Djibouti is located at the base of the Horn of Africa which faces the Red Sea. It is at the crossroads between Africa and the Arab world, with people and goods moving in and out through the port of Djibouti to the Arabian Peninsula on the opposite shore.

Since around 1990, conflicts in Somalia and Ethiopia have caused many refugees to flood across the border into Djibouti. These refugees live in a refugee camp near the border with Somalia, waiting to return to their homeland or to emigrate to other countries. While at one time the influx of refugees appeared to have stopped, their numbers rose again, due to the deterioration of the political situation in southern Somalia in 2008.

A Japanese NGO, the Association of Medical Doctors of Asia (AMDA), has provided health and medical services in Djibouti since 1993 to refugees from countries such as Somalia, as an implementing partner of the Office of the United Nations High Commissioner for Refugees (UNHCR). Its main activities include those implemented at refugee camps, such as medical checkups, maternal and child health services, nutrition improvement program, and health and sanitation education. It also provides referral services, in which AMDA introduces and transports patients who need treatment outside of the camp, for more detailed medical tests, to medical centers with better medical facilities and techniques.

AMDA is, cooperating with the Government of Japan (*1), implementing a project to strengthen the referral services under a three-year plan beginning in 2008.

Ms. Hisako Murakami is the AMDA representative in Djibouti, who was originally a Japanese language teacher. While teaching Japanese in Pakistan in the 1990s, she saw firsthand refugees from Afghanistan and Sarajevo flooding into the country, and became interested in humanitarian assistance and development. Then she studied in the United States, and started assistance activities, beginning as a UN volunteer.

In the capital city of Djibouti, Ms. Murakami, as an AMDA representative, is supporting refugees who require consistent services, from consultations with patients needing referral services, to post-hospitalization follow-up. As the number of refugees increase, in order to deliver the utmost efficient referral services, Ms. Murakami keeps on establishing clear standards, improving system operations, and so forth.

Thanks to her terrific staff, the project is operating smoothly. She admitted, however, that she has also got herself into a bit of a scare. For instance, she was almost grabbed by a community leader of a refugee camp who wanted a patient from his community to be treated quickly. Also, once a week, she makes a day trip to the field office near the refugee camp, driving 250 km roundtrip, to observe the situation there in the field, and attends many other non-referral related jobs as the representative. Although Djibouti is safe, there is another factor which torments Ms. Murakami, that is, the heat. The wind called “Khamsin” which blows over the Arabian sea particularly in July and August, she describes, is so piercing, that it feels as though a hairdryer were placed on her face and had made it sting.

As a result of efforts made by Ms. Murakami and her staff, in 2009, 2,406 people received referral service and were transported to better medical centers. Additionally, she is working on community activities, including cleanings by volunteers using a donkey, and activities conducted with AMDA personnel aimed at improving public health. She also established a health committee among refugees and made it so that refugees themselves are involved in managing the clinic.

Ms. Murakami, in addition to strengthening the referral service, expects these initiatives led by refugees themselves to encourage refugees, saying “Despite their limited status as a refugees, I suppose that they will think more about ‘self-reliance’, if even only slightly”.

*1 Grant Assistance for Japanese NGO Project (Project name: Project to strengthen the referral system for Somali and Ethiopian Refugees)