along the western margins of the country. As a whole, geographical distribution and annual totals.

The average temperature is high during the entire year everywhere in the country. In the lower altitude areas, the average daily temperature during the month of January is 25°C, while in July, the hottest month, temperatures average 34°. During the hot season (June - August) temperatures on the order of 40 - 45°C are common. In the regions of higher altitude, temperatures are relatively low. During the summer, sunshine is intense and winds are regular and strong. As a consequence, the evaporation rate is high, at about 1,849 mm/year, or 5.1 mm/day along the Djibouti peninsular.

The hydrographic system is divided into two distinct parts:

(1) the network draining towards the sea; and,

(2) the network draining towards the plains in the west of the country.

The entire system functions intermittently with strong precipitation (over 10 mm) giving rise to flash floods that last for several hours.

Approximately 45 % of the total surface of Djibouti drains toward the sea through the Weima and Sadai wadis in the north and the Ambouli, Atar and Wakayyi wadis in the south. The western part of the country is influenced by a series of basalt plateaus and the depressions separating them. The mountainous regions drain toward the Gobaad, Hanle, Grand Bara and Andaba bassins or the permanent lakes of Assal and Abbe. The principal wadis of these zones are the Chekheyti and the Gobaad.

The effect which climate will have on the future of agricultural development in Djibouti will reflect the differences that exist between the northern and southern parts of the country. The higher elevation of the mountainous regions of northern Djibouti and their relatively lower temperature complement the south and its two distinct warm and hot seasons. Given suitable soil and water, however, both regions can be considered as being climatically favorable for agricultural production during specific times of the year. The important factor to be considered is what months of the year in each area are best suited for growing different crops.

While the southern low lands are experiencing their hot season, limiting gardening output to the production of melons, cucumbers and other heat tolerant vegetables (if continued irrigation and production proves feasible) the higher elevation regions around Randa have the potential for increased production of tomatoes, eggplants and carrots, supplying the market during a time when prices are high and production in the south is low or inexistent.

WATER AND SOILS

Water is the most important factor in agricultural production in Djibouti. Its use in irrigation depends essentially on two factors:

(1) the quantity of water available; and,

(2) the quality of the water.

Large quantities are required for successful agricultural production over several months ranging from 45 m3/day/hectare at the Red Sea Mission to 120 m3/day/hectare - at the Attar experimental station. The quality must be high to prevent excessive salt accumulations in the soil.

To assist in developing a successful long term agricultural strategy, the government of Djibouti requested USAID's help in assessing the nation's water and soils resources. Major work was conducted over a two year period. The soil survey financed by USAID was conducted by the Resource Development Institute and led by Dr. Richard Goebel. The water survey, done by a German technical and cooperative agency was led by Dr. W. Miller. His studies indicate that there are two sources of water which can be considered for irrigational purposes in Djibouti. They are the deep aquifers which are the result of hundreds of years of accumulation and the sub-surface sources which are located just beneath ground level in the deposited alluviums. However, because of high concentration of boron and other elements, the temperature of the water, costs to retrieve it and potential environmental hazards of tapping deep aquifers, they have been judged unsuitable for agricultural purposes. Therefore, any water used for irrigational purposes must come from alluvial sources which are replenished annually.

There are basically four types of locations where alluvial water suitable for agricultural use is accumulated in Djibouti. The first is in area where rainfall occurs on mountains of over 900 meters altitude. It rains often in these areas and floods replenish the water in the Weima, Sadai, Gobaad, and Hanle wadis. The second place is the wadi channels in the interior of the country. After flooding, the water rapidly infiltrates and, if the alluvium is thick enough, a temporary reservoir is established which can be used to irrigate crops. A third site for collecting water is at the foot slopes of the mountains where sheet and gully erosion are active. This can be channeled to more level areas increasing availability. The last place is playa basins. Often, run-off water is supplied to the playas by the short slopes and narrow watersheds around them. If redirected and ponded, this source can increase water available for crop production.

The entire system is dependent on rainfall and when rainfall and run-off are high, groundwater and alluvium recharge rates are high. Average infiltration rates in various wadis in Djibouti have been estimated by the German water survey. (Table I).

Table I - Infiltration Rates in Major Wadis

Wadi	Average Annual Floods	Infiltration Rate
Cheikheyti	5	30,000 - 72,000 m3/yr/Km
Gobaad	5	31,000 - 80,000 m3/yr/Km
Sadai	2-4	30,000 - 80,000 m3/yr/Km
Weima	3	10,000 - 25,000 m3/yr/Km

Source - German Water Survey

General high quality water occurs in the wadi channels where it is recharged annually with fresh clean rainwater. After leaving these channels, it encounters bedrock and sedimentary rock where the salt content rises and the toxicity of boron and othet elements increases. At the same time, the quality of the water degrades considerably as one moves up from the bed of the wadi to its banks. It has been estimated that for a distance of 500 meters from the center of the Gobaad wadi the water conductivity rate (salinity) increases from 850 to 3000 S. Tests done in the cement wells of both Petit and Grand Douda and the Ambouli wadi confirmed this situation. Generally accepted salinity limits for sub-surface unusable for irrigational purposes.

Soils are the second most significant factor in agricultural production in Djibouti. Soils in the wadi channels and deltas where water accumulates are normally good and, except on the coastal plains, are not salty. Most soils are of a coarse texture and have moderate to high permeability. Those around the first and second terraces of the wadis, deltas, playas and foot slopes are generally suitable for irrigated agriculture.

Based on quality and availability of water and soil, Goebels "Carte des Zones Recommandées pour Certaines Catégories de Cultures 1982" estimates the amount of land available for fruit (class I) and vegetable (class II) culture as follows:

Class I -	Tadjourah	130 Km2
	Arta	10 Km2
	Total	140 Km2
Class II-	Moulhoula	555 Km2
	Obock	495 Km2
	Djibouti	80 Km2
	Total	1130 Km2

Class III which is recommended for cereal and hay production lies in the surrounding areas above and outside of the major wadis but as pointed out earlier, the quality and availability of water and soil limit fruit and vegetable production to the areas in or immediately adjacent to the major wadi beds. The extent and location of the Class III soils

identified in the soils report are:

Class III	As Eyla	635 Km2
	Cheikehyti	340 Km2
	Dakka Plateau	110 Km2
	Grand Bara	460 Km2
	Petit Bara	150 Km2
	Ali Sabieh	20 Km2
	Oued Wima	150 Km2
	Total	1865 Km2

In any long term development strategy, the above locations and their respective areas will serve as a general reference for possible development and/or expansion of future agricultural sites. Existing conditions make immediate use of several areas mentioned above unlikely and inadvisable.

The North-eastern Moulnoula region along with the Dakka plateau and the Weima wadi are too isolated and sparsely populated to make small scale agriculture worthwhile in the near future. Potential markets in the wealthier OPEC countries across the Red Sea do, however, justify their future consideration.

Both the Petit and Grand Bara regions present engineering problems that render them presently unsuitable. Development of these areas will require extensive and expensive investments in soil preparation (because of low infiltration rates and flooding), irrigation systems and drainage.

As a rule, fruits require a constant supply of high quality water. As a result, they should be established in the areas with the most dependable, high quality water supply. Therefore fruits should be concentrated in the deltas and colluviums from Tadjourah west around the Goubbet and in the Arta region.

Vegetables represent a high return crop with lesser longevity. These should be planted in association with dependable, high quality water where the source may be more intermittant. Thus, the water from the first and second terraces of the wadis is the most suitable for commercial vegetable production.

Cereals and short-lived forages can be planted along any of the first and second terraces of the wadis or the outlying land as one moves away from the wadi bed. Water in these outlying areas is of the least durability and lowest quality.

The remaining land in Djibouti, about 20,000 Km2 outside classes I, II, and III, is grazed by the nations nomadic population. Most of this area is covered with very sparse grass and brush with very limited carrying capacity reflecting the extremely low and highly variable rainfall. Small forested areas occur in the northern highland region. The Day forest of approximately 2,000 hectares in northern Djibouti inclu-

des many olive and juniper trees estimated to be 500 - 600 years old. This resource reportedly has been badly overgrazed and overexploited by wood cutters. The area is the site of extensive research and reforestation efforts by the French through the National Higher Institute of Scientizal and Technical Research (ISERST) who are attempting to develop an economically viable system for replacing trees being cut. Approximately 4,000 hectares surrounding the Day Forest are being considered for expansion of the reforestation effort. Some fifty species of trees are being tested for their suitability to the area of which some 20 species appear promising.

HUMAN RESOURCES

The source for much of the information in this section is the Catholic Relief Services Food and Nutrition OPG Proposal N°.DJ-2D-003.

The current population of Djibouti is estimated at 330,000 and comprises two separate ethnic groups, the Afars and the Issas. While the two people live very similar lives, being Moslem and predominately herdsman, they speak different languages. The Afars of the North use their own distinctive language while the Issas in the South speak Somali.

Two thirds of the total population live in the capital city of Djibouti. About 10 percent is settled in interior cities while 20 percent moves from one area to another in response to range conditions. The frontiers are relatively open. As a result, both the Afars and the Issas continue to have strong tribal and family loyalties which extend beyond national borders and although considered relatively settled, frequently move across these borders.

The European population is estimated to be about 10,000 and other foreigners including Arabs, Yemenis and Pakistanis number about 15,000. Commercial and technical skills are largely confined to these few groups. While they are permanent residents of the country, their nationality or citizenship status is undetermined.

In addition to temporary or permanent migrants into the country, Djibouti has received a large number of refugees since 1975. In late 1981, the Government of Djibouti estimated the refugee population at 42,000, or more than 10 percent of the population. Many have since returned to their country of origin and the actual number remaining is unknown.

The annual rate of population growth is reported to be 2.9 percent in urban areas and 2.0 percent in rural areas. Life expectancy at birth is estimated at 50 years. The population is relatively young with 44 percent reported to be under 15 years of age and about 25 percent of school age. Over 16,000 children are at school, 60 percent of them male, about 10 percent of the children are at Koranic schools and 30 percent at state schools. In 1977, 40,000 people or about 16 percent of the population were estimated to be literate.

The current medium of instruction is French, which is spoken in the official and business communities but hardly understood outside the capital city. Arabic is also taught.

Improving educational levels continues to be a national priority. The inadequacy of the pre-independence educational system created a dependence on minorities and expatriates for modern skills. Attempting to educate the rural and nomadic populations will be a difficult task. A vital question to be settled is whether to encourage the nomads to settle, and the changes in social patterns and problems this will inevitably bring.

As mentioned earlier, Djibouti is traditionally a nomadic nation. The country's major resource is its herds which include about 150,000 goats, 50,000 sheep,,10,000 cattle and 8,000 camels. There are practically no industries or crafts.

Djibouti has a service economy dependent on transport, trading and banking which provide 82 percent of the gross national product. Per capita income is $ 420, but is not equally distributed. Urban unemployment is estimated at 70 percent.

Small scale agricultural activities represent one possible solution to decreasing Djibouti high unemployment rate, raising its per capita income and providing suitable occupation to its nomadic population.

INSTITUTIONAL RESOURCES

The extent to which any agricultural strategy in Djibouti is successful will be largely dependent on the institutional resources through which the strategy is implemented. Several existing national organizations that will directly influence future agricultural development are the Agricultural Service, the Cadastral Service, the Djiboutian Development Bank and the cooperative system.

Agricultural Service

The Ministry of Agriculture and Rural Development is responsible for the planning, coordination and implementation of agricultural development in the Republic of Djibouti. The Ministry includes the Water and Soils Laboratory, the Animal Husbandry and Fisheries Service, the Rural Engineering Service and the Agriculture and Forestry Service.

The Agriculture and Forestry Service is further divided into three sections: (1) forestry, (2) farming, and (3) plant protection. It is decentralized with 8 subsectors or regional centers in Ali Sabieh, Mouloud, Dikhil, Aseyla, Yoboki, Tadjourah, Obock, Ambouli and the Coast of Douda-Atar.

During the last several years, an effort has been made to train Djiboutian field technicians. Candidates were sent to France, Tunisia, Benin, Sudan, Italy, Tanzania and other countries with the idea of placing them, on their return, in the different regional centers

along with young expatriates made available by foreign donors to assist in the development of the country.

The expatriates are largely of French origin and funded by numerous organizations, such as the French Volontaires du Progrès(AFVP), the International Center of Development and Research(C.I.D.R.) and the EEC. Currently 13 Djiboutians and 8 expatriates are serving in the 8 regional centers (Table II).

Table II - Number of Gardens, Technical Staff and Production Centers in 1983.

Center	Number of Farmers	Number of Technical Agents	
		Djiboutian	Expatriate
Ali Sabieh	14	1	1
Mouloud/Dikhil	37	1	2
Aseyla	122	2 *	1
Yoboki	50	0	1
Tadjourah	72	0	1
Obock	17	2	1
Ambouli	180	6	0
Coast			
1. Douda, Loyada Damerjog	130	0	0
2. Atar Private	32	1	2
TOTAL	654	13	8

* Reported as laborors not technical agents

Source - Djiboutian Agriculture Service.

Training of Djiboutian staff consisted largely of on-job training by expatriates including practical applications of fertilizers and insecticide, basic vegetable and fruit culture and field extension. As Table II illustrates, several of the larger centers do not have a national technical agent and the region along the Coast south of Djibouti city, has neither national or expatriate technical aid available to it. As a result, mixed results have been achieved by the extension service. The most important problems to date have been a lack of motivation of the present Djiboutian agents, a lack of available Djiboutian candidates with the necessary educational background to fill new posts and a need for more expatriate field staff. Much of the national agent's time is spent away from their assigned posts and, in several areas visited, local gardeners were unaware of their existence. Where both national and expatriates are assigned, there is need for closer cooperation between the two groups. The number of gardeners involved in each region and the distances between individual gardens

justify more expatriate staff and Djiboutian counterparts. Given outside contributions in the area of technical training, the Agricultural Service its extension service and regional offices could be more effective if coordination were improved and staff expanded.

Water and Soils Laboratory

The Djiboutian Water and Soils Laboratory is the result of a collaborative effort between the United States Agency for International Development and the Government of the Republic of Djibouti. Its objectives are to institutionalize within the MOA the capacity to (1) analyse ground and surface water quality as well as to complete, catalogue and disseminate hydrological information, and (2) classify soils, prepare soils maps and provide evaluation concerning the proper utilization of soils.

Personnel now assigned to the autonomous laboratory include its Djiboutian head, Mr. Aboubaker Douale, who has the equivalent of a B.S. in Agricultural Engineering from the French Tropical Agriculture Institute. He is responsible for assuring that the laboratory functions smoothly and meets its objectives of developing an agricultural capacity in Djibouti for using its soil and water resources to achieve the social and economic development of the country and to reduce the dependency on neighboring countries for food supplies. He is also responsible for establishing research necessary to achieve the most effective use of soils and water resources.

Also on the laboratory staff is a soils and water analyst, Mr. Farah Omar, who is responsible for analysis of the soil and water samples submitted to the laboratory, material and equipment inventories and maintenance of the laboratory facilities. He has worked in the laboratory for about a year and has undergone six months technical training under the direction of Dr. George Holmgren in the USDA Soils Laboratory in Lincoln, Nebraska.

A laboratory technician, Mr. Taborak Mohammed, is an assistant to Mr. Farah Omar. In addition, a secretary receives messages, types reports, and maintains the library and filing system.

Until very recently, the laboratory was not fully operational. Because of tardiness in construction, lack of necessary equipment and chemicals and other administrative as well as financial problems, it can only now be considered to be fully functional. To reach its full potential, however, several issues will have to be resolved.

In an institutional sense, management of the laboratory continues to be weak. Application of proper laboratory techniques and procedures, coordination with other agencies (ISERST) and timely re-stocking of materials and supplies must be established as routine practices.

From a technical point of view, systematic monitoring of soil and water conditions through routine analyses, interpretation of results and translation of these results into viable solutions to problems of the

Djiboutian farmer need to be established.

In addition to personnel costs, funds will be needed for another four wheel drive vehicle to replace the Land Rover that was used during the initial two years of soils and water classification. Funds also will be needed for the purchase of additional chemicals and glassware, conductivity meter and other laboratory equipment and for maintenance and general operating expenses.

Considering the important mandate of the soils and water laboratory, its work load if fully utilized and the meager personnel resources and their limited training, substantial future financial and technical aid will be necessary if it is to achieve its goals.

Cadastral Service

At present, the National Agricultural Service is active in encouraging small-scale agricultural development. In cooperation with the Ministry of Finance, Cadastral Service and Registry section, a plan has been instituted to distribute parcels of land to anyone wanting to garden. After locating a parcel on his own, a candidate passes his request on to the Cadastral section which makes a topographic survey. The Agricultural Service determines if the soil and water are suitable for crop production. If suitable, the request will be approved by an administrative commission consisting of Agriculture and Finance Ministry officials. Once approved, the permit holder receives a temporary occupation certificate. This certificate is not a permanent title to the land, but an official permission to occupy the land for agricultural purposes for an indefinite period of time. All land in Djibouti continues to be owned by the government. An annual tax of 10 FD/m2 is paid by the individual occupying the land. Although the procedure is long and has only been used effectively in the district of Djibouti because of lack of personnel, permit holders can and usually do begin development and installation of wells soon after the topographic survey is finished.

The present policy is an effort to give impetus to increased popular participation in agricultural development. According to the French surveyor at the Ministry of Finance, many new gardeners are coming to the service to request land. The French Geographical Institute has announced that it will soon begin aerial photography of all gardening sites in the country to facilitate issuance of land certificates. In approximately 6 months maps scaled at 1/6,000 and 1/15,000 will be available which will be providing accurate information on existing land under cultivation and assist in identifying plots available for future certification.

An effort needs to be made to increase the popular awareness of the above mentioned policy. To date, the majority of Djibouti's gardens are "owned" by absentee landlords who employ hired labor. This results in parcels that are under-utilized and are often too small to be considered real gardens. In Tadjourah, for instance, out of approximately 30 private gardens only 3 are resident operated. Of the others, 23 are held by salaried government employees in Djibouti, 2 by retired

government employees, and 2 by local businessmen. The same situation has been confirmed in other major gardening centers throughout the country. In short, there are very few resident professional gardeners.

Agricultural Credit

Sources of farmer credit will be necessary for future small scale agricultural development in Djibouti. The Djiboutian Development Bank (CDD) has played an important role in this respect in the past. At least two cooperatives have received financial aid from the Bank.

The Atar cooperative borrowed 4,800,000 DF for the acquisition of 40 pumps. The conditions of the loan specified payments of 5 percent interest rate and reimbursement over a five year period. The conditions also specified that the local cooperative would provide an amount equal to 10 percent of the loan to be used to finance the operation. Local property owned by the cooperative was used as collateral.

The Aseyla cooperative received approximately 13,500,000 DF for a large transport truck and pumps under similar conditions.

The Independent Cooperative System

The Djiboutian cooperative experience has been short and disorganized but has a history of being farmer initiated and democratically run. At present there are 10 cooperatives in the country (Table III).

Table III - Agricultural Cooperatives by Location and Membership.

Cooperative	District	Members	Assisted by
Aseyla	Dikhil	122	2 French Volunteers
Ambouli	Djibouti	180	Independent
Douda(Yer, Wayn)	Djibouti	40	Independent
Atar Wadii	Djibouti	90	Independent
Atar Coop	Djibouti	32	2 French Volunteers
Mouloud	Ali Sabieh	30	2 French Volunteers
Aramadoule	Ali Sabieh	7	Independent
Yoboki	Dikhil	50	Red Sea Mission
Randa	Tadjourah	72	1 French Volunteer
Obock	Obock	17	Independent

Depending on its location and size, the cooperatives functions includes any or all of the following:

(1) improving agricultural techniques and practices of its members.

(2) increasing financial income of members through:

(a) acquisition, stocking and distribution of necessary inputs for agricultural production, animal husbandry and artisan work,

(b) commercial marketing of produce,

(c) acquisition of collective equipment (scales, transport vehicles), and,

(d) utilization of available credits for the good of the entire community.

(3) and in a more general sense all social, cultural and educational actions needed to obtain its objectives.

In the past, members have elected their own executives committees which usually consist of two or more of the following positions:

(1) President - responsible for establishing and maintaining liaison between the cooperative and the Ministry of Agriculture. This person is usually able to write in Arabic, French or both.

(2) Secretary - responsible for maintaining records of all meetings and communications to or from members or with other organizations. This person is usually able to write French.

(3) Treasurer - responsible for control and records of all financial activities including receipts and payments to growers, sales and operating expenses.

(4) Controller - basically a bookeeper/auditor but often serves as a technical agent.

The larger cooperatives are usually broken down into subsectors overseen by an Annex Committee which is either elected by its members or appointed by the president. The members of this committee are responsible for liaison between the gardeners in their sector and the executive committee. They are also often responsible for the personal welfare of the poorer members or those who might be temporarily disabled. They will, from time to time organize other members of the sector in helping with labor for widowed gardeners or sick members.

Again, depending on the cooperative, a member might sell all produce through the cooperative (Ambouli), all produce directly himself (Aramadouli), or some combination of the two (Douda/Atar). Produce turned over to cooperatives operate retail stalls and shops in Djibouti and other larger towns through which a portion of the produce might be sold. If the produce is sold directly by the growers, it must be weighed before sale and appropriate fees paid into the treasury.

An established percentage of the total sales made by the cooperative is deducted and put into the treasury. Membership fees paid into the treasury vary from coop in amount and frequency of payment.

The most frequent problems cited by cooperative members throughout the country are lack of market outlets, unavailability or untimely delivery of insecticides and vegetable seeds and shortage of technical advice. Although there is a constant demand for fruit trees, the supply is limited and the cost high. At present the Randa administrative garden, which is the only known supplier of trees in Djibouti, is selling guava seedlings at 600 DF and citrus at 900 DF.

As concerns market outlets, many local cooperatives have lost important contracts to importers of Ethiopian produce in the past due to their inability to assure a wide range of produce, dependability of supply and delivery on time.

The Agricultural Service is presently trying to address these needs. It has established operating guidelines which can be used by agricultural and fishery cooperatives. It is in the process of organizing a National Cooperative Office which will be administered by either the Ministry of Agriculture, Ministry of Commerce or Ministry of Interior. Its goals are to increase the quantity and quality of produce and assure year around availability of agricultural supplies and marketing outlets through national coordination of production and marketing and the provision of cooperative credit.

Through such an office, the problem of seasonal supplies of insecticides and seeds might be solved and some of the marketing problems that currently exist, including overproduction of certain crops during several months of the year might be reduced. It could also assist in maintaining and expanding market outlets through existing private enterprises by assuring continued availability and reliability of produce.

In order to achieve its conceived objectives, the National Cooperative Office will need a high level of management and competent marketing advice. An economic-marketing expert to set up a market information system and to train a local officer in its maintenance could make an invaluable contribution to Djiboutian goals in agricultural development in this respect.

FOOD REQUIREMENTS, IMPORTS AND PRICES

According to the United Nations estimate for food requirements for Djibouti, the country would need 60,225 metric tons of cereals, 2,404 MT of fruit and 4,818 MT of vegetables to feed its population of 330,000 based on the recommended daily intake of 2,500 calories per person. Production of this quantity of food would require 220 km2 of land for cereals, 7 km2 for fruit and 13 km2 for vegetables considering one crop production per hectare per year, single cropping with yields per hectare equal to those of Southern California. Comparing the land requirements with what is currently estimated to be available for agricultural production by the water and soils survey, it is evident that adequate resources exist to produce a substantial portion, if not all of the fruits and vegetables required for the present population.

The Djiboutian Service for Indirect Contributions estimes that in 1980, the country imported 97 percent of its foodstuffs. Table IV taken from the FAO Trade Yearbook for 1982, Vol. 36 reflects a breakdown of Special Imports for Domestic Consumption excluding re-exports. Combined potato and pulse imports represent the majority of non-cereal food-crop imports in the three years from 1980 - 1982. These imports could probably be profitable produced within the land areas identified by the water and soils survey, increasing rural income and conserving scarse foreign exchange used to purchase them. These data suggest existence of a domestic market of adequate size to absorb a major increase in domestic supplies.

Table IV - Agricultural Imports, Djibouti - 1980 - 82

Item	Volume MT			Value $ 1,000		
Agricultural	1980	1981	1982	1980	1981	1982
Productions	-	-	-	60,300	58,630	56,750
Meat (all)	811	850	800	2,771	3,760	3,230
Milk (all)	-	-	-	7,300	5,100	5,850
Cereals	34,170	39,630	39,480	12,550	13,600	12,350
Potatoes	1,434	1,600	1,000	448	450	300
Pulses	2,578	3,000	3,000	890	1,200	1,100
Fresh Tomat.	193	140	100	275	160	110
Onions	299	200	150	109	75	50
Oranges and Tangarines	174	170	130	218	180	130
Other Citrus	1	1	-	2	2	-
Bananas	27	-	-	63	-	-
Dates	165	200	200	142	80	100
Fruits and Vegetables						
Total	4,871	5,311	4,580	2,147	2,147	1,790

Source - FAO Trade Yearbook 1982 Vol. 36.

Prices at which produce was being offered in the Djibouti market in March 1984 are shown in Table V. These prices may be somewhat higher than those actally paid by careful shoppers. Also, since they are

retail prices, they do not represent prices received by farmers. However, they provide some basis for evaluating the reasonableness of some estimates of returns to growers.

Table V - Djiboutian Retail Market Prices - DF/Kg - March 1984.

Sesame		Rice	160 - 260
White	250	Beets	200
Red	200	Cowpea	180
Carrots	200	Orange	200
Tomato	100		
		Mango	200
		Potato	150
Eggplant	100	Onion	200
		Leeks	200
Lentils	200	Pepper	200
		Limes	250
		Cabbage	200
		Wheat	150
		Pea	100
		Mung Bean	180

Additionally, a considerable export market exists across the Red Sea that might absorb any produce that is not consumed in Djibouti itself. Table VI provides some food stuff import figures of selected OPEC countris for internal consumption during the period of 1980-1982. It has been estimated that by 1990, Saudi Arabia will import $ 200,000,000 of fresh vegetables à year, from Jordan, Lebanon, Turkey, India and Pakistan. Projected UAE vegetables imports by 1990 are estimated at $ 65,000,000. Assuming that a successful extension of Djiboutian agriculture takes place, Djibouti is close enough to major Arabian ports to play an important role as a food supplier to its OPEC neighbors.

Table VI - Imports of Selected Fruits and Vegetables - Saudi Arabia and AUE 1980 - 82.

Country	Volume MT			Value $ 1,000		
	1980	1981	1982	1980	1981	1982
Pulses						
Saudi Arabia	23,264	26,578	33,200	12,308	15,479	17,898
U.A.E.	7,681	11,987	9,000	4,716	7,710	6,150
TOTAL	30,945	38,565	42,200	17,024	23,189	24,048
Fresh Tomatoes						
Saudi Arabia	60,053	72,887	84,000	13,761	19,028	20,942
U.A.E.	7,491	11,071	8,000	2,437	3,742	2,400
TOTAL	67,544	83,958	92,000	16,198	22,770	23,342
Potatoes						
Saudi Arabia	70,361	84,535	73,000	17,531	17,602	16,133
U.A.E.	21,742	26,873	20,000	6,209	7,490	6,500
TOTAL	92,103	111,408	93,000	23,740	25,092	22,633
Onions						
Saudi Arabia	79,109	91,748	94,000	21,628	21,443	20,849
U.A.E.	51,239	57,000	60,000	10,043	11,500	11,000
TOTAL	130,348	148,748	154,000	31,671	32,943	31,849
Citrus						
Saudi Arabia	163,401	217,356	230,000	71,489	90,612	93,378
U.A.E.	46,549	48,859	50,000	17,684	15,898	15,000
TOTAL	209,950	266,215	280,000	89,173	106,511	108,378

Source - FAO Trade Yearbook 1982, Vol. 36.

PAST AND PRESENT AGRICULTURAL EXPERIENCES

While under French colonial rule, the territory now known as the Republic of Djibouti was not aknowledged as having any significant agricultural potential because of its nomadic traditions, harsh climate and its lack of agricultural experience. Since independence in 1977 however, a modest level of agricultural research and development has taken place.

Several foreign organizations have engaged in agricultural activities in the last seven years, most notably, the Association Française des Volontaires du Progrès (AFVP), the Aid Cooperation Fund (FAC) and Catholic Relief Services (CRS). A visitor to Djibouti today, will be pleasantly surprised at what has been accomplished in the short time since independence.

The AFVP or French Peace Corps is presently active in several regions of Djibouti, most notably the areas of Ali Sabieh, Dikhil and Tadjourah. AFVP's development strategy has been to place an expatriate and a Djiboutian Counterpart in each of the major gardening centers to provide technical advice to private gardeners and operators of district administrative research gardens. As noted before, this goal has not been uniformly attained because of a shortage of expatriate volunteers and trained Djiboutian technicians. Nevertheless, the AFVP has succeeded in increasing agricultural production in several key regions through provision of agricultural inputs such as seeds and insecticides; encouraging use of proper packing crates; and an effective public sensitizing effort aimed at increasing interest in small scale agriculture. AFVP involvement in Djibouti agricultural development has been more or less directed at a grass roots level.

The FAC is currently engaged in supporting an agricultural research station 17 kilometers southeast of the capital city of Djibouti in Attar. Its primary accomplishments have been to establish a research plot to conduct experiments in drip irrigation; the use of solar energy to power irrigation systems; and the introduction of arboriculture in an attempt to diversify production and reduce market saturation of certain crops. The station includes 10 hectares of land, two of which are devoted to research. The remaining 8 hectares were initially proposed as a site to train agricultural agents but were distributed to private gardeners in January 1983. Actual research at the Attar station was not initiated until 1982. Thus it is still too early to expect any concrete results. Nevertheless, it is the only station in the country that is currently engaged in systematic research utilizing generally accepted scientific procedures.

Catholic Relief Services has funded several agricultural projects in the past. Four of these projects have been acquired by the Djiboutian Ministry of Agriculture and care currently under governement jurisdiction. They are the:

(1) Hombactu Citrus Grove - The grove encompasses approxi-

mately one hectare of land and 300 orange trees. A well dug with food-for-work is located nearby and is presently used to irrigate the terrain. Neither research nor production of fruit trees has been undertaken at the project site.

(2) Dudub Balala - This site is a Ministry of Agriculture Administrative garden and has 77 laborers working in it. Eleven of the laborers are refugees who received food-for-work assistance. Little of any practical research is being conducted in the garden.

(3) The Petit Bara Dam and Cereals Project - This project comprises a 4 hectares area of land which was to be planted in cereals and irrigated from water pumped from a nearby dam built with food-for-work assistance.

(4) The Grand Bara Date Palm Project includes approximately 2 hectares of land being irrigated by water from an existing borehole with a diesel powered pump. Ninety date palms donated by the Sudanese government are planted within the perimeter.

These four projects have been designated government research centers and are not envisioned to receive future assistance from CRS.

Presently, CRS/Djibouti is internally evaluating past projects and options for future programming. The program will probably focus on small scale technology (especially that relating to water supplies) and on assisting farmers in qualitatively improving cultivation practices and increasing productivity. Future programming will emphasize technical assistance and agro-forestry. Special attention will be given to farmer participation.

Only about 100 hectares of land were under cultivation in Djibouti in 1976. Today, there are approximately 700 hectares being irrigated and under cultivation. According to the Agricultural Service, estimated crop production has increased from about 50 ton in 1978-1979 to 727 tons in 1981-1982. Efforts by the above named organizations among others, have played an important role in this increased agricultural development.

ECONOMIC CONSIDERATIONS

Available information on physical resources indicates substantial potential for increasing production in Djibouti of fruits, vegetables and cereals. Information on probable food requirements for the Djiboutian population, on current imports of food items and on prevailing prices for food products in Djiboutian markets indicate an existing demand that could absorb a major increase in Djiboutian production. Temporary sharp falls in prices of individual products as a result of seasonal supply gluts, such as occured in tomato prices in February/March 1984, are likely to re-occur. However, temporary declines might be minimized by better planning and control of seasonal supplies. A

major downward adjustment in seasonal average prices and general economic activity is likely if the French withdraw a major portion of their national and economic support in 1990 as now contemplated. If such adjustment occurs, the need for locally produced goods will continue but, in spite of an accompanying adjustment in some production costs, growers may not be able to maintain an expanded level of production. In this case, the need for exploring the possibility for marketing Djiboutian garden products in neighboring Arab countries would be intensified.

Information is very limited on costs and return from gardening or on the ability of gardeners to absorb substantial price reductions for garden produce. However, cost and return information synthesized by the Ministry of Agriculture or foreign consultants and survey data on family income and expenses of gardeners in two coastal communities developed by the Center for International Development and Research (CIDR) provide considerable insight into the economic feasibility of expanding production of fruits and vegetables in Djibouti.

As indicated previously, the Government of Djibouti has established a procedure for making land available to people wishing to establish new gardens. In collaboration with cooperatives in several areas, technical advice and other services have been provided local gardeners by agents of the Ministry of Agriculture. Free seed have also been provided in some instances to assist growers in increasing production. Through the Djibouti Development Bank or foreign aid donors, loan or other type of funds have been made available to cooperatives or directly to growers to assist in establishing new gardens. The Government has announced its intention to encourage further settlements and expansion of production and to assist growers directly or with the aid of foreign donors in establishing 70 gardens in the District of Ali Sabieh, the Ministry of Agriculture developed cost estimates for establishing new gardens (Table VII).

Table VII - Estimated Average Costs of Establishing a Half-hectare Garden.

Cost Items	D.F.
Cement/stone well - 12 meters	180,000
Motor pump	90,000
Cement lined reservoir and canals	170,000
Wire fencing - 300 meters	100,000
Tools	100,000
TOTAL	640,000 = $ 3,636

The specifications for several items included in the Ministry estimates exceeds those for a number of gardens already established. Wells seldom are 12 meters deep. Many of the reservoirs and canals are earthen and many gardens are protected by brush rather than wire fences. Therefore, the Ministry estimates appear to be fully adequate and perhaps above the minimum cost for establishing a garden.

It is generally conceived that, if the establishment is financed through a Development Bank loan, it would be retired in three years. However, an annual straight line depreciation cost of about 80,000 DF for eight years appears realistic for this type of installation.

Euroconsult developed estimates of probable yields and returns from a garden comparable to the garden for which the Ministry of Agriculture estimated establishment costs (Table VIII). A substantial portion of the half hectare area was assumed to have been cropped in both growing seasons resulting in a land intensity ratio of 1.44. This assumption appears generally consistent with intensity practices in existing gardens. However, the land ratio is probably higher than that usually attained. Prices used in calculating gross revenues are comparable to prices prevailing in the Djibouti market in early 1984 (Table V). There is little basis for evaluating yield figures except on the basis of opinions of people familiar with gardening in the area that suggest the estimates might be somewhat high but attainable by a good gardener.

Table VIII - Estimated Yields, Productions, Prices, Revenues - Half-hectares Gardens.

Crop	Yield MT/ha	M2 cultivated M2	Harvest Kg	Price/Kg D.F.	Revenue 000 DF.
Tomato	20	600	1,200	200	240
Eggplant	20	200	400	200	80
Peppers	5	200	100	100	20
Grains	2	1,000	200	200	40
Onions	20	1,000	2,000	150	300
Beets	20	150	300	200	60
Radish	15	150	300	200	60
Tunips	20	200	400	150	60
Carrots	15	200	300	200	40
Lettuce	10	250	250	300	75
Parsley	8	50	40	500	20
Melons	12	400	480	200	96
Watermelons	25	600	1,500	100	150
Okra	8	1,000	800	150	120
Limes	15	1,200	1,800	200	360
Dates	-	-	2,000	150	300
TOTAL		7,200 m2	12,095 Kg		2,041

Source - Adopted from Euroconsult - May 1982.

Production costs for a comparable garden activity have not been estimated. However, rough approximation of major cost items can be made from the survey of two coastal communities by CIDR or reported costs by cooperative members. The major inputs required for vegetable gardening are labor (generally supplied by the family), seed and

pesticides, (provided by the Ministry of Agriculture in some instances), cost of fuel for the irrigation pump, and transportation of produce to markets in Djibouti. Gardeners included in the CIDR survey using pumps on garden plots of about half a hectare reported average fuel costs of about 42,000 DF for the year. However, these gardens reported having only about 0.2 hectare in cultivation at any one time. Fuel for irrigating the larger cultivated area assumed in the Euroconsult model (Table VIII) would have cost several times the survey average or probably 120,000 120,000 DF. Gardeners surveyed in the coastal area transported produce in excess of that consumed at home to the markets in Djibouti which were only about 10 kilometers away. Their reported cost for moving the limited volume this distance was about 70,000 DF per year. Gardeners at As Sala transporting produce about 180 kilometers reported a charge of 50 DF/Kg. Gardeners from Randa transporting produce to Djibouti reportedly paid 40 DF/Kg. The proposed gardeners at Ali Sabieh are about 100 kilometers from market and produce would be moved over much better roads than those from As Sala or Randa.

A proportionate cost for the estimated volume of produce from the Euroconsult model would be about 335,000 DF. Animals are kept by most gardeners, partially to provide milk and very occasionally, meat, but primarily for fertilizer for incorporation in compost to be used on the garden. Gardeners in the coastal area reported that feeding costs for the limited number of animals which they retained totaled about 85,000 DF per year.

The approximations of production costs indicated above total 540,000 DF. If depreciation is included, the costs would total 620,000 DF. The spread between total revenues estimated in the Euroconsult model of 2,041,000 DF and production costs would be 1,421,000 DF. Costs reported by families in the CIDR survey for cash purchase (food, cigarettes and khat) averaged 505,000 DF a year. It appears, therefore, that even if revenues are substantially over-estimated and costs underestimated, gardeners would be able to absorb a cover production cost and cash living expenses.

CONCLUSIONS AND RECOMMENDATIONS

The physical and human resources available appear to be clearly adequate to support a substantial increase in production of fruits and vegetables and possibly cereals. The market appears adequate to absorb any increase in supply likely to occur during the next decade at prices providing competitive returns to growers. The institutional framework appears adequate for initiation of a program to expand production. However, there are a number of inter-related problems that must be solved before a substantial expansion of production is likely to be attained.

One of the first questions to be answered might be why more individuals have not taken advantage of the opportunity to acquire use of land and establish gardens. With a large group of economically disadvantaged people among both urban residents and nomads, it might be expected that such an opportunity would attract a large group of participants. However, less than 700 operators, including both absentee and resident operators, are reported to have established gardens. This fact would suggest that information on the opportunity is not generally known; that because of lack of knowledge of farming, customs or some other factors, people are unwilling to undertake gardening operations; or that some aspects of the plans for establishing new gardens are not being effectively implemented. In any case, persuading people to participate in programs to increase production may be the first problem that must be solved. The cause of the problem will to be identified and corrected.

It is recommended that establishment of new gardens be confined to establishment of small, family run units in existing production centers. Within those areas, new gardens should be confined to the zones identified on the soils study maps as having potential for the relevant crops. Steps should be taken to assure that soil and water suitability tests, as provided in established procedures, are conducted before permits for use are issued.

Expanded or even continued irrigation in the existing centers may have significant effects upon water supplies in both the alluvium layer and aquifers. An environmental impact study of these possible effects is desirable.

Expanded production will require an increase in the number and training of Djiboutian technical agents. All agents should be required to reside in the community where assigned. Training might be provided abroad. It would also be highly desirable to expand the number of expatriate agents if possible to assist in on-job training and in advising growers on technical, marketing or other operational problems. In addition to providing an essential linkage between growers and researchers, the Soils and Water Laboratory and Agriculture Service, technical agents could also assist in organizing new cooperatives or in expanding services and strengthening operations of existing cooperatives.

An expanded agricultural research program will be a crucial element in determining the success of efforts to expand production. Testing of new varieties of crops being grown or of new crops that might be introduced will continue to be a major part of the research program but

added emphasis should be given to identification of salt tolerant and disease resistant varieties. Losses to various types of pests will become more serious overtime, increasing the need for research to improve cultural, biological or chemical means of control. Other agronomic problems will likely need investigation. However, the most pressing research need is the investigation of water management practices and development of effective means of controling salinity. The Soils and Water Laboratory can provide measures of salinity and, if a program of regular systematic testing is established, changes in salinity over time. These measures will indicate the seriousness of the problem, but do not provide farmers guidance in correcting or minimizing salinity problems. An extensive body of information on water management practices has been developed by several international centers and agricultural experiment stations in the arid and semi-arid region of the United States. Before recommendations from these sources can be applied, they will need to be tested under conditions in Djibouti and modified to suit the local environment.

An expansion of the research program to meet the expected needs will require increased financial and personnel inputs. The existing physical facilities for plot experiments and for testing soil and water samples will be adequate for the near future although additional financial support will be required to meet operating costs incurred in an expanded program. However, the most critical need will be for expert technical assistance in designing and implementing an appropriate research program particularly that part relating to water management.

A significant problem has already developed from excessive short run supplies of some vegetables and subsequent sharp declines in prices. An in-depth marketing study and supply-price analysis is needed to develop guidelines for regulating plantings and market supplies of fruits and vegetables. While the marketing analysis is the most critical need, economic analyses of returns to growers from alternative crops are also needed to guide growers in making both seasonal and longer run plans. Reportedly, a French marketing specialist will be available in the near future to assist in making the market analysis. However, the need for developing cost of production and farm returns will remain.

Expansion of production will intensify the need for closer coordination of all existing government services and donor organizations. As allocations of land are made for establishing new gardens, arrangements should also be made for supplying credit for pumps, other equipment and production inputs. Additional technical agents should be supplied as soon as possible and plans for expansion of cooperative facilities or organization of new cooperatives will have to be initiated. Difficulties have been experienced in the past due to these services not being provided in a timely manner. Failure to coordinate these activities would seriously restrict any future expansion of production.

In order to put the findings and recommendations concerning small-scale agriculture into perspective with respect to the larger agricultural arena, verbatim extracts from recent FAO and UNSO reports discussing the livestock and forage situation in Djibouti are attached as Sub-Annexes.

Extract from FAO Report (TCP/DJI/0103):

"The Livestock Situation in the Republic of Djibouti"

By A.F.C. Naegelé,
FAO Consultant
April 1982

B- Livestock situation

B-1 The National Herd

The first attempt at taking a census of the animal population in Djibouti was made by the Livestock and Fishing Office in 1978. The results of an inventory in all the five districts of the national territory are the following:

Classes	Head of cattle	% of total numbers
Goats	500 000	52.2
Sheep	350 000	37.0
Camels	50 000	5.3
Beef cattle	40 000	4.2
Donkeys	6 500	0.7
Total	946 500	100.0

These figures clearly show the importance of small ruminants in Djibouti. An accurate livestock census in Djibouti is very difficult to achieve owing to the transhumence migration of the herds, often crossing the borders into the grazing areas of Ethiopia and Somalia, and from Ethiopia and Somalia into the grazing areas of Djibouti as well. Because of hunger periods caused by insufficent rains and resulting in the death of numerous animals, especially among the young, total herd numbers may vary. For instance, the last drought in 1980 is said to have caused important losses of animals, especially among small ruminants. However, the figures of the losses caused by drought should be interpreted with caution, since it is highly probable that the strong reduction in numbers during the period could be explained by traditional migration of herds from Djibouti into Ethiopia in times of drought.

B-2 Geographical Distribution of the herds

Cattle raising is practiced throughout the national territory, that is to say wherever grazing and watering places are available. However some kinds of animals, chiefly bovines and to a lesser degree, sheep are not to be found everywhere. In fact, the bovin population is mainly concentrated in the

mountainous region of the northern zone of the country (Goda and Mabla mountains). During some periods of the year, bovin herds come down from the North to grazing areas in the South, particularly to the plaines containing stands of doum-palmtrees (Gaggade, Galafi, etc) consisting of important fodder reserves, which as an extra food, during the dry season are not to be neglected. Sheep are more numerous in the southern part of the country where they can basically feed on grasses (Sporobolus helvolus pastures, for example) which they like better than the commoner woody pastures, also called "aerial" pastures which goats and camels like very much. Moreover, the mangroves of the coastral region attract fairly large camel herds used to grazing the bitter and salty mangrove leaves.

B-3 Ways of Livestock Herding

Herding has been practiced in Djibouti for a very long time: Rock engravings representing bovines at such places as Guelta de Balho, for example, give evidence of this. Now-a-days, a great part of the rural population still derive much of their money from this kind of activity. For those people who traditionally specialize in it, their main preoccupation is how to find pastures and watering places all the year round, since their way of herding is based on the exploitation of natural fodder reserves wherever watering places are available.

This kind of herding is said to be extensive because herds must incessantly cover very large spaces to find something to live on. This is why such grazing spaces are often called routes. Displacements and transhumance movements are ruled according to the changing seasons and defined by customary and well-defined roads or tracks.

In addition to transhument herding, a sedentary one takes place in relation to urbanization. This type of herding, called urban or semi-urban, is mainly oriented towards the production of milk. Milk herds chiefly live on scraps (old papers, cartons, rags, kitchen scraps, etc...) which animals find in the streets or on rubbish heaps. However most of the herders give their animals various food supplements: mostly grains of a sort of bean bought from shops or grains of maize or sorghum cultivated in gardens or bought from shops.

The communities of traditional herders are the owners of almost the entire national herd.

<u>The Genetic potential</u>

Until now no study has been made on the animal races that are bred in the Republic of Djibouti. With the present state of knowledge, it is impossible to indicate the morpho-

logical characteristics and still less so to set up the zoo-economical parameters determining the exploitation of these animals.

The bovines belong to the Bos indicus (zebu) species; they are part of the short-horned group that is also found in the Saharian area of Africa south of the Sahara.

Besides it has been noticed that in urban or semi-urban areas, herds cover an important variety of animal types of different origins. Individuals originating from a cross between the Dutch black and white race of zebus of Asian origin have even been recognized.

The ovines belong to the group of the broad-tail sheep and are similar to the Somali blackhead race.

The caprines belong to the group of the Saharian goats that live in the south of the Sahara; they are rather short sized.

The dromadaries are the same type as that which is met in the North of Ethiopia and the South of Somalia.

B-5 Fodder resources

Herding in Djibouti is highly dependant upon fodder resources provided by the natural vegetation. Apart from quite exceptional cases (bovine herding farms at Ambouli, a suburb of Djibouti-town) no fodder obtained from cultivation is now produced in this country. Sometimes, in extensive herding areas and more often in sedentary herding ones, pregnant or suckling and young animals are given food supplements: mostly grains of a sort of bean called dolic or more scientifically Vigna unguiculata; or maize or sorghum grains. Those supplements are generally bought from shops.

The national agricultural surface which is now valued at about one hundred hectares, provides various by-products, the most important of which are obtained from irrigated market gardening (about 74 ha). These by-products are partially utilized by the few head of cattle that the agriculturists may possess. Grasses obtained from manual weeding in market gardens are also used as food supplements. Most of those grasses are very good fodder plants. In late April 1978, in a market garden near Atar between Djibouti and Loyada, numerous examples of fodder grasses belonging to about fifteen species of the following types: Dactyloctenium, Cenchrus, Pennisetum, Echinochloa, Eragrostis, Eleusine, Leptothrium, Eremopogon, have been observed.

As for the forage production by natural vegetation, it can be said to be subject to important fluctuations since it

entirely depends on weather conditions, particularly on rainfalls which are very irregular from all points of view (whole volume, number of rainy days, distribution of seasons). As the quantity of the fodder which is available is extremely variable, (in time and space, as well). The natural pastures can not regularly provide all the fodder necessary to meet the normal energy needs of the national herd. Besides, the quality of the pastures also varies to a large extent. It is very good only after rains when the yearly herbaceous species grow, when the perennial species start a new biological cycle and the deciduous vegetation becomes green again. But only for a while does this situation prevail. In fact, the quality of the pastures diminishes in proportion as the air temperature gets higher, and soil humidity gets lower. As they dry out, the grasses which are most useful for herding become of little or no nutritional value. Thus the herds only have the use of edible ligneous growth and must migrate towards traditional transhumance areas, either within the country or beyond the borders, because those areas are favoured with better ecological conditions, that is to say with grazing and watering places which allow the cattle to survive until the next rainy season.

Because of the heat-induced morphological adaptation which most of the plant species demonstrate, it is evident that the dryness of the Djiboutian environment is permanent. Nevertheless long periods of drought occur from time to time, particularly during periods of less rainful than usual, which can take place for several consecutive years. These periods of prolonged drought provoke grave scarcities of food, resulting in starvation and consequently the death of numerous animals.

The only conclusion is that the national herd, submitted in turn to periods of food abundance and shortage, suffers from chronic malnutrition.

B-6 Hydropastoral Resources

Exploitation of the pastures is not possible without drinking water for man and animals. Such water is provided by surface water, expanses of subsurface ground water, and aquifer expanses more or less deep in the earth.

The surface waters consists of springs and natural reserves in the rocks located in mountainous areas and temporary ponds filled by streaming waters or water flooding from the oueds into clay depressions.

Most of the subsurface ground water expanses are found in the beds of smaller oueds or in the alluvial cones of larger water courses running to the sea. Those expanses are mostly sub-flowing water, also called infer-flux water. These are

exploited by sinkholes and traditional, as well as cemented, wells.

The aquifer expanses, more or less deep in the earth, are exploited by wells and chiefly by drilling.

More generally, the number of watering places is still too small for taking the best advantage of the pastures that exist. In some parts of the country important grazing spaces are underused due to lack of water. So large quantities of fodder are lost. In other regions, watering places are inversely too numerous and too many herds are concentrated around them. So then they overgraze and damage the grazing spaces that can be exploited.

B-7 The Pathological Situation

Parasitosis of all kinds, due to ectoparasites as well as to endoparasites constitues a pathological pattern running through the national herd. External parasitic diseases, caused by scabies and ticks, are the most wide-spread. Among internal parasitic diseases, worm infestations, such gastro-intestinal strongyloses, larval cestodoses (cysticercosis, echinococcosis) and ascaridiosis are the most frequent.

Among small ruminants (chieftly goats) death is frequently due to lung diseases caused by various microbes. Small ruminants are also affected by: diarrhoea (sometimes mortal) which breaks out when animals graze the young grasses that grow after rainfalls, bacterial anthrax (sheep) and frequently mammary inflamations and torn udders among goats.

Pasteurellosis is noted frequently, particularly among camels. On the other hand, epizooties, such as bovine plague and bovine peripneumonia have never been endemic in Djibouti. Nevertheless, outbreaks of these diseases, although rare, are reported now and then. These epizootics are mainly propagated by bovine herds coming from Ethiopia.

B-8 Production

The lack of statistical data or studies based on direct and continuous observation of zootechnical activities in the country limits quantitative definition of the sector. So it is necessary to limit this discussion to only general considerations based on the information that is available.

It is well-known that the needs for meat and milk produce for the population of Djibouti and other centers are mainly satisfied by importation from Europe and herds coming from Ethiopia. This latter source also extends to commercial traffic by boat for exportation to some countries of the Arabic peninsula. To a certain extent, the sedentary

livestock that is bred in towns or suburban areas also helps to meet the demand. But the characteristics of this type of herding can not be easily defined for lack of certain data. It is useless to attempt to evaluate the production of these animals, since their number is very low in proportion to the urban population. The produce of this sort of livestock is sold through traditional consumption market places and does not lend itself to quantitative investigation.

In spite of the fact that the global number of the cattle maintained in the country is relatively important in relation to the number of inhabitants, the traditional herding that is practiced by the nomadic population supplies only a very weak portion of the consumption requirements of the urban centers.

However dispersed that herding, this cattle should contribute more extensively to meeting the national demand for animal products. In reality, however, the transfer of livestock products between the nomadic population (from 40 000 to 60 000 people only) and the rest of the country or with neighboring countries is practically non-existant. The conclusion to be drawn is that the strategy adopted by the herders is the use of available natural resources (pasture and watering places) to herd the maximum number of animals possible to meet their own consumption requirements.

This conception of herding is also found elsewhere among other African populations traditionally tied to herding. They consider livestock as property for assuring survival, which must be retained under the best qualitative and quantitative conditions possible.

All this shows that under present conditions, it would be premature to consider extension services for the dissemination of modern livestock techniques.

The first thing necessary is to integrate the herding population into the social and economic systems of the country, bringing the herders into contact with the administrative, commercial and technical infrastructure of the sector.

Extract from UNSO report

"Analysis of the Desertification Problem and Examination of Present and Proposed Activities for Implementing an Action Plan for Arresting Desertification in the Republic of Djibouti".

New York, February 1981

IV. EVALUATION OF DESERTIFICATION PROBLEM: APPROACH BY SECTORS

A. LIVESTOCK AND PASTURELANDS

1. Present situation

1.1 Livestock

1.1.1 Cattle

The following estimates of the livestock population have been communicated to the mission by the livestock services for the period immediately antecedent to the drought:

SPECIES	QUANTITIES
Goats	400,000
Sheep	350,000
Bovines	40,000
Camels	30,000
Equidae	10,000

This data should be considered with caution because on the one hand no real census has been carried out and on the other hand, the frontiers of the country are very permeable both ways with transhumance custom.

The last drought would have caused 60 to 70% destruction in livestock, particularly among small ruminants. Furthermore the estimates are not based on surveys and some representatives advance the hypothesis of high cattle reduction by migration of a large part of herds to Ethiopia.

Finally, one should point out that, with the exception of 8,000 small ruminants bred in the town of Djibouti, of 1,500 to 2,000 bovines ready for slaughtering and of 2,000 small ruminants and dromedaries in established camps near towns herding is practiced by 50,000 nomads (about 10,000 families); that would mean about the equivalent

of 100 small ruminants for each family (the case before the drought); which is unlikely.

In fact, an accurate estimate of cattle is very difficult and one should keep in mind that Ethiopia constitutes a ready refuge for herds in case of drought.

1.1.2 Technico-economic Analysis

Based upon the figures cited, livestock breeding constitutes an important production potential. Nevertheless that potential is far from being realized. In fact, that activity represents with agriculture and fishing only 4.2% of GDP in 1977 (before the drought) with only 1,350 tons (standing animals) destined for exportation. Livestock breeding thus is well below the existing possibilities.

According to the rare available data and to the few observations carried out on the spot, one can put forward the following characteristics:

- cattle productivity: As for cattle left alone, with no protection (except vaccination of a few bovine herds against bovine plague), productivity can be only very weak: less than 200 grs of milk for each goat per day. Feeding is irregular and unbalanced. The sanitary conditions are unfavourable: the external (cattle-ticks, scabs, etc...) and internal (pulmonary and gastro-intestinal stronglyloses) parasitic diseases rage and the breeding service has neither the personnel nor the materials to undertake generalized prophylaxis actions. Finally with the absence of any selection process (with the exception of the one made by drought), breeding is haphazard with respect to herd consitution, livestock characteristic and productive potential.

- herd structure and management: It is rare to meet monospecific herds: one generally finds mixt sheep/goat herds from 100 to 150 heads and the mission did not encounterone camel or bovine herd of more than 5 to 6 heads. Among the goats there exists two litter periods: springtime and autumn. Transhumance is customary and the use of feeding supplements (doura, sorghum) is the exception rather than the rule. Following the present drought, one expects to see herding concentrated in sedentary fashion around main towns.

- economical aspects and marketing conditions: Animal production is mainly for the benefit of consumption on the part of the nomad themselves. Marketing is

very much limited and the price of mutton and goat meat is relatively low in comparison with prices in other countries and general price levels in Djibouti.

The absence of state or peristatal structures for the control of marketing has kept the country from taking advantage of its geographical situation to export under advantageous conditions.

The large proportion of goats in relation to sheep reduces the global efficiency of the production system. Where as the sheep are hereditarily more apt to produce meat and goats, milk, one is faced with a situation in which goat breeding is orientated towards meat production: milk is reserved for self-consumption, its marketing remaining very much limited. Goat breeding justifies itself more on account of its adaptation to transhumance and the grazing of arborescent and thorny vegetation than on a specialization based on zootechnical considerations of each species.

Finally let us point out that, if the sheep/goat/camel association justifies itself technically as well as economically, bovine breeding such as is the usual practice, certainly is not well adapted to the country.

1.2. Pasture-lands

1.2.1 Phyto-ecological Analysis

With the exception of a botanical study for which the results are not available, the pasture-lands of Djibouti have not been the subject of any agrostological study. The observations carried out by the mission and the information collected from the technical services allow us to make the initial following statements concerning pasture characteristics:

- A steeply broken relief, contrary to the steppe pasture-lands on flat grounds in most of the arid zones of the Sahel and the Maghreb. Such a situation favours water erosion more especially as rains often fall in form of storms.

- A pebbly ground surface (with the exception of the plains) limiting the intensity of water erosion and impeding sand movement under the effect of winds, but not favouring the germination of a herbaceous vegetation.

- A ground with dismantled and fissured crust structure favourable to rainwater infiltration and accumulation and thus to tree growth. Such a structure does not seem to interfer very much with root growth.

- The predominance of arborescent growth (Acacia tortilis Balanites aegyptiaca doum palm-tree, Cesalpina orientera, etc...) having for consequences:

  . Pasture-lands ensuring a continuous production during the year contrarily to steppe pasture-lands with herbaceous vegetation where the production diminishes greatly, and even stops during the dry season.

  . A stronger resistance to overgrazing; but a bad adaptation to natural regeneration: the trees pertaining to forage regenerate themselves very badly by natural sowing, except in the case of protected settings.

  . Reduced effectiveness for pastoral production when tree height exceed about 2.5 m: the upper parts are not then accessible to animals.

  . A better adaptation to the association of small ruminants and camels.

- The vegetation mixture of little diversification provides an unbalanced diet.

- The extension of unpalatable bushes, sign of overgrazing, particularly in sand accumulating zones.

- The scarceness of certain species such as Doum which would be adapted to salty zones.

- An irregular vegetation: extremely degraded within overgrazed zones and those submitted to stripping around built-up areas, water spots and highways. Within those zones, preservation of bushy vegetation has been possible only along thalwegs and in low grounds. On the other hand, within less accessible zones the bushy vegetation is in good condition and takes on the aspects of a veritable forest. There exists at least two fairly dense forests: Day and Madgoul, which could constitute real "pastoral reserves" in drought period.

- Some attempts to introduce new species deserve to be mentioned: Somalian laurel the leaves of which are appraciated by animals; Prosopis and Cactus

mierme which have not given satisfactory results (soil structure and depth need to be verified).

1.2.2 Present Exploitation and products End-use

1.2.2.1 Production End-use

... Ruminants account for the main utilization of vegetation resources...

1.2.2.2 Methods of exploiting natural pasture-lands

The northern region is relatively richer in pastoral resources than the southern one. The pasture-lands are likewise better managed due to better land usage and other social traditions and norms. In fact, each social group owns its "plots" which are well defined and placed under the responsibility of a "Council of Elders".

Certain vegetation areas consisting basically of Doum growth (the lake basins of Allol, Agde, Agira) are reserved to bovines which, in case of need, receive a complementary contribution of Doura (sorghum) imported from Sudan and Ethiopia.

2. The available resources and the production potential

In estimating the effective pastoral surface to be 2,100,000 ha and in allowing that, in 1977 (before the drought), the national herd was composed of 750,000 small ruminants, 40,000 bovines and 30,000 camels,we arrive at the equivalent to 1,130,000 small ruminants (1 bovine for 5 small ruminants and 1 camel for 6 small ruminants), less than 2 ha per small ruminant equivalent, in other words an average of more than 100 to 150 fodder units (UF) per ha (at the rate of 200 to 300 UF/head), which seems very high. In reality transhumance to neighbouring countries is of considerable value, although the degree of that contribution is difficult to evaluate.

In assuming that, in an average year, the herd approximates 1,000,000 small ruminant equivalents, the meat production potential would be in the region of 4,700 tons (9,460 tons on the hoof) which represents 14 Kg per habitant. With regard to the potential for goat dairy production, it could be estimated at 15,280,000 liters if the herd was in average condition (given 400,000 goats, out of which 266,000 females in production, at the rate of 60 liters per female per year).

3. The constraints

The development of production potential and its improvement come up against the following constraints:

- Lack of alimentary reserves during the "soudure" periods between seasons and for the scarcity years. The country neither produces fodder nor cereals.

- Insufficiency of supervision means and structures at the levels of production as well as of marketing.

- Population mobility (nomadism, transhumance).makes extremely difficult the employment of rational livestock techniques.

- Finally let us point out the lack of precise data concerning resources as well as the practice of traditional techniques.

4. Animal Production Policy: Elements for a strategy and general orientation

4.1 Principles

The basic principle is the maintenance, reinforcement and utilization of land resources for pastoral and livestock purposes. Herding will constitute the main production element of the rural sector.

- Presently risky and fragile, livestock holding should become, for the mid-term and long-term, a planned, profitable and standardized undertaking.

- The development and improvement of animal production should not, in any case, risk degradation of present ecosystems as now constituted.

- It is necessary to develop an intensive milk production within and around the main towns of the country (Djibouti, Dikhil, Tadjourah and Obock). On the other hand, with respect to extensive herding, a portion of the goat herds should be converted into sheep. The latter is better adapted to the meat production.

- It is indispensable to develop poultry production within the context of a rural development plan, providing thus a steady revenue for the peasant and a protein source for the country: domestic poultry-farming (laying hens).

- The livestock development should be carried out parallel with fisheries development. Fish consumption must be increased more rapidly as a part of the alimentary habits of the population, which would release more meat for exportation.

- Livestock production in itself is not politically (food self-sufficiency) nor socially (employment) sufficient, neither for the peasant, nor at national level.

- Livestock production will still remain, for a fairly long period, linked to available and accessible fodder resources of neighbouring countries.

- Technical supervision and the politico-economical mobilization of the population must receive priority.

4.2 Actions to undertake

The main actions to be undertaken may be summed up as follows:

- Protection of the herd during periods of scarcity (drought), for example within the context of a WFP action: distribution of cereal concentrates and by-products. That distribution should be tied to:

  . The planting of trees and fodder bushes (renewable standing food reserves).

  . Sanitary prophylaxis, specially against parasitic diseases: ticks, stronglyloses.

  . Protection of the animals against deficiencies.

  . Development of cattle-feed production capabilities.

4.3 The supporting measures

The above-mentioned actions will reach their full efficiency only if subsequent supporting measures are implemented as soon as possible:

- Realization of studies concerning pastoral resources and improvement techniques, herd productivity (performance control) and socio-economic factors of production (grass-root surveys).

- Elaboration, at mid-term, of a sylvo-pastoral code.

- Reinforcement of livestock and pastoral services with personnel and materials for a proper supervision of producers.

- The creation of an organism responsible for credit and marketing of animal products.

- The creation of a livestock training center to respond to the requirement for cadres.

- The creation of a livestock experimental center.

It is important to remember that all actions to be undertaken should aim at the utilization of the exploitable, available natural resources, subject to conformity with biological potential. Thereby the measures taken to increase livestock productivity will be limited by the long-term maintenance of renewable natural resources.

ANNEX C.

CATHOLIC RELIEF SERVICES - USCC

DJIBOUTI PROGRAM

OPERATIONAL PLAN

1985 - 88

CRS/DJIBOUTI

Operational Plan FY 1985 - 88

I. ELEMENTS OF OPERATIONAL PLAN

A. Identification

1) Cooperating Sponsor :

Catholic Relief Services (CRS)
United States Catholic Conference
1011 First Avenue
New York, New York 10022

Date submitted : May 15, 1984

Principal Counterparts :

Ministère de la Santé Publique et des Affaires Sociales
B.P. 296
Djibouti
République de Djibouti

Ministère de l'Education Nationale
B.P. 16
Djibouti
République de Djibouti

2) Responsible American Citizen for Title II Foods :

Mr. Robert W. Roche
Program Director
Catholic Relief Services-USCC
B.P. 1975
Djibouti
Republic of Djibouti

Time Devoted to Title II Activities : Full Time

Supervisory Staff

Title	Name	Nationality
Program Director	Robert W. Roche	American
Program Assistant	William Canny	American
F/N Supervisor	Ethleen Smith	American
Accountant	Mehta Vimalkumar	Indian
Shipping Clerk	Ali Djama Warsama	Djiboutian
F/N Supervisor Aide	Zahra Hassan Habanen	Djibouti
Fish Coordinator	Dr. Mohamed Hachi	Djibouti

3) Country Agreement

CRS/Djibouti program operates under the terms of a convention with the Government of Djibouti signed in 1979 with the Ministry of Foreign Affairs and renewed in 1983. The convention is not specific as to the duration of the agreement.

In brief, the convention includes the following major provisions which facilitate the operation of the CRS program :

- Duty-free entry for all PL 480 Title II commodities and other related supplies and equipment for use in CRS program activities ;
- Collaboration with CRS to ensure that the above-mentioned goods are received by designated beneficiaries ;
- Assurance that the CRS assistance, specifically PL 480 commodities, are publically recognized as gifts of the American people to the Djibouti people ;
- Grants CRS, in collaboration with a designated Government representative, the inspection of all operations arising from the application of the Agreement, notably the inspection of ledgers, warehouses and distribution centers.

B. Area - Scope - Conditions of Operations

1) Introduction

CRS/Djibouti programs seek to develop human resources and promote the primary health care and educational initiatives of the national and local governments. As the sole cooperating sponsor for Title II foods in Djibouti CRS seeks to integrate food and non-food aid resources into development activities which enable individuals and communities to increase their overall productivity, income and well being.CRS recognizes that well-nutritional being is a crucial component in the development process. Undernutrition can lead not only to more frequent illness and higher susceptibility to life threatening diseases but also adversely effects worker productivity, school performance and birth weights. As an integral component of Djibouti's burgeoning primary health care campaign CRS's unique nutrition and education program combats malnutrition among identified "vulnerable groups" offering an opportunity for individuals to attain and maintain their human potential.

Title II food commodities are programmed in five categories : Mother Child Health (MCH), Food for Work (FFW), Other Child Feeding (OCF), General Relief (GR), and Refugees (R).

These commodities include rice, soy fortified sorghum grits, corn-soya milk and soybean cooking oil. The following table provides a breakdown of the number of recipients per program category planned for FY 1985 and FY 1986.

Program Category	Nº. of Recipients	
	FY 85	FY 86
Mother-Child-Health		
Mother's	8,000	8,000
Children	12,000	12,000
Other Child Feeding	7,000	7,000
Food For Work		
Workers	960	960
Dependents	3,840	3,840
General Relief	3,000	3,000
Refugees	5,000	- 0 -
Total	39,800	34,800

Title II PL 480 food represents an important input into CRS's development activities, an input which is supported traditionally by grant monies. A Food and Nutrition Operating Program Grant (AID Project nº.603-0014) and an Outreach Grant (AID/SOD/PDC-G-0356) provide the necessary resources to complement PL 480 foods and offer a mutually supporting developmental package. The food and grant monies act as an input mix designed to have maximum nutritional/health impact on targeted populations. The current OPG, valued at $ 985,777 over a 27 month period, will expire six months into FY 1985. The Outreach Grant, valued at $ 1,988,599, and currently operating on a year 5 tranche of $ 204,000 will expire 3 months into the fiscal year, more specifically December 31, 1984.

CRS/Djibouti will integrate the Title II resources called for in this operational plan with a new four year OPG valued at 2 million dollars and an innovative annual monetization scheme valued at approximately $ 250,000.

The new OPG, emphasizing primary health care initiatives, will provide monies for :

1) Salaries ; international and local
2) Educational programs and materials for host-country primary health care personnel
3) Equipment for maternal-child health centers

4) Vehicles, office rental, and consultation
5) Expertise, training and materials for primary school health curriculum development and implementation

The Outreach Grant which traditionally supports commodity transport, storage and management will be replaced by monetization monies during FY 85. CRS/Djibouti is collaborating with the GROD entity charged with imports to commercialize a quantity of food. The dearth of Outreach monies in FY 84 and the bleak outlook for FY 85 has moved CRS/Djibouti to monetize as an alternate source of funding. The local currency generated by monetization will finance the logistical costs necessary to improve the targeting of Title II foods, and strengthen and complement CRS's programs in health/ nutrition.

CRS/Djibouti relies heavily upon effective coordination and collaboration with a number of host government health, education and social services and their personnel as well as various international organization representatives. A number of current and future planned activities on the part of CRS, USAID, the GROD, and international organizations are being undertaken to strengthen Djibouti's primary health care program. CRS is participating in a monthly round-table discussion with other participants in the primary health care system with the immediate goal of integration and more effective allocation of resources. The long-range goal of the meetings is to move Djibouti's health delivery system toward a preventative, community based model, away from the current emphasis on curative care. USAID recently conducted a primary health care assessment which provides a general overview of the current primary health care situation and proposes a long-term USAID strategy for PHC. This assessment will guide CRS in proposing a new OPG in accordance with this long-term strategy. A complementary joint CRS/USAID sociological study currently taking place is designed to :

a) Provide an informational basis on which to clearly define CRS food and nutrition program problems and the factor or factors restraining more effective delivery service.

b) Garner information on the knowledge, attitudes and practices related to maternal/child health and nutrition of the targeted Djiboutian population.

CRS/Djibouti will submit a new 4 yr. OPG designed to strengthen present activities and to expand the scope of activities where capabilities permit. The plan's content will be based upon an on-going dialogue with the GROD and other donors, USAID's primary health care assessment, the above-mentioned

sociological study, an evaluation of the [illegible] to be [illegible] late 1984, and CRS's developmental experiences in Djibouti. CRS also [illegible] offering fresh ideas for effectively utilizing food and non-food [illegible] as a malnutrition stop-gap and developmental tool.

2) Program Categories

a) Refugees

Traditionally CRS has been intimately involved with the feeding of refugees in collaboration with the National Office of Assistance to Refugees and Drought Victims. CRS began, with the 1984 AER, to phase down refugee feeding in conjunction with a repatriation program sponsored by [illegible] governments of Ethiopia and Djibouti.

The repatriation program began in September 1983. To date [illegible] refugees have repatriated either by HCR organized trains or on their own. The [illegible] is considered moderately successful by observers. HCR hopes to [illegible] program by the end of 1984 and expects approximately 5,000 refugees [illegible] remaining at that time.

Two donors are currently participating in refugee feeding : CRS and World Food Program. Given the decreasing numbers of refugees and CRS's involvement in national programs it has been decided that WFP will take sole responsibility for refugee feeding as of January 1, 1985. CRS has included, however, a refugee feeding category in the 1985 AER. This will cover the first quarter of FY 85, will provide back-up to WFP in [illegible] problems bringing in commodities, and can be used as a contingency [illegible] emergency situations such as drought. The GRDD has in fact to [illegible] and has made official requests for food-aid to the international [illegible]

b) Maternel Child Health

1) Problems

Djibouti is a newly formed Republic (1977) whose development is greatly impeded by scarce natural resources, cyclical drought, and very limited agricultural potential. The population, traditionally nomadic in nature, has chosen to drift toward urban centers, particularly the capital, in search of a better life. The government has, quite predictably, been unable to place an effective and efficient health care system at the disposition of this increasing urban population.

Several basic developmental problems of the health [illegible] be directly attributed to Djibouti's youthful national [illegible] extremely low literacy rate among adults is a great factor in the [illegible] poor functioning level of health care personnel, particularly [illegible] child health care and dispensary center staff.

The new nursing school will turn out its first class of students in 1985 but no systematic effort has been made to upgrade the skills of existing staff. The Ministry of Health's management and planning capabilities are very fragile resulting in weak central coordination of a disparate system. One bright note is an emerging interest on the governments part to steer the system away from it's curative orientation toward a preventative, community based delivery system. Increased emphasis is being placed on an integrated primary health care package to be offered at the local MCH center.

The paucity of overall natural resources dictates that Djibouti concentrate on development of human resources. Unfortunately chronic malnutrition among pregnant and lactating women and children hampers the crucial first steps in the human development process. Low birth weights and poor maternal nutrition contribute to high infant mortality and morbidity rates. Undernutrition can frequently be attributed to the gross lack of education afflicting Djiboutian women in general. Available foods are often improperly or underutilized due to a woman's lack of basic nutritional education. A final problem of the existing health care system, as in many systems, is that the weak, the poor, the unemployed, the housewife and her child, the rural nomad and his family, in effect, the most vulnerable groups in greatest need of health care have the least access to the delivery system.

2) Solutions

In an effort to combat Djibouti's malnutrition within the vulnerable groups, CRS, in collaboration with the Djiboutian Ministry of Health, has initiated a food and nutrition program which is carried out in the local dispensaries by MOH personnel. This program provides :

- A growth surveillance system for all children under five years which assists in the early detection and prevention of malnutrition ;
- Consultation for individual mothers on child growth and proper nutrition ;
- A monthly food ration as a nutritional supplement for children and economic aid to the family.

CRS also provides training and continuing education for the MCH center staff through a three month nutrition course in Tunisia (to date 14 participants), local seminars, monthly meetings and supervisory visits. CRS considers the upgrading of center personnel skills and knowledge an essential element in the effectiveness of the program.

The CRS staff also provides technical assistance wherever and whenever possible in an effort to facilitate the integration of other components of the primary health care package such as vaccinations, pre-natal care, and disease control. Particular importance is attached to the control of childhood diarrhea with increasing emphasis directed toward oral rehydration therapy. The formation of local committees which address health problems within the community have been encouraged and the support of mobile health units designed to reach the most rural areas has been a major priority of CRS. Despite obvious economic limitations CRS is in a good position to lobby the Ministry with other donors and health-care participants for important changes in the primary health care system.

3) Overall Objectives

The primary objective of the CRS Program is to support and assist the Ministry of Health in the creation and implementation of a sound primary health care plan for the Djiboutian population. The CRS PL 480 program provides a nutritional component which is integrated into the national comprehensive primary health care program. Collaboration with the Djibouti government and other agencies is carefully coordinated to upgrade and continue PHC activities in the dispensaries and health centers at all levels.

Parallel objectives of the CRS nutritional component within the Djiboutian primary health care system are to :

- Target foods to combat malnutrition and suffering among the vulnerable groups : children under five years, pregnant and lactating women ; in the form of a food supplement.;

- Provide economic assistance for the most needy families in an effort to improve their ability to maintain a nutritionally adequate diet.

- Raise the consciousness of mothers in areas of child care, nutrition, and preventive health.

- Extend the impact of Title II foods and accompanying inputs to a larger segment of the nutritionally at-risk population, reaching 22% of the under-five sector. (Currently reaching 12%).

4) Benchmark Indicators

The benchmark indicators of program progress should be a decrease in numbers of severely malnourished children as measured weight for age on the Harvard Standard, and an increase in the mean weight for age percentage in

each MCH center or region. The number, versatility, and quality of the educational sessions for participating mothers is an important sign of program strength. The initiation of a series of written programs supported by audio-visual aids will be a major goal of future CRS programming.

Progress in the centers will be measured by increased attendance, improved regularity in attendance by mothers, educational session impact, and increased participation in other primary health care activities.

5) Monitoring Tools

The tools used to monitor progress will consist of (1) the statistical data compiled from the growth surveillance system which provides a monthly summary of nutritional levels in each center ; (2) the monthly reports submitted by each participating center on attendance, food distribution and educational activities ; (3) vaccination coverage. The traditional pre-and post-testing of the Tunis training program participants will also serve as a monitoring tool for the nutritional training course.

6) Assumptions

The design of the CRS nutritional component as an integral part of the primary health care package in Djibouti is based on the following assumptions :

a) The growth surveillance system (GSS) is an effective tool in identifying malnutrition among children ;

b) 30% of pre-school children in Djibouti are below 80% of the Harvard Standard based on weight for age ;

c) Pre-school children, pregnant women and breast-feeding mothers are most vulnerable to malnutrition ;

d) Poor diet frequently occurs in families as a result of food shortages caused by unemployment, the high cost of imported foods,and the mother's inability to provide a nutritional diet with limited resources ;

e) Many women lack knowledge of the simplest child nutrition practices and preventive health care measures which can make a great difference in a child's growth and development.CRS and USAID are presently conducting a knowledge, attitudes and practice survey on health care which will enable the program to directly address the important health issues with a systematic educational program.

- Ration Composition

- Rice : 4 kilos each for mother and child
- Oil : 1 kilo each for mother and child
- CSM (Corn Soya Milk) : 2 kilos each for mother and child

CRS/Djibouti has included a 2 kg increase of cereals, specifically rice, in the 1984 AER. The decision was based on :

a) CRS's desire to provide a viable economic incentive to mothers for participation in program activities. Historically the nutrition program has offered mothers and children an important opening into the primary health care system ;

b) The knowledge that the current 5 kg package represents a questionable economic incentive ;

c) The recognition that the inability to produce food most affects those who have the least purchasing power who in turn become vulnerable to disease and malnutrition.

8) Coordination and Complementary Inputs

A series of monthly meetings have been organized among the parties interested in the integration and promotion of the primary health care system. The expessed goal of these meetings is to improve coordination and inputs and organize complementary efforts. Participants in this group include FAC, WHO, UNICEF, CRS, Public Health Department and Public Hygiene Service. The meetings are coordinated by the Ministry of Health. CRS is excited about this effort and expects to strengthen current activities and define new activity areas by actively participating in these meetings.

CRS/Djibouti receives donations from a number of different sources for project activity. One of the more significant projects is a joint CRS/UNICEF effort in fish promotion (a local food resource) and health education. This project complements very nicely CRS's efforts in improving nutrition for certain targeted vulnerable groups. The current project will be active until the 3rd quarter of 1985 by which time CRS and UNICEF/Djibouti hope to have negotiated another, similar project. CRS has also increased its activities with another important Djiboutian entity, the Union of Women. This group, led by the President's wife, acts as an advocate for women, children and the poor. Another potential collaborative arrangement that interests CRS is with the PRITECH Group. PRITECH recently visited

Djibouti and expressed interest in working to improve the primary health care system. Since PRITECH's and CRS's interests are quite mutual, and CRS has a firm base in Djibouti, a combined rather than independant effort could have greater impact on the system.

C. General Relief

1) Problem

There are a number of people who fall in the cracks of CRS and government programs who are in genuine need of assistance. These include the destitute and homeless, aged, handicapped and orphaned. Private local organizations seeking to assist these groups are usually operating with extremely scarce resources and rely on infrequent donations. These organizations are currently unable to mount consistent, viable programs for these impoverished, usually urban groups.

2) Solution

CRS seeks, with the inclusion of this category in the AER, to provide institutions and organizations who attempt to service the above-mentioned groups support for their efforts. The commodities furnished will contribute to the nutritional well-being of the targeted groups and potentially allow these organizations to allocate their scarce resources into other areas. Organizations habitually in need of food and their target populations include :

- ONARS (indigent, displaced)
- Red Crescent Society (aged and handicapped)
- Caritas (indigent, displaced, aged).

3) Assumptions

CRS believes that the regular programming of commodities for the use by these organizations and institutions will strengthen their capacity to offer help and services to the poorest of the poor. CRS assumes that the individuals who will benefit from these rations often have few other sources of income or support, are generally neglected and often ostracized by their families and society as a whole.

4) Ration Level

A Ration of 4 kilos of rice, 2 kilos of corn-soya milk, and 1 kilo of oil will be given per person, per month. The ration is high in protein and calories. The inclusion of CSM provides an extremely valuable vitamin and mineral food for people of all ages.

D. Food for work

1) Problems

Self-help developmental activities are designed to aid a targeted group of chronic poor who often lack the incentive and means to initiate and follow through with income-generating activities. These groups of people are easily identified by religious, tribal or civil leaders who themselves face the enormous problem of bringing inputs to bear upon the situation. Donors, like CRS, can also identify self-help activities on an individual or community basis but often lack a compensatory type input deemed necessary to initiate many activities in Djibouti.

2) Solutions

Title II foods can be programmed as an important contribution to individuals or groups engaging in income-generating or community service activities. The rations provided in a Food for Work program are combined with other inputs such as technical expertise, materials, supervision and local participation in an effort to maximize the development impact of the food-aid.

3) Overal objectives

FFW rations are used by CRS to encourage local level participation in income-generating activities, community development projects, water and sanitation projects or small-scale agricultural endeavours. The program is targeted at the most needy segment of the population and in the most neglected geographical areas with the explicit desired outcome of increased productivity, employment and family income. The food provided is programmed, whenever possible, as an incentive for participants to move toward self-sufficiency as opposed to strict compensation for work performed.

4) Benchmark Indicators

CRS provides FFW rations on a contractual basis preferably for short-term projects consonant with GRCD objectives and in conjunction with other CRS programs such as maternal-child health. The number of projects and participants are tracked and the value of food aid vis a vis other inputs calculted whenever information is available. The economic status of participants previous to and following project completion is considered an important indicator of project success.

5) Selection Criterea

Before approving a proposed project the project type, duration, potential impact and stated goals are given serious consideration. The degree of local participation, kind, and value of complementary inputs and level

of integration with other CRS efforts are assessed. Emphasis on CRS's experience with that particular type project and the past performance of the project holder in collaborative efforts with CRS are given considerable attention.

6) Assumptions

The success of FFW programs is based on the assumption that food is a valued commodity to participants and coupled with other inputs provides sufficient motivation to attain expressed goals. FFW projects, while aimed at the unemployed, often take participants away from small income-generating activities or activities that contribute to family survival. The ration size takes into consideration that a worker supports, on the average, four other persons.

7) Ration Level

Each worker receives a total of 9 kgs of grain (rice and sorghum) and 1 kilo of oil per month. The ration is chosen for its high content of calories and protein. The economic importance of the ration to the worker fluctuates from project to project and has recently come under scrutiny by CRS. The relatively high cost of living in Djibouti sometimes makes the current ration a weaker incentive than programmaticaly desired for worker or community participation. CRS is examining the role of food rations in development projects and their importance to the success of the project. Careful attention is being paid to the economic importance of the ration in an inflated economy. For the immediate the ration size and number of FFW recipients programmed is the same for FY 85 and FY 86.

E. Other Child Feeding

1) Problems

Due to low educational levels Djibouti's general population has little knowledge concerning proper nutritional practices and how these relate to basic health. The children, therefore, suffer from both a lack of food and lack of information concerning the relationship of health and diet. Such information is not forthcoming from home as the parents themselves are misinformed. Children of the primary school age are growing rapidly and need a well balanced diet to mature properly and achieve their full potential. Poor nutrition of school age children handicaps physical growth, reduces resistance to disease, and impairs intellectual capacity. The CRS GSS shows that more than 60% of Djibouti's primary

school children were below 90% of the Harvard Standard weight for height at the beginning of the 1983-84 school year.

The Djiboutian Ministry of Education, left to its own devices, has neither the competency nor the resources required to offer school age children a nutrition/health related education and nutritionally complete meal.

2) Solutions

The rural school system provides the most structured social framework in Djibouti for imparting nutritional education to the primary school age group. CRS provides continuing education in the areas of nutrition and health for the school directors and professors. Improved nutritional knowledge enables the directors to utilize more effectively their scarce resources in order to provide their charges with balanced diets. The MOE has demonstrated to CRS an interest in developing a nutrition and health curriculum for the primary school children. CRS can potentially work with the MOE to develop an effective and interesting health curriculum for specific age groups which is relevant to the local situation in Djibouti. An integral part of the curriculum would be lessons in the availability and consumption of locally available food resources such as fish. The development of school gardens as an educational tool also assists in the improvement of knowledge concerning nutrition and food consumption. Complementary inputs of seeds, tools, and technical expertise are expected to be forthcoming from the Ministry of Agriculture and other sources.

As a part of its health/nutrition education effort, CRS, in cooperation with the Ministry of Education, has established a nutritional program for rural primary schools and two urban orphanages. The program provides Title II commodities for use by the MOE in its rural school lunch program. The furnishing of staples ; rice, oil and CSM allows the schools and orphanages to use their small budgets to purchase complementary foods for a more nutritionally complete diet.

Each of the participating schools and orphanages operates a growth surveillance system which monitors the nutritional status of the school children on a quarterly basis. These statistics point out the effectiveness of the feeding program by showing decreases in undernourished children during the school year.

3) Overall Objectives

The primary objective of the nutritional education program in rural schools is to reinforce MCH educational objectives by providing health and nutritional training to another age group, the school-age population. This group can bring home basic concepts supportive of those disseminated at the MCH centers. The program also supports the MOE's efforts in providing equal educational opportunities to all Djiboutians regardless of geographical barriers and improving the national educational level of the country. Households with few formally educated members are expected to benefit indirectly from an educational program targeted at students. Children in rural areas traditionally are less aware of health related issues and have less access to an array of nutritionally valuable, less costly food items than their urban counterparts. CRS, therefore, has targeted its activities to reach the rural primary schools and organizes nutritional education for those schools where teachers tend to be younger and less experienced than urban colleagues. The MOE policy of sending new graduates to rural schools as a means of teacher-training indicates that these young teachers are most in need of support.

CRS seeks to target Title II foods specifically to reach rural children who tend to come from poorer families and derive the least benefit from urban-centered institutional growth and programs. The provision of daily food supplements assists in parental acceptance of the school system and promotes increased attendance.

The supplement also enhances learning potential with the ultimate goal of breaking the poverty cycle. The children not only gain knowledge concerning nutritional aspects of primary health care but also take this learning home to a generation deprived of direct educational opportunity.

4) Benchmark indicators

The major indicator of the nutritional program impact in the primary school system is a decrease in the number of children who fall below 90% of the Harvard Standard using weight for height during a school year. Increased regularity of participation in the program by school directors will also indicate the acceptance of the importance of growth monitoring on the part of school directors. CRS will continue to conduct two seminars for teachers per district during each school year with the final goal being improved nutritional knowledge and better diets. The eventual inclusion of health education in the school curriculum will be an important benchmark of CRS's health planning effort with the Ministry of Education.

5) Geographical Areas and Distribution

The program includes all rural primary schools in Djibouti, 28 for the school year 1983-84 with an increase scheduled for 84-85. (See Annex) The commodities are furnished twice a year to the Ministry of Education. The foods are stored in a central MOE warehouse and delivered to primary schools with the aid of District Commissioners. The MOE arranges all transport for commodities from their warehouse and reports to CRS on specific distributions. CRS also receives recipient reports from the schools along with GSS results. CRS aids the schools in stocking procedures and the cooking of commodities.

6) Ration Size and Acceptability

Each student receives, per school month, 2 kgs of rice, .5 kgs of oil, and 2 kgs of CSM. Commodities were chosen for their high protein and calorie content. The CSM is a high-energy food which provides an excellent breakfast food for children. All commodities are highly acceptable to the recipients.

F. Control and Receipting

As a cooperating sponsor for PL 480 commodities CRS's main concern is the proper reception, distribution and consumption of donated commodities. CRS employs a series of controls and countermeasures designed to protect PL 480 foods from misuse and mishandling. The following shipment and storage process is utilized by CRS/Djibouti from the time commodities arrive at port to the moment of consumption :

a) 10 days previous to ships arrival CRS requests surveyor to conduct discharge survey.

b) B/L's are forwarded to ships agent upon ship's arrival.

c) Ships agent arranges discharge into port warehouses.

d) Survey is conducted.

e) CRS initiates and completes process of clearing goods to enter country.

f) CRS, upon clearing goods, arranges for private company to ship commodities to warehouses.

g) Commodities are counted upon leaving port warehouse and re-counted and booked as entry into inland receiving warehouse.

h) Entries are made into Master Shipping Ledger.

i) Bon de Sortie is are written for every commodity leaving warehouse.

j) Commodities leaving warehouse are logged with accompanying Bon de Sortie signed by transporter.

k) Transporter delivers commodities and returns signed voucher document to CRS upon presentation of bill.

l) Reception center which includes Ministry of Education warehouse, MCH center, FFW project holder, ERCL refugee agency, or private organization keeps commodity inventory and distribution records.

m) Record is forwarded by concerned parties on monthly basis.

n) CRS conducts periodic end-use checks.

CRS follows the approved procedure for reporting on U.S. Government donated commodities. The forms used and submitted quarterly are the commodity status report (CSR), the commodity loss status report (CLSR), and the recipient status report (RSR).

3. Port Facilities - Practices

The Port of Djibouti, which is situated in the Gulf of Tadjourah, consists of two moles which extend from a peninsular on the southern side of the Gulf. Pilotage is compulsory for all vessels with a net tonnage in excess of 300 tons and is available 24 hours a day, throughout the year. There are four tugs available equipped with fire fighting equipment. With the exception of n°8 and n°9 berths, all quays and berths are equipped for delivery of fuel and water.

1/ Off-Loading

Off-loading facilities at the Port are more than adequate for the Title II tonnage programmed by CRS for FY 85-86. Djibouti is not equipped with shore cranes and therefore cargo is normally worked with ship's gear. Two mobile cranes of 15 tons and 20 tons capacity with boom lengths of 13 meters are available if required and a floating crane of handling 70 tons is available. At the present time the average rate of handling general cargo is in the range of 8 tons per hook per hour.

Providing the storage is good and separation is clearly defined, this rate may be increased. Bagged cargoes are normally worked at a rate of approximately 15 tons per hook per hour, although palletised cargoes have been handled at rates exceeding 30 tons.

2/ Surveys

Private agencies are available for hire by CRS to obtain cargo surveys at ex-ship's tackle. Outturn reports, statement of acts, short-landed reports, etc., are obtainable from Port tally and stevedoring societies handling cargo discharges.

3/ Port Charges

Certain port charges other than duty are paid for all goods that transit through the Port of Djibouti. Under the convention between CRS and the Government of Djibouti no taxes are levied against commodities, including Title II, imported for the CRS program. The levied port charges are a considerable expense to CRS but are not subject to change. The Port, [illegible] entity over which other government ministries have no jurisdiction but

little influence.

H. In-Country Storage and Transportation

Title II commodities are warehoused in one of two central locations; the ONARS warehouse or CRS's privately rented warehouse. The two warehouses are of a sufficient size for AER 85 programmed foods including a reserve. The warehouses are located in Djibouti town. MCH centers and schools are also usually equipped with small storage spaces. CRS is careful to not send more commodities than these centers of distribution are able to handle. Each district is also equipped with a warehouse which can act as a middle point between the CRS warehouse and the final destination. Djibouti's two northern districts are unique in that they are accessible only by plane or boat. In this case CRS relies on boats to transport commodities and makes good use of the District's central warehouses as holding centers for commodities.

I. Program Publicity

CRS Informs the GROD, recipients and other interested individuals that the Title II food commodities are a gift of the American people. This is accomplished by several means :

- Written reports - An Annuual Report is published in French end distributed to the Government ministries, counterpart agencies and selected international development agencies.

- Container markings - All containers are marked with a statement noting that the food is a gift of the American people.

- Word of mouth - All participating centers, whether MCH, OCF, or General Relief are apprised of the fact that the food commodities are donations of the American people and that CRS is supplying these commodities for specific reasons, be they nutritional or developmental in nature.

J. Bellmon Amendment

The CRS food imports have not been demonstrated to be a disincentive to production since none of the commodities are locally available. There also exists adequate storage space for the projected import levels for FY 85 and 86.

K. Financing (Monetization)

CRS/Djibouti, as previously mentioned, is feeling the crunch of diminishing available Outreach funds. Outreach has traditionally served to cover the administration, transportation and storage costs of PL 480 foods. These costs are particularly expensive in Djibouti and demand a solid funding source for continued, smooth operations.

CRS/Djibouti does not foresee the Djiboutian government picking up even a fraction of the food transport, etc... costs. CRS is therefore proposing to monetize, on a trial basis, Title II commodities as a means of financing logistical program costs. These costs would include the transport, administration and warehousing of regular programmed foods ; costs currently covered under the Outreach grant.

The sales proceeds from partial monetization would serve only to strengthen the PL 480 program. The local-currency garnered would be used to ensure arrival of foods at targeted destinations on a timely basis.

CRS/Djibouti does not anticipate that the level of tonnage sold will act as a disincentive on local production. Djibouti has no substantial local agricultural production nor does it have food-processing facilities.

The local market is loosely structured with goods being imported from all over the world. The government publishes a price list for goods such as rice, tea, oil and sugar on a monthly basis which acts as a price-range control. The price structure is very loosely applied and followed. Supply and demand economics are the rule of thumb in Djibouti. Commodities are judged on the market according to acceptability, price and of course, availability. Since Djibouti relies heavily on imports packaging and advertising also play a role in a given product's success. The one commodity subsidized by the government is wheat flour used for baking bread. ONAC has in the past assisted other development organizations in commercializing their respective government's products which in turn paid for development projects. This organization has been very helpful to CRS in exploring monetization and has offered to buy and subsequently sell commodities for CRS upon arrival at port.

CRS wishes to import, twice a year, a quantity of oil for commercialization. Cooking oil is widely used in Djibouti and is, thus, a demanded product.

CRS/Djibouti has, as previously mentioned, made contacts with ONAC, the government agency concerned with the commercialization of imports. ONAC handles the wheat flour imports and assists other governments in commercializing products. CRS expects this scheme to finance a $ 250,000 logistical support program for regular programmed PL 480 foods.

L. Commodities

CRS Proposes to utilize four commodities in its programs ; rice, oil, sorghum and CSM. All commodities have been chosen for their nutritional value and acceptability. Rice, oil and sorghum have been used by CRS/Djibouti for a number of years with good success. CSM was included in the MCH program for the first time in FY 84 and is still being tested. Preliminary indications are that it is very successful as a child-weaning food in the MCH program.

CRS is considering the inclusion of pregnant women in its target population for the MCH food program. The addition of an iron-rich food to their diet would serve to combat a high level of iron-deficiency anemia found among Djiboutian women. CRS will continue to monitor its commodity mix and its impact or potential impact upon targeted populations.

Commodity Values FY 1985

1) CCC Commodity Value

Rice	:	1716.7 MT x $ 380/MT	= $ 652,346
CSM	:	691.7 MT x $ 347/MT	= $ 240,020
SFSG	:	616.7 MT x $ 260/MT	= $ 160,212
Soybean Oil:		691.7 MT x $1025/MT	= $ 632,117
		Total	=$1,684,695

2) Ocean Freight Values (Approximate)

Rice	:	1716.7 MT x $ 175/MT	= $ 300,422
CSM	:	691.7 MT x $ 175/MT	= $ 121,047
Soybean Oil:		616.7 MT x $ 225/MT	= $ 138,757
SFSG	:	616.7 MT x $ 175/MT	= $ 107,835
		Total	$ 668,081

TITLE II, PL 480 COMMODITIES
ANNUAL ESTIMATE OF REQUIREMENTS — FY 1985
(See reverse for Instructions)

FORM APPROVED
O.M.B. NO. 24-R0031

1. COUNTRY
DJIBOUTI

2. COOPERATING SPONSOR
CATHOLIC RELIEF SERVICES

3. RECIPIENT CATEGORIES	3a. NUMBER FEEDINGS DAYS PER MO	3b. NUMBER OF RECIPIENTS	3c. NUMBER MONTHS OPERATING	3d. NUMBER DISTRIBUTED PER YEAR	4. PROPOSED DISTRIBUTION: RICE a. NUMBER RECIPIENTS	RICE b. RATE KGS	RICE c. (000) KILOGRAMS	SFSO a. NUMBER RECIPIENTS	SFSO b. RATE KGS	SFSO c. (000) KILOGRAMS	OIL a. NUMBER RECIPIENTS	OIL b. RATE KGS	OIL c. (000) KILOGRAMS	CSM a. NUMBER RECIPIENTS	CSM b. RATE KGS	CSM c. (000) KILOGRAMS
Maternal Child Health Mother	30	8,000	12	12	8,000	4	384				8,000	1	96	8,000	2	192
Maternal Child Health Child	30	12,000	12	12	12,000	4	576				12,000	1	144	12,000	2	288
Preschool Child Feeding	25															
Other Child Feeding	30															
Other Child Feeding	30	7,000	9	9	7,000	2	126				7,000	0.5	31.5	7,000	2	126
School Feeding	30															
Food for Work Workers	30	960	12	12	960	4.5	51.8	960	4.5	51.8	960	0.75	8.6			
Food for Work Dependents	30	3,840	12	12	3,840	4.5	207.4	3,840	4.5	207.4	3,840	0.75	34.6			
Other General Relief	30	3,000	12	12	3,000	4	144				3,000	1.0	36	3,000	2	72
7. TOTAL RECIPIENTS																
8. TOTAL REQUIREMENTS FOR FY 19																

ADJUSTED REQUIREMENTS FOR SHIPMENT (METRIC TONS)

9. Quantity on Hand September 30, 19
10. Quantity Received October 1 through February 30, 19
10a. From Prior Year Approval
10b. From Current Year Approval
11. Quantity on Hand February 30, 19
12. Quantity Due or Rec'd for Current FY Program After Feb., 19
13. Total Line 11 Plus Line 12
14. Projected Distribution March 1 through September 30, 19
15. Estimated Inventory, September 30, 19
16. Desired Operating Reserve
17. Adjusted Total Requirements FY 19

CLEARANCES	SIGNATURE	TITLE	DATE
18. Submitted by (Field Representative)	[signature]	PROGRAM DIRECTOR	MAY 15, 1984
19. Reviewed and Recommended by US AID or Embassy		AID REPRESENTATIVE	MAY 15, 1984
20. Cooperating Sponsor Approval			
21. ISC/AID - Washington Approval			

AID 1330-3 (1-79)

TITLE II, PL 480 COMMODITIES
ANNUAL ESTIMATE OF REQUIREMENTS — FY 1985

(See reverse for instructions)

FORM APPROVED
O.M.B. NO. 24-R0051

1. COUNTRY: DJIBOUTI
2. COOPERATING SPONSOR: CATHOLIC RELIEF SERVICES

3. RECIPIENT CATEGORIES	3a. NUMBER FEEDINGS DAYS PER MO.	4. NUMBER OF RECIPIENTS	5. NUMBER MONTHS OPERATING	5a. NUMBER DISTRIBUTED PER YEAR	6. PROPOSED DISTRIBUTION — RICE: b. NUMBER RECIPIENTS	RICE: c. RATE KGS	RICE: d. (000) KILOGRAMS	SFSG: b. NUMBER RECIPIENTS	SFSG: c. RATE KGS	SFSG: d. (000) KILOGRAMS	OIL: b. NUMBER RECIPIENTS	OIL: c. RATE KGS	OIL: d. (000) KILOGRAMS	CSM: b. NUMBER RECIPIENTS	CSM: c. RATE KGS	CSM: d. (000) KILOGRAMS
Maternal Child Health Mother	30															
Maternal Child Health Child	30															
Preschool Child Feeding	25															
Other Child Feeding	30															
Other Child Feeding	25															
School Feeding	20															
Food for Work-Workers	30															
Food for Work-Dependents	30															
Other Refugee	30				5,000	3	180	5,000	6	360	5,000	0.75	45			
Monetization													210			
7 TOTAL RECIPIENTS					39,800			9,800			39,800			30,000		
8 TOTAL REQUIREMENTS FOR FY 1985							1,669.2			619.2			696.7			678

ADJUSTED REQUIREMENTS FOR SHIPMENT (METRIC TONS)	RICE	SFSG	OIL	CSM
9 Quantity on Hand September 30 19 83	1,163.4	86.6	83.9	-
10 Quantity Received October 1 through February 28 19 84	85.7	1,080.5	316.9	135.8
10a From Prior Year Approval	-	305.4	123.8	-
10b From Current Year Approval	85.7	775.1	193.1	135.8
11 Quantity on Hand February 28 19 84	679.5	544.4	120.6	28.8
12 Quantity Due or Rec'd for Current FY Program After Feb. 19 84	257	839.9	176.1	403.8
13 Total Line 11 Plus Line 12	936.5	1,384.3	296.7	432.6
14 Projected Distribution March 1 through September 30, 1984	900.6	1,350.3	286.7	412.6
15 Estimated Inventory, September 30, 19 84	36	34	10	20
16 Desired Operating Reserve 5%	83.5	31	30	33.7
17 Adjusted Total Requirements FY 19 85	1,716.7	616.2	616.7	691.7

CLEARANCES	SIGNATURE	TITLE	DATE
18 Submitted by (Field Representative)	[signature]	PROGRAM DIRECTOR	MAY 15, 1984
19 Reviewed and Recommended by: US AID or Embassy		AID REPRESENTATIVE	MAY 15, 1984
20 Cooperating Sponsor Approval			
21 USC/AID - Washington Approval			

TITLE II, PL 480 COMMODITIES
ANNUAL ESTIMATE OF REQUIREMENTS — FY 1985

(See reverse for instructions)

FORM APPROVED
O.M.B. NO. 24-R0051

1. COUNTRY
DJIBOUTI

2. COOPERATING SPONSOR
CATHOLIC RELIEF SERVICES

1 RECIPIENT CATEGORIES	3a NUMBER FEEDINGS DAYS PER MO.	4 NUMBER OF RECIPIENTS	5. NUMBER MONTHS OPERATING	6a NUMBER DISTRIBUTED PER YEAR	6. PROPOSED DISTRIBUTION											
					a. RICE			a. SESO			a. OIL			a. CSM		
					b. NUMBER RECIPIENTS	c. RATE KGS	d. (000) KILOGRAMS	b. NUMBER RECIPIENTS	c. RATE KGS	d. (000) KILOGRAMS	b. NUMBER RECIPIENTS	c. RATE KGS	d. (000) KILOGRAMS	b. NUMBER RECIPIENTS	c. RATE KGS	d. (000) KILOGRAMS
Maternal Child Health Mother	30	8,000	12	12	8,000	4	384				8,000	1	96	8,000	2	192
Maternal Child Health Child	30	12,000	12	12	12,000	4	576				12,000	1	144	12,000	2	288
Pre-school Child Feeding	25															
Other Child Feeding	20															
Other Child Feeding	25	7,000	9	9	7,000	2	126				7,000	0.5	31.5	7,000	2	126
School Feeding	20															
Food for Work Workers	30	960	12	12	960	4.5	51.8	960	4.5	51.8	960	0.75	8.6			
Food for Work Dependents	30	3,840	12	12	3,840	4.5	207.4	3,840	4.5	207.4	3,840	0.75	34.6			
Other Emergency Relief	30	3,000	12	12	3,000	4	144				3,000	1.0	36	3,000	2	72
7 TOTAL RECIPIENTS																
8 TOTAL REQUIREMENTS FOR FY 19																

ADJUSTED REQUIREMENTS FOR SHIPMENT (METRIC TONS)

9 Quantity on Hand September 30 19
10 Quantity Received October 1 through February 28 19
10a From Prior Year Approved
10b From Current Year Approved
11 Quantity on Hand February 28 19
12 Quantity Due or Rec'd for Current FY Program After Feb. 19
13 Total Line 11 Plus Line 12
14 Projected Distribution March 1 through September 30 19
15 Estimated Inventory, September 30 19
16 Desired Operating Reserve
17 Adjusted Total Requirements FY 19

CLEARANCES

	SIGNATURE	TITLE	DATE
18 Submitted by (Field Representative)			
19 Reviewed and Recommended by U.S. AID or Embassy		PROGRAM DIRECTOR	MAY 15, 1984
20 Cooperating Sponsor Approved		AID REPRESENTATIVE	MAY 15, 1984
21 USDA/FAS Washington Approved			

TITLE II, PL 480 COMMODITIES
ANNUAL ESTIMATE OF REQUIREMENTS — FY 1985

(See reverse for instructions)

FORM APPROVED
O.M.B. NO. 24-R0051

1. COUNTRY
DJIBOUTI

2. COOPERATING SPONSOR
CATHOLIC RELIEF SERVICES

3. RECIPIENT CATEGORIES	3a. NUMBER FEEDINGS DAYS PER MO	4. NUMBER OF RECIPIENTS	5. NUMBER MONTHS OPERATING	5a. NUMBER DISTRIBUTED PER YEAR	6. PROPOSED DISTRIBUTION											
					a. RICE			a. SFSG			a. OIL			a. CSM		
					b. NUMBER RECIPIENTS	c. RATE KGS	d. (000) KILOGRAMS	b. NUMBER RECIPIENTS	c. RATE KGS	d. (000) KILOGRAMS	b. NUMBER RECIPIENTS	c. RATE KGS	d. (000) KILOGRAMS	b. NUMBER RECIPIENTS	c. RATE KGS	d. (000) KILOGRAMS
Maternal Child Health Mother	30															
Maternal Child Health Child	30															
Pre-school Child Feeding	25															
Other Child Feeding	30															
Other Child Feeding	25															
School Feeding	20															
Food for Work Workers	30															
Food for Work Dependents	30															
Other B. Canteen	30				5,000	3	180	5,000	6	360	5,000	0.75	45			
Mob. Utilization													210			
7. TOTAL RECIPIENTS					39,800			9,800			39,800			30,000		
8. TOTAL REQUIREMENTS FOR FY 1985							1,669.2			619.2			596.7			678

ADJUSTED REQUIREMENTS FOR SHIPMENT (METRIC TONS)				
9. Quantity on Hand September 30 1983	1,164.4	86.6	83.9	
10. Quantity Received October 1 through February 28, 19 84	85.7	1,080.5	316.9	135.8
10a. From Prior Year Approval		305.4	143.8	
10b. From Current Year Approval	85.7	775.1	193.1	135.8
11. Quantity on Hand February 28 19 84	679.5	544.4	120.6	28.8
12. Quantity Due or Rec'd for Current FY Program After Feb. 19 84	357	839.9	176.1	403.8
13. Total Line 11 Plus Line 12	936.5	1,384.3	296.7	432.6
14. Projected Distribution March 1 through September 30, 1984	900.6	1,350.3	286.7	412.6
15. Estimated Inventory, September 30, 19 84	36	34	10	20
16. Desired Operating Reserve 5%	82.5	31	30	33.7
17. Adjusted Total Requirements FY 19 85	1,716.7	616.2	616.7	691.7

CLEARANCE	SIGNATURE	TITLE	DATE
18. Cleared by (Field Representative)		PROGRAM DIRECTOR	MAY 15, 1984
19. Recommended for USAID or Embassy		ATD REPRESENTATIVE	MAY 15, 1984
20. Transmitting Office			
21. Washington Office			