

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT DATA SHEET

1. TRANSACTION CODE

C A = Add
C = Change
D = Delete

Amendment Number

DOCUMENT CODE

3

2. COUNTRY/ENTITY

EL SALVADOR

3. PROJECT NUMBER

519-0281

4. BUREAU/OFFICE

LAC

05

5. PROJECT TITLE (maximum 40 characters)

Emergency Program:

Health and Jobs for Displaced Families

6. PROJECT ASSISTANCE COMPLETION DATE (PACD)

MM DD YY
08 31 87

7. ESTIMATED DATE OF OBLIGATION
(Under "B." below, enter 1, 2, 3, or 4)

A. Initial FY 82

B. Quarter 3

C. Final FY 87

8. COSTS (\$000 OR EQUIVALENT \$1 =)

A. FUNDING SOURCE	FIRST FY 82			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total	2000	4000	6000	11186	61339	72525
(Grant)	(2000)	(4000)	(6000)	(11186)	(61339)	(72525)
(Loan)	()	()	()	()	()	()
Other U.S.				730		730
1. PL480 Title II						
2. World Food Program						
Host Country				17,317	6463	23,780
Other Donor(s)					26888	26888
TOTALS	2000	4000	6000	29233	94690	123923

9. SCHEDULE OF AID FUNDING (\$000)

A. APPROPRIATION PURPOSE	B. PRIMARY CODE	C. PRIMARY TECH. CODE		D. OBLIGATIONS TO DATE		E. AMOUNT APPROVED THIS ACTION		F. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1)	900	940		12525		60000		72525	
(2)									
(3)									
(4)									
TOTALS				12525		60000		72525	

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each)

500 300

11. SECONDARY PURPOSE CODE

12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)

A. Code	COOP	LAB	NUTR	PVOU	PVON	TECH	PART
B. Amount							

13. PROJECT PURPOSE (maximum 480 characters)

The project purpose is to provide income earning opportunities; basic health services, and adequate nutrition for the displaced population, while efforts are developed and tested to relocate those displaced persons, who are willing and able, into more productive lives.

14. SCHEDULED EVALUATIONS

Interim	MM YY	MM YY	Final	MM YY
	08 85	06 86		07 87

15. SOURCE/ORIGIN OF GOODS AND SERVICES

000 941 Local Other (Specify) 596

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a 101 page PP Amendment.)

17. APPROVED BY

Signature: *[Signature]*
 Title: Martin V. Dagata
 Mission Director

Tom Behout
 Controller

Date Signed
MM DD YY
05 15 84

18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION

MM DD YY

1
UNITED STATES INTERNATIONAL DEVELOPMENT COOPERATION AGENCY
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON D C 20523

PROJECT AUTHORIZATION

Name of Country : El Salvador
Name of Project : Emergency Program: Health and
Jobs for Displaced Families
Number of Project : 519-0281

1. Pursuant to Section 531 of the Foreign Assistance Act of 1961, as amended, I hereby authorize the Emergency Program: Health and Jobs for Displaced Families project for El Salvador involving planned obligations of not to exceed Sixty Million United States Dollars (\$60,000,000) in grant funds ("Grant") over a thirty-eight month period from date of authorization, subject to the availability of funds in accordance with the A.I.D. OYB/allotment process, to help in financing foreign exchange and local currency costs for the project.

2. The project ("Project") is a continuation of A.I.D.'s efforts to provide assistance to displaced families in the Cooperating Country. The assistance to be provided to displaced families in this Project will be in the areas of income earning opportunities; basic health services; adequate nutrition; and relocation of those displaced persons, who are willing and able, into areas where they may lead more productive lives.

3. The Project Agreement, which may be negotiated and executed by the officer to whom such authority is delegated in accordance with A.I.D. regulations and Delegations of Authority, shall be subject to such terms and conditions as A.I.D. may deem appropriate.

4. Commodities and services financed by A.I.D. under the Project shall be subject to the application of A.I.D.'s normal source and origin rules.

Frank B. Hill

for M. Peter McPherson
Administrator

July 10, 1984

Date

Clearances:
AAA/LAC:MBrown *MB*
GC:HMFry *HMF*
AA/PPC:RDerham *RD*
LAC/CEN:Prskin *PS*

DISPLACED PERSONS PP AMENDMENTTABLE OF CONTENTS

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I. SUMMARY AND RECOMMENDATIONS

A. Recommendations

A.I.D./El Salvador recommends authorization of a three year \$60 million increase in Grant funds for a third Amendment to the Emergency Program: Health and Jobs for Displaced Persons (No. 519-0281) This Project Amendment will increase A.I.D. authorized life of project funding from \$12,525,000 to \$72,525,000. With the additional GOES counterpart contribution and planned PL 480 Title II and private voluntary agency contributions, the life of project cost will total \$123,923,000.

A.I.D./El Salvador further recommends that the authorized Project Assistance Completion Date (PACD) be extended from August 31, 1984 to August 31, 1987.

B. Grantee

The Government of El Salvador will be the grantee. The major implementing organizations will be the Ministry of the Interior and Ministry of Health, Project HOPE and CARITAS. Within the Ministry of Interior, the Vice Minister -- as legal representative for CONADES -- shall chair the interagency working group dealing with displaced persons. The working group will be composed of representatives from the Ministry of Interior, the Ministry of Health, CONADES, the coordinator for local private voluntary agencies, international private voluntary agencies and A.I.D.. The inter-agency working group shall have responsibility for overall project monitoring and coordination.

Within the Ministry of Health, the divisions most involved in providing technical services to the displaced are the Divisions of Operative and Normative Services, particularly the subdivisions on Malaria Control, Epidemiology, Education and Environmental Sanitation. Within the Ministry of Interior, the entity most involved in this project is CONADES.

Private voluntary agencies, both local and international, will be involved in implementing the health care, supplemental and therapeutic feeding programs and food distribution outlined in this amendment. These agencies could include inter-alia, Project HOPE, CARITAS, The Salvadoran Red Cross, the Salvadoran Green Cross and four Dioceses in El Salvador.

C. Summary Description

The Displaced Persons Project was initiated in May 1982 to give emergency assistance to thousands of persons in El Salvador uprooted from their homes by the war. Since then, the number of displaced persons in El Salvador has increased substantially-- by 63% or 10% of the entire Salvadoran population. There is a need, therefore, to expand the program.

In addition, a 1984 evaluation pointed out several special problems among the displaced which need to be addressed. They are the high mortality and morbidity rate, as well as the low nutritional status of displaced children.

The program proposed in this amendment will be responsive to this evaluation, and will expand its services to accommodate an ever increasing number of persons. It will provide for more jobs, a more complete food basket, and more health care to the registered displaced in settlements. The health care services will include a new therapeutic and supplemental feeding program to address the nutritional deficiencies among displaced children.

The amendment will also further extend its services to a previously underserved group-- displaced persons who are dispersed and unregistered. This will be accomplished through a cooperative effort with four of the catholic dioceses of El Salvador which already provide some assistance to these groups through CARITAS.

Finally, the amendment will initiate a pilot relocation program for the displaced who wish to resettle. Relocation services will include help in obtaining land and resources to work Phase I farms and assistance for those resettling in place to become self-employed.

II. BACKGROUND

A. Project Results to Date

The rate of growth of the marginal population began to increase rapidly in 1979/80 as the violence increased in the rural areas, causing accelerated migration to more secure areas. In most cases the affected family was forced to flee their home without adequate planning or resources, which created an obstacle to incorporation of these people into the social and economic structure of the host communities. Available socio-economic data indicates that the registered displaced population is composed of the rural poor whose income, health, and nutrition levels have fallen from already inadequate levels. As the plight of the displaced population became more visible, the Government of El Salvador (GOES) reacted by creating in late 1981 the National Commission for Displaced Persons (CONADES). CONADES was given the responsibility of evaluating the displaced person problem and coordinating assistance to this group. The first official action of CONADES was to carry out a census of the displaced population.

Census taking was complicated by the fact that the displaced were intermingled with the general population, often living with friends or in marginal communities outside of larger cities and towns where it was difficult to separate them out from the local population. To solve this problem, the displaced were asked to register with local Committees for Assistance for the Displaced (CLADs), which were created under the auspices of CONADES and comprised of members of the clergy, leaders from

host communities and local government officials. Registration made it possible to know exactly how many people needed emergency assistance, and provided a mechanism for groups and officials dispensing aid to be held accountable for the commodities and services they delivered. By December 1981, approximately 164,300 displaced persons located in 136 municipalities throughout El Salvador had been identified and registered. Following confirmation of the nature and scope of the problem, the GOES requested A.I.D. assistance in providing for the basic human needs of the displaced population.

A.I.D. signed the original Agreement for this Project in May 12, 1982 to provide employment, food, and health assistance on an emergency basis to the increasing number of families displaced by the civil conflict. The Agreement recognized that, in seeking safety by abandoning their homes and communities, and relocating in more secure areas, "these families have been isolated from their principal sources of livelihood, deprived of the use of their normal shelter, and, at the same time, exposed to health hazards greatly exceeding normal levels, threatening both them and their host communities." The Project was designed to address these problems by providing resources to carry out an integrated assistance program consisting of: (1) small public works projects to provide employment opportunities; (2) preventive and curative health services; (3) the distribution of PL-480 Title II food assistance; and, (4) evaluation.

Because of the emergency nature of the program and the relative inexperience of CONADES in managing large scale, integrated, humanitarian relief operations, Project management was assigned to a Program Unit of professionals contracted directly by A.I.D.. The Program Unit works directly with the implementing agencies to manage the Jobs and the Health Services Program. Food assistance has been provided through the World Food Program from PL-480 Title II stocks and has been distributed primarily by CONADES. A.I.D. has played an increasingly important role in monitoring this program.

1) Jobs Program

The initial task for the Program Unit was to identify a national institution with a network of local offices which could develop labor-intensive, small-scale, public works projects in local communities, acquire the necessary labor from the displaced population, and supervise the financing and implementation of these projects. After an intensive analysis of existing organizations, the credit agencies affiliated with FEDECCREDITO were engaged to manage the program at the local level. Between November 1982 and January 1983, cooperative agreements were signed with seven credit agencies, one in each of the departments with the highest concentrations of displaced persons. Work began immediately on identification and start-up of projects.

In anticipation of start-up, over 333 eligible projects had been identified by the Program Unit staff. The list consisted primarily of public works projects designed by various GOES institutions but never

implemented due to lack of resources. The credit agencies were encouraged to use these project plans whenever possible and to design additional simple projects, such as sanitation and area clean up, which could be implemented immediately. More sophisticated projects, such as road repair and construction, were implemented as soon as adequate plans were completed.

Since the fundamental objective of the Jobs Program was to provide employment opportunities to as many displaced persons as possible, the criteria for projects selection were designed to promote the following concepts:

- (1) projects must be labor intensive, i.e., of total project cost labor should be no less than 70 percent;
- (2) compensation was fixed at one-half the official minimum rate or 6 colones per day; and
- (3) the rural credit unions were encouraged to rotate available positions in each project among several displaced persons and to discourage rehiring the same individuals on a subsequent project.

Although the total number of displaced persons who have worked in the Jobs Program is not precisely known (because of possible double counting), some 29,446 positions had been created in the Jobs Program as of December 1983. This translates into an average of 10,000 persons working in the program at any one time. (See Table II-1.) Over 333 projects had been completed as of January 1984. The average project employs approximately 50 workers over 8 weeks. Each project costs approximately \$15,000. The projects have been divided into two categories: Category A, which comprises settlements improvements for which the labor/materials cost ratio has been adjusted to 50/50 to permit sanitation improvement measures; and Category B, which comprises public works projects in the host communities, primarily road repair and construction. (See Table II-2).

2) Preventive Health

The objective of the preventive health activities is to protect the health of displaced persons through the immunization of all children most vulnerable to the principal communicable diseases and the provision of oral rehydration salts. Initially the preventive health program was to have been conducted by voluntary organizations such as the local and international Red Cross and the Salvadoran Green Cross. However, because of the need for training and licensing of the volunteers, the Ministry of Health (MOH) became the principal implementing agency in those geographic areas where an in-place capability existed. In addition, 60 Red Cross Volunteers were trained to reach those areas which were inaccessible to the MOH. The target for immunization was set at 400,000 children under 5 years of age and 50,000 pregnant women in the eight departments with significant displaced

populations. The first step in implementing the program was to improve the logistical system for receipt, storage, and handling of perishable vaccines. Cold chain equipment was installed in four locations. Since no major vaccination campaign had been carried out in the country since the mid-1970's, a private public relations firm was hired to prepare and conduct a publicity campaign on the availability and benefits of immunization.

By 1983, the organizational, reporting, logistical, and publicity systems, had been established and vaccinations increased rapidly. By March 1984, over 300,000 women and children in displaced settlements and their host communities had received vaccinations for communicable diseases and 30,000 pregnant women had received tetanus vaccinations. Although this number is somewhat less than the original target, recent analysis of population data indicates that the basic immunization needs of the displaced and host community populations have been largely met, i.e., 85 percent of the target population had been vaccinated. Unutilized vaccine will be donated to the Ministry of Health for its on-going program on the condition that supplies can be utilized prior to expiration and/or can be made available to private voluntary organizations working with the displaced population. In addition, the Program Unit medical staff has provided training to Private voluntary organizations (PVOs) and nursing staff working under the Curative Health component in promoting the use of oral rehydration salts. The salts are used in treating the effects of diarrhea, a major cause of death among small children in El Salvador. Over 25,000 packages have been distributed, and appropriate training provided by project nurses to heads of households. An additional 15,000 packages have been distributed by private organizations and the MOH through their respective programs.

3) Curative Health

The objective of the Curative Health component is to provide basic health services on a regular basis to major concentrations of displaced persons who either do not have access to MOH facilities or are reluctant to use them. Project sponsored health services are provided by twelve nurses contracted under a sub-agreement with CONADES and assigned to specific geographic areas. The nurses are supervised by two physicians who regularly visit the sites assigned to each nurse on a rotating basis. Each nurse is supplied with a kit of basic medicines to treat the most common health problems encountered in the displaced camps and settlements.

Contracting of the CONADES medical staff of twelve nurses and two physicians began in May 1983. As they were recruited and assigned, the nurses began a series of house-to-house visits, primarily in the displaced person settlements. Since the full staff has been functioning, the program has averaged approximately 10,000 home visits per month. In cases where the nurse cannot effect treatment, a referral system has been used for the patient to visit the nearest MOH clinic. The 2 colón cost is then reimbursed to the MOH on the basis of referral slips supplied by the nurse and submitted to the clinic by the patient. Over 6,000 such referrals had been made by December 1983.

TABLE II-1

TARGET POPULATION AND PROJECT OUTPUTS
(DURING CY 1983)

	<u>1/20/83</u>	<u>6/20/83</u>	<u>12/31/83</u>
1. Displaced Population			
A. Nationwide	230,000	257,000	263,000
B. Project Area (7 of 14 Depts.)	162,000	200,000	175,000
2. Vaccinations (Cumulative)			
A. Children	4,000	150,000	270,000
B. Pregnant Females	100	10,000	30,000
3. Curative Health			
Number of Home Visits	----	27,035	95,062
4. Employment Generation (Cumulative Except B & E)			
A. Projects Approved	81	320	562
B. Projects Underway	38	177	151
C. Projects Completed	8	66	350
D. Number of Job Positions Created	1,811	16,265	29,446
E. Number of DP's Working	1,652	9,984	10,053

TABLE II-2

PUBLIC WORKS PROJECTS DURING 1983

<u>Types of Projects</u>	<u>Number</u>
<u>Category A.</u>	
1. Drainage	7
2. Latrines	29
3. Waste disposal	6
4. Potable water maintenance	3
5. Sewage maintenance	4
6. Drainage system maintenance	2
7. Rodent extermination	6
8. Marginal area clean-up	34
9. Potable water system	1
10. Lorena stoves	1
<u>Category B</u>	
1. Gutter repair	11
2. Reforestation	5
3. Soil conservation	6
4. Cobblestone street construction	121
5. Drainage system construction.	2
6. Road widening	57
7. Access road construction.	9
8. Retention Wall construction	17
9. Road bridge construction	2
10. School construction	6
11. Recreation facility construction	3
12. Provisional DP housing	1
Total	<u>333</u>

4) Support for PVOs

a) Overview

An integral part of A.I.D.'s past assistance to the displaced population has been channeled through local private voluntary organizations. The current project has provided support grants to the following institutions:

- The Salvadoran Red Cross
- The Salvadoran Green Cross
- CESAD (The Salvadoran Evangelical Committee for Development Assistance)
- CARITAS/El Salvador
- The Zaragoza Catholic Orphanage
- Fe y Alegria (Santa Ana Catholic Charitable Organization)
- The San Miguel/San Antonio Orphanage Village

Past support grants have been limited to administrative costs and small purchases of necessary equipment. In return, the local private voluntary organizations, especially the Red Cross, have provided invaluable service in support of the vaccination campaign in conflict areas.

b) Support for Relocation Activities

A previous support grant to Fe y Alegria has financed a pilot relocation effort in Santa Ana. Church land has been donated for the construction of permanent dwellings for displaced families presently residing in refugees maintained by the Archdiocese of San Salvador. It is hoped that approximately 50 families can be relocated from the refugees to the new site and can begin to engage in economically productive activities.

B. Project Evaluation

An independent evaluation of the Project was conducted in February 1984 by a team of refugee/relief experts under the sponsorship of A.I.D. and the Bureau of Refugee Programs of the State Department. The purpose of the evaluation was to review and assess the validity of the original hypotheses of the Project, both in terms of the displaced person problem faced in 1981/1982 and the situation as it had developed since then. In addition, the evaluation was performed to determine the success of project design and implementation and to present recommendations for improving the Project.

The overall purpose of the Project is to provide supplementary assistance to displaced persons to improve their income and access to health services and food assistance. The evaluation found that the Project had achieved high levels of employment in the Jobs Program and

that the health services provided by the nurses and volunteers had reached significant numbers of displaced persons. They found, however, that the displaced population had increased beyond the levels targeted in the original Project.

The Jobs Program was designed to provide cash income to a maximum number of displaced persons through the creation of employment opportunities in small-scale, labor-intensive, public works projects carried out in settlements or in host communities. Although the numbers of positions created by the Program can be easily determined and have more than met Project targets, the number of displaced persons who have actually been employed at any one time was impossible to determine. The evaluation team did find that a disproportionately high percentage of workers -- 40 percent -- were recruited from nearby settlements, while only 15 percent of the total displaced population actually resided in the settlements where improvements were made. In addition, the evaluation team concluded that the needs of women were not adequately addressed in the Jobs Program.

The evaluation team examined some of the indirect objectives to be achieved by the Jobs Program. At the time of Project development, it was believed that the income obtained by the displaced persons would augment partial assistance received from extended families, seasonal employment, or the various food assistance mechanisms. The team found the income generated was probably not being used to purchase additional basic necessities, particularly food. The major obstacle to supplementary food purchases is a lack of knowledge about the proper mix and quantity of food necessary for nutritional well being. The dispersed population was also found not to be using their income for more basic health services, as originally assumed. Once again, however, it appeared that the reason is the lack of awareness among the displaced population of basic practices which promote good health. Also, during times of great uncertainty, there is a strong preference among the displaced to save rather than spend additional income. Another important indirect objective was the reduction of the adverse impact on the host community of a large influx of displaced persons. The evaluation team found that the Jobs Program had created a feeling in the host community, both among residents and municipal officials, that the displaced persons were making a positive contribution.

The Health Component was designed to create a system to receive, store, distribute, and administer medicines of both a preventive and curative nature. The evaluation team acknowledged the importance of such a system and confirmed that the vaccination effort had made a significant impact on the camp population and that the system of periodic home visitations was functioning smoothly. However, they did point out that several important elements in the system needed to be improved or had been overlooked. The team recommended that a surveillance system be instituted which would provide feedback to enable the program to adjust to the health problems as they developed, thereby more efficiently allocating available resources. In addition, the team concluded that

the health status of the displaced person population, while improved, was still below acceptable standards. They believed that education on proper personal hygiene and health practices, along with additional environmental improvements in displaced settlements would improve the situation.

The evaluation team conducted a small sample survey of the displaced population to determine their nutritional status. The team found that, in spite of the existing food assistance program, the nutritional status of the vulnerable displaced population (children of less than 5 years of age and pregnant or lactating mothers) was significantly below the general population. Not surprisingly, the survey showed that, within the group sampled, the displaced residents of San Salvador had the best nutritional status while the marginal urban residents (including the displaced) of the smaller secondary cities showed the greatest under nourishment. In order to attack this problem, the evaluation team recommended that the "food basket" be improved (more calories and proteins in the daily ration) and that a system to supply additional nutritional content of the diets of the most vulnerable segments of the displaced population be developed and implemented. In order to be of maximum value, the team recommended that a complementary program of nutritional awareness and education be instituted. The results of the evaluation team survey were confirmed by a 1984 joint AID/MOH/CONADES nutritional survey of displaced children aged 6 months to 5 years. The survey found 34% of all children sampled suffered from second stage malnutrition, and 5% suffered from third stage malnutrition. In addition, the joint survey found 23% of all displaced families in the sample had lost one child during the past five years, and that almost half-- 49%-- of displaced children suffered from on-going, chronic malnutrition.

The evaluation team concluded that, although the majority of Project targets had been met, they were out of date because of the rapid growth of the displaced population and inappropriate, because they were measured more in terms of inputs than outputs. To correct this situation, the evaluation team recommended that the Project be expanded and enlarged to provide assistance to a larger number of persons. And perhaps more importantly, a set of minimum health and nutrition standards should be established against which Project implementation could be measured to assure that the assistance reached families most in need on a timely basis.

C. Complementary A.I.D. Assistance

1) Office of Foreign Disaster Assistance

The Office of Foreign Disaster Assistance (OFDA) made available \$126,000 of the total funding of \$458,000 provided to local private voluntary agencies in early 1982. The assistance was provided from both OFDA and the Project with the objective of assuring that private voluntary agencies had the financial resources to continue

programs of humanitarian assistance to the displaced population. The Red Cross and the Green Cross were involved directly in the immunization campaign. The funds were used primarily to offset administrative and operational expenses.

In addition, technical assistance was provided by OFDA. The OFDA assisted in the procurement of medicines and supplies needed for the vaccination program. By using the emergency procurement procedures available to the OFDA, the vaccines arrived in El Salvador quickly and in good condition. OFDA and the Center for Disease Control (CDC) also provided short-term technical assistance in cold chain operations and evaluation techniques.

2) Food for Peace

The Food for Peace Office provided technical assistance on several occasions which indirectly aided the Project. The basic food ration for the displaced population was developed with the assistance of Food for Peace personnel. They also assisted CONADES in formulating logistics management procedures for the distribution of World Food Program contributions.

Food for Peace personnel also helped develop a supplemental food ration for displaced workers in the Jobs Program component. Their recommendations allowed the Project to boost the caloric intake of these workers to compensate for the additional energy expended during their labors.

3) Emergency Housing for Displaced Persons

As part of the Combined Plan for Area Restoration, A.I.D. approved the Emergency Housing Assistance for Displaced Persons on September 30, 1984. The project is constructing housing for 338 displaced families returning to their homes of origin or resettling on Phase I cooperative farms. Each unit constructed, or under construction, costs approximately \$1,500 and consists of roofing and a cement floor. The families are responsible for construction of the walls. All units will be constructed before September 30, 1984. A.I.D.'s contribution to the project is \$210,000.

4) Health Systems Revitalization Project

The project consists of procurement of urgently needed drugs, pharmaceuticals, supplies and equipment, strengthening of management and equipment maintenance systems, the establishment of a management information system which will support the medical supply and maintenance systems and the development of the capacity of the Ministry of Health to provide emergency medical services. The project is designed to improve the health status of the Salvadoran population, focusing on rural and urban marginal communities. It is estimated that 85% of the dispersed displaced population resides in these areas.

D. Other Donor Assistance

1) World Food Program

All registered displaced persons are eligible to receive food, with priority assigned to the most vulnerable segment of the population - young children, pregnant and lactating mothers, and health related emergency situations. The food assistance has been provided through PL-480 Title II commodities managed by the World Food Program and distributed by CONADES. In the last quarter of CY 83, this food amounted to 30,000 metric tons of the total 120,000 metric tons, reaching approximately 270,000 people by the end of the year. The rations are divided so that each individual receives approximately 1200 calories and 16 grams of protein.

A.I.D. has augmented the fifteen food monitors of CONADES by contracting for an additional seven reporting directly to A.I.D. to ensure that food deliveries are regular and timely.

2) Project Hope/Knights of Malta

Many private U.S. donors expressed a desire to help the displaced with medicine, clothing and other supplies. A delivery system for these donations was developed by Project Hope (packaging, shipping and transportation) and the Knights of Malta (customs services, storage and distribution in El Salvador). Project Hope coordinated closely with project officers to insure that all donations, especially medicines, were indeed needed, properly labeled and were clearly marked with valid expiration dates. As of December 1983, some \$2,200,000 of medicines had been delivered to displaced persons in El Salvador through this system.

III. PROJECT RATIONALE AND STRATEGY

As originally designed, the strategy of the displaced persons assistance project was to provide a safety net of relief supplies, including food, medicines and a jobs program to offer temporary employment to displaced persons in El Salvador. The rationale, as stated in the Project Agreement, was to meet the needs of families who had abandoned their homes and communities to relocate in more secure areas because "these families have been isolated from their normal shelter, and, at the same time, exposed to health hazards greatly exceeding normal levels, threatening both them and their host communities." This rationale remain equally as valid today as it was two years ago. The strategy of the project, however, must be adjusted in recognition of the changing realities of the displaced person problem.

Certain factors which define the nature and scope of the displaced person situation have changed since the Project was originally designed in 1981/82. In 1981/82, the number of displaced persons registered with CONADES stood at 165,000. Since that time the number has risen to 270,000. The food assistance program has grown correspondingly,

since it is based directly on the number of registered displaced persons. The complementary jobs and health programs, however, have been unable, under current funding, to keep pace with the expanded displaced population. The Salvadoran economy has continued to decline, further exacerbating the conditions of the displaced by restricting their ability to compete for jobs in the labor market, and thus obtain supplementary cash income. A final factor, and perhaps the most important in the long run, is that four years have passed since the displaced person problem gained public attention and-- to the extent such information on the subject exists-- no significant outflow of displaced persons from the assistance program has taken place. Part of the reason is that no organized program is functioning which deals with the relocation and reincorporation of displaced persons into society. All of these factors will be addressed in this Project Amendment.

The Amendment will expand as well as fine tune our program to provide more assistance to the unregistered displaced; an expanded jobs program to accommodate ever increasing numbers of people; more regular and timely delivery of food assistance and a new supplementary feeding program to address the needs of those groups in the displaced population which suffer high morbidity and mortality rates. In addition, The Project will initiate a pilot relocation program for the displaced who wish to resettle.

The displaced person problem has not remained static in the intervening years since the Project began in 1981/82. The rolls of registered displaced persons has swelled by more than 100,000; new settlements have sprung up in widely scattered parts of the country; and the environment in which the displaced person resides has become more difficult, both in physical and economic terms. In order to ensure the displaced persons assistance program responds to the dynamic nature of this population, the Amendment proposes to develop and incorporate a set of standards or targets into the program. The standards will be based upon realistic comparisons of health and nutrition, using international data as appropriate, and adapting these to fit the actual conditions of the Salvadoran population. Progress toward meeting these standards will be constantly monitored, and adjustments made by a surveillance system which will begin with a baseline data survey.

Within this framework of standards as output targets, the Project will provide the displaced population with expanded temporary employment opportunities. A glance at the list of displaced persons by department (see Table III-1) will show that the great majority of the target population now resides in the Eastern region of the country. Three additional departments will be added to the list of those eligible for the Jobs Program: La Paz, La Union, and La Libertad. This means that, according to the 1984 CONADES survey, only 22 percent of the target population will reside in departments without Jobs Program activities. However, if conditions warrant, projects can be developed and implemented in any or all of the remaining four departments. The need for such an expansion could come about if the displaced population begins to migrate

farther west in search of more secure locations than those available in the Eastern region of the country. (This pattern of relative freedom from violence in the West has been characteristic of El Salvador since 1979.) In addition, the Jobs Program will increase the number of projects being implemented at any one time so as to employ an average of 18,000 workers during the upcoming three years, an increase of 8,000 over the average to date of 10,000. This will expand the number of displaced persons employed annually in the program from 20 per cent of the registered displaced or 54,000 persons, to 35 per cent of the registered, or 95,000 persons.

Although the original Project targets were largely met, i.e., 400,000 vaccinations and 10,000 home visits per month by the Project nurses, a more focused and comprehensive basic medical program is needed if acceptable health standards within the displaced population are to be reached. In order to achieve measurable improvements in health status, the beneficiaries themselves must actively participate in the provision and monitoring of the services provided. Displaced persons will be recruited to act as health aides within their respective settlements; displaced persons residing in settlements will be encouraged to attend education programs in health and hygiene; and, special programs will be organized and implemented through the Local Communities for Assistance to the Displaced (CLADs) and the Jobs Program to improve sanitation and hygiene and to promote the use of appropriate technology which will impact positively on health within the settlements. The preventive and curative health activities already underway will be continued. The basic health services system will be managed by Project Hope through a cooperative agreement with A.I.D., and in close cooperation with the Ministry of Health. The Ministry of Health will collaborate with Project Hope in the training of health aides, seconding of Ministry of Health nurses to supervise the health services, and joint collection and analysis of health data. The Ministry of Health will assume full responsibility for the provision of health care to camp residents, as soon as feasible. The health services described herein will focus on the displaced person settlements as well as the dispersed and unregistered within the dispersed population. A.I.D., will work closely with the Ministry of Health to ensure that the ongoing Health Revitalization Project (No. 519-0291) has the capacity to incorporate the dispersed into its clinic referral and outreach systems.

Data obtained in the February 1984 comprehensive evaluation indicated that the nutritional condition of the displaced population is marginal. A.I.D. will increase its efforts, therefore, to ensure the regular and timely delivery of foodstuffs to the displaced. A corps of independent food monitors has been recruited, supervised by the Program Unit. They will be responsible for monitoring food assistance at the distribution points to ensure that it arrives in the amounts programmed, according to the planned schedule. An important hypothesis in developing the original daily ration of food for a displaced family was that available sources of income such as the Jobs Program and seasonal agricultural employment, would provide sufficient cash for the purchase of foods to make up the

balance of nutritional needs. The evaluation determined, however, that in most cases, disposable income was used for other purposes and that nutrition remains a serious problem. The daily food ration, therefore, will be supplemented for particularly vulnerable groups. Children under five years of age, pregnant and lactating women, and adults engaged in heavy manual labor in the Jobs program will be provided with additional rations through a supplementary feeding program. In addition, the regular Food Basket supplied under this program will increase the number of calories provided per person, per day, from 1227 to 1596.

In an effort to ensure that the food distribution system is operated at maximum efficiency, CONADES will be given short term technical assistance in administration, financial management and logistics. Eventually, CONADES will be phased out of the food assistance program, and responsibility given to a private voluntary organization. The shifting of food distribution from CONADES to a private voluntary agency will, among other benefits, allow CONADES greater assumption of its coordination, evaluation and policy making role.

This amendment will also increase the amount of locally produced food commodities purchased with PL-480 local currency generations for use in the supplemental and therapeutic feeding programs, in an effort to stimulate local markets.

Perhaps the most challenging aspect of the displaced is the prospect for the relocation and eventual reincorporation of the displaced back into the mainstream of Salvadoran life. This question is particularly important at this time because the economy appears to be leveling off and the Government of El Salvador has already begun efforts to rebuild some of the Eastern departments whose territory was formerly less secure. Any program of relocation must be voluntary in nature and must involve as many realistic options, both geographically and in terms of life style, as possible. The conditions under which each displaced family will agree to participate in a program of relocation will depend upon individual desires and expectations. For this reason the Project will finance a pilot relocation program whose primary objective will be to test various options on a limited scale so that an expanded, well-focused program can begin when conditions permit. The limited experience gained to date in relocation efforts, i.e., moving the displaced family either back to their place of origin or to some other agricultural community, indicates that many will choose to stay where they are now, in marginal urban communities. This reluctance to migrate a second time is understandable, given that many of the displaced families have lived in this environment for more than three years. Often, the decision to stay is made not on the basis of the condition of the camp or marginal community but on a reluctance to leave what little they have accumulated for another unknown destination and life. The pilot program will explore all of the available options and provide adequate incentives, including orientation/training, credit, and basic tools and equipment, to ensure that participants are given every opportunity to succeed in a new life.

TABLE III-1

REGISTERED DISPLACED POPULATION BY DEPARTMENT
AS OF MARCH 31, 1984

<u>DEPARTMENT</u>	<u>POPULATION</u>
San Salvador	55,952
San Vicente	36,536
Morazan	35,076
Cabanas	23,569
Cuscatlan	21,345
Usulután	21,093
Chalatenango	21,048
La Libertad	20,006
San Miguel	13,393
La Paz	10,941
Sonsonate	3,997
La Unión	3,124
Santa Ana	1,538
Ahuachapán	466
Total	<u>268,084</u>

IV. PROJECT AMENDMENT DESCRIPTION

A. Project Goal

The goal of this Project is to achieve an acceptable level of social stabilization.

B. Project Purpose

The purpose of this Project is to provide income earning opportunities, basic health services, and adequate nutrition for the displaced population, while efforts are developed and tested to relocate those displaced persons, who are willing and able, into more productive lives.

C. Project Components

The purpose of the original Project was to provide emergency humanitarian assistance to the large number of persons displaced within El Salvador by civil conflict.

This Project consisted of four components: 1) a public works projects to provide supplemental income to displaced families; 2) preventive and curative health services; 3) the distribution of food; and, 4) an evaluation system to monitor effectiveness of the Project. The number of registered displaced persons has increased by 64% since this program was conceived, from 165,000 in 1981, to 270,000 in 1984. There is a need, therefore, to expand these services in order to accommodate an ever increasing number of persons.

This Project Amendment will expand the three programs discussed above as well as fund four new interventions to adjust for particular needs. These interventions will be: (1) a supplementary feeding program; (2) a therapeutic feeding program; (3) an environmental sanitation improvements program and; (4) a pilot relocation effort.

1) Jobs Program Component

This component will expand by \$43.48 million our current Jobs Program, in order to accommodate the increased number of displaced persons in El Salvador. Currently, 65% of the total humanitarian assistance budget is devoted to the Jobs Program, which gives temporary employment to registered displaced persons so they will have additional cash to buy food and other basic necessities. The Project will increase the number of displaced persons to be employed under this program from an average of 10,000 persons a month to an average of 18,000 persons a month, or from 20% of the registered displaced population to 35% of the registered displaced population. The Program will be expanded to include the departments of La Union, La Paz and La Libertad.

An additional benefit of this Project is the multiplier effect it has on the economy of local communities, by providing displaced persons with small amounts of cash they would otherwise not have to spend in local markets.

a) Types of Jobs Provided

The types of jobs provided center around public works projects that improve the living conditions in displaced person settlements and urban marginal communities. Priority will be given to projects which improve health conditions or reduce health hazards, particularly sanitation improvements.

Secondary priority will be given to projects which improve the local community, such as road repair, reforestation and dispensary construction.

Jobs provided are temporary, i.e, they are rotated so that as many persons as possible receive some income from the program. The average of 18,000 persons employed each month is calculated by the number of positions available. Because each position is rotated, the actual number of persons employed can be much greater-- by a factor of two to four.

b) Geographic Target Areas

The program will continue to focus on areas in El Salvador most heavily impacted by the presence of displaced persons. In addition, the program attempts to give incentives for displaced persons in rural areas to remain in place, and not to migrate to denser urban areas, such as San Salvador. The departments in which work programs exist are Chalatenango, Morazan, Usulután, San Miguel, Cabanas, Cuscatlán, and San Vicente. The departments of La Paz, La Libertad and La Unión will be added.

In addition, any other area containing large concentrations of displaced persons in settlements shall be eligible for improvement projects. The Jobs Program will maintain the flexibility to add all departments if the need arises. Additional departments will be certified as eligible by mutual agreement between the Coordination Unit and A.I.D..

c) Process of Approval

All local, organized groups within a department, including those affiliated with the government of El Salvador, can submit recommendations for projects to be carried out under this component. Each project will be approved by the local Mayor, the local CLAD and have the approval of A.I.D. Controls are maintained within the program to insure that all projects meet eligibility criteria.

d) Implementing Organizations

The Jobs Program will be implemented by the A.I.D. Program Unit in cooperation with local credit agencies, local mayors, CLADs, and fiscal agents.

JOBS PROGRAM COMPONENT BUDGET
(000' s)

	FY 84		FY 85		FY 86		FY 87		TOTAL		TOTAL	
	FX	LC	FX	LC	FX	LC	FX	LC	FX	LC	FX	LC
<u>AID</u>												
Projects		2,432		8,332		8,332		7,904		27,000		27,000
Tools, Materials, Trans.		720		2,303		2,303		1,674		7,000		7,000
Administration (Cajas)		240		923		924		780		2,867		2,867
Finan. Control		87		356		356		281		1,080		1,080
Sub-total		3,479		11,914		11,915		10,639		37,947		37,947
<u>CLAD/MAYCR</u>												
Project												
Identification/Approval		16		66		66		52		200		200
TOTAL JOBS PROGRAM COMPONENT		3,495		11,980		11,981		10,691		38,147		38,147

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2) Health and Nutrition Component

a) Purpose and Strategy

The purpose of this component will be to significantly reduce life threatening deficiencies in health and nutrition among displaced persons, and to significantly improve the general level of health of the displaced population.

The strategy to accomplish this purpose will be to expand two current programs of preventive and curative health services, and initiate five new ones: an environmental improvements program; an epidemiological surveillance program; a hygiene education program; new mechanisms for program monitoring; and the provision of technical assistance to appropriate private and local governmental organizations.

Approximately 21% of the Displaced Persons Budget will be devoted to this component, which will consist of:

A preventive health services program which will focus on immunization for pregnant women and children under five years of age and oral rehydration therapy (ORT). These two measures will address the major communicable and preventable diseases and the principal gastro-intestinal illness, diarrhea, in El Salvador. The program will continue the immunization efforts already undertaken with displaced persons.

A curative health program which will provide a major expansion of services to displaced persons. It will build dispensaries and provide nursing aides in up to 30 areas covering 117 displaced settlements and their host communities. In addition, basic health care services will be provided to the dispersed and unregistered through centers to be established by CARITAS in urban, marginal communities.

An environmental improvements program which will focus on installation of water, latrines, and washing facilities in displaced person settlements, along with a program for malaria control, fly control, hygiene awareness and training, and the incorporation of Lorena stoves in settlements for cooking wherever feasible. These interventions will be carried out in urban marginal communities, wherever feasible, to aid the dispersed and unregistered.

A nutrition improvement program which will focus on three interventions: (1) supplemental feeding to children under 5 years along with pregnant and lactating women, (2) therapeutic feeding for those individuals whose health is seriously threatened and, (3) improving the nutritional level of displaced persons by ensuring the regular and timely delivery of food, and increasing the number of calories provided in the daily Food Basket from 1200 to approximately 1600.

A hygiene education program which will consist of classes conducted in the supplementary feeding centers, and a publicity campaign concerning vector control, water purification, etc., conducted by the Ministry of Health's Education Division.

These interventions will have a beneficiary population of upward of 465,000 persons who comprise the registered and unregistered displaced in rural and urban settlements, and will begin to address the needs of the unregistered displaced as well.

b) Health Services Subcomponent

(1) Preventive Health Services

Overview: This subcomponent will continue two critical preventive health programs currently underway for displaced persons-- immunization of children under five, along with lactating and pregnant women; and Oral Rehydration Therapy (ORT). There is a need to expand the immunization program to reach remote rural communities as well as the dispersed and unregistered, and to encourage the greater use of oral rehydration salts among displaced persons. Both of these are key preventive health measures, since displaced persons are more vulnerable to infectious disease, and diarrhea is currently one of the three principal causes of infant mortality in El Salvador.

(a) Immunization

Using the resources of Ministry of Health, CONADES and A.I.D., the current immunization program has recently completed its initial inoculation program in all of the major displaced settlements. The total number of persons receiving inoculations was 340,000. Children under five years of age were vaccinated against polio, measles, diphtheria and pertussis; children of all ages were vaccinated against tetanus, and pregnant women were vaccinated against neo-natal tetanus. The Project will continue the current program, but services will be delivered in the supplemental feeding centers to be established in displaced settlements. Women bringing in children for supplemental feedings will be encouraged to have them inoculated. In addition, nurses assigned to the new dispensary units will actively seek out those in settlements and host communities with children under five years who need inoculation.

Inoculations will be provided to the dispersed and unregistered through a cooperative program of CARITAS and the Ministry of Health, through local CARITAS supplementary feeding centers.

Target Areas: Priority attention will be given to the departments of Chalatenango, Morazan, Usulután, San Vicente, Cabanas, Cuscatlán, San Miguel, La Paz, La Unión, La Libertad and San Salvador. The other three departments will also be included but

will be added only after 95-100% of the target population in the first eleven departments has been vaccinated. Adding the other three departments will be considered on the basis of events as they evolve, and will be subject to mutual agreement between the Ministry of Health and A.I.D..

General policy will be to saturate areas in a direction beginning in the north and moving toward the south, replicating the direction of movement of the displaced population.

Eligibility: Children between the ages of three months and five years, belonging to displaced families in the target areas shall be eligible for vaccinations. Vaccinations, however, will not be denied to other children in host communities. This is not only to avoid resentment toward displaced persons, but to protect children in host communities, for whom the displaced population could present a health hazard. In addition, children will be served within the departments without regard to constraints of strategic location and other criteria related to the conflict.

It is estimated that this ongoing immunization program will cover 165,000 persons over the next three years, in addition to the 340,000 already inoculated.

(b) Oral Rehydration Therapy (ORT)

This program will promote the distribution and use of oral rehydration salts among displaced persons, who do not use these as widely as they could. This will be accomplished by augmenting the Oral Rehydration Therapy (ORT) program of the Ministry of Health with additional funding and staff, and by engaging the services of Project HOPE to support them. Project HOPE, in cooperation with the Ministry of Health, will have responsibility for the ORT program in displaced settlements, distributing salts to those coming into the supplementary feeding centers and to the general population on an as-needed basis. CARITAS, in cooperation with the Ministry of Health, will focus its ORT program on the dispersed and unregistered displaced.

The Oral Rehydration Therapy (ORT) program will have an educational component, which will be conducted in the supplementary feeding centers. Both health workers and mothers will be taught the proper use of these salts. Additional training will include the importance of breast feeding for children who are not yet weaned and the ability to recognize impending dehydration.

Target Areas

The distribution of ORT salts will be targeted on displaced person settlements, and urban marginal communities with large concentrations of dispersed and unregistered displaced. The

focus of distribution will be the following departments. Chalatenango, Morazan, Cuscatlan, San Vicente, Cabanas, San Miguel, La Paz, La Union, La Libertad, San Salvador and Usulután. The remaining three departments will be covered as the need arises.

Eligibility

Children of displaced families under the age of five years, in the targeted departments, will be eligible to receive ORT salts. It is during these years that the incidence of mortality from diarrhea is greatest. The strategy and focus of the outreach program will be based upon a survey, conducted by the Ministry of Health, of urban and marginal populations throughout El Salvador.

(2) Curative Health Services

(a) Overview

The purpose of this component will be to create an auxiliary, basic health care network for displaced persons, in order to alleviate the burden this population places on existing Ministry of Health facilities. The Project will build new dispensaries in displaced person settlements, equip them with medicines and supplies to treat common ailments, and staff them with auxiliary nurses who can administer the medication or refer patients to Ministry of Health facilities when necessary. In addition, these dispensaries will be opened to the host community.

Project HOPE, in cooperation with the Ministry of Health, will run the dispensaries to be built in 30 sites which will cover the 117 major concentrations of registered displaced persons. CONADES will serve the dispersed through an outreach program; and CARITAS, through its supplemental feeding centers, will serve the unregistered displaced population.

Target Areas

Up to Thirty (30) sites in the following seven departments will be chosen as initial target areas for this network: Chalatenango, Cuscatlán, Cabanas, San Vicente, Usulután, Morazán, and La Libertad. (For a list of the exact towns and camp sites near them, see Annex B). The sites were chosen because they have the greatest concentration of displaced families and place the greatest burden on existing Ministry of Health primary care facilities.

Eligibility

All displaced persons, as well as the general population living near the dispensaries, will be eligible for services. Priority will be given to locating the dispensaries near concentrated shelter settlements which have naturally evolved or have been specially created to provide emergency shelter.

(b) Additional Curative Interventions

Intestinal parasites are commonly reported illnesses in El Salvador. They undoubtedly contribute to some of the nutritional deficiencies among displaced persons because they aggravate preexisting or border line cases of nutritional deficiency, caused by low caloric intake.

The Project will revitalize the anti-parasite campaign of the Ministry of Health, which operated prior to the current conflict but has been reduced in scope because of lack of resources. Currently, the only anti-parasite campaign being conducted is by the curative staff of CONADES, using two day doses of oral mebendazole. It should be noted, however, that programs of parasite treatment and prevention based only on drugs are not effective in the long run. Several interventions will be initiated, therefore, to provide a more comprehensive approach, and will focus on revitalizing the Ministry of Health capability to address this problem.

These interventions will include: 1) continuing the current oral therapy anti-parasite campaign administered by Ministry of Health; 2) initiating an education program about parasites, centered around the supplementary feeding program in displaced persons settlements; 3) improving sanitation in both displaced persons settlements and among rural and urban displaced populations; 4) and increasing the food supply among displaced persons, because a well fed person can normally be nourished even if afflicted with the two most common intestinal parasite infections.

(3) Program Surveillance and Monitoring

A monitoring system will be developed for infectious diseases of significant public health impact in El Salvador which, if unattended, could occur in epidemic numbers in displaced person settlements and spread beyond to endanger the health of the populations in nearby towns and villages. Fifteen diseases will be monitored: typhoid fever, infectious hepatitis, acute bacterial meningitis, influenza, diarrheal disease, pertussis, measles, hemorrhagic conjunctivitis (to which first priority will be assigned) and malaria, acute poliomyelitis, scabies, dengue, tuberculosis, neonatal tetanus and amebiasis (to which second priority will be assigned).

In displaced settlements, the Project HOPE auxiliary nurses will be trained to recognize and report promptly sets of symptoms associated with the 15 targeted diseases. These will be reported to a central office in the Ministry of Health Epidemiology Division which will immediately dispatch physicians to visit those patients with symptoms judged to be potentially associated with epidemic diseases. These symptoms will be entered and accumulated into an on-going data base, to monitor all potential hazards.

In addition to monitoring infectious diseases, this system will monitor hospitalization and mortality rates as well as keep basic census data on displaced persons. For an explanation of the implementing details see Annex B.

(4) Hygiene Education

Hygiene education is critical in the environment of displaced settlements where people are living in marginal and crowded conditions. Education regarding sanitation, personal hygiene, water purification, vector control and even elementary measures such as the necessity for children to wear shoes will be included in an extensive public awareness campaign and a series of training programs to be initiated.

Additional public awareness activities will be carried out using the wealth of literature and visual materials already designed for refugees and persons living in marginal areas. These materials will be analyzed and adapted for El Salvador, and distributed by auxiliary health personnel.

HEALTH SUBCOMPONENT BUDGET

	FY 84		FY 85		FY 86		FY 87		TOTAL		TOTAL
	FX	LC	FX	LC	FX	LC	FX	LC	FX	LC	
1. Preventive Health Services											
AID											
Technical Assistance (HOPE)	32.0		132.0		132.0		104.0		400.0		400.0
Personnel (HOPE)		32.0		132.0		132.0		104.0		400.0	400.0
Commodities (salts & vaccines)	12.8	4.8	52.8	19.8	52.8	19.8	41.6	15.6	160.0	60.0	220.0
Immunization Supplies	4.0		16.5		16.5		13.0		50.0		50.0
PVO	8.0	18.0	33.0	74.2	33.0	74.3	26.0	58.5	100.0	225.0	325.0
Base line study			125.0	75.0					125.0	75.0	200.0
Personnel (Publicity Campaign)		4.0		16.5		16.5		13.0		50.0	50.0
Mass media & Advertising		12.0		49.5		49.5		39.0		150.0	150.0
Sub-total	56.8	70.8	359.3	367.0	234.3	292.1	184.6	230.1	835.0	960.0	1,795.0
MOH											
Personnel		224.0		924.0		924.0		728.0	2,800.0		2,800.0
Materials & Supplies		33.6		138.6		138.6		109.2		420.0	420.0
Logistic Support		67.2		277.2		277.2		218.4		840.0	840.0
Sub-total		324.8		1,339.8		1,339.8		1,055.6		4,060.0	4,060.0
CONADES											
Personnel		27.5		113.5		113.5		89.5		344.0	344.0
Materials & Supplies		14.1		58.1		58.1		45.7		176.0	176.0
Logistic Support		24.7		101.6		101.6		80.1		308.0	308.0
Sub-total		66.3		273.2		273.2		215.3		828.0	828.0

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Health Subcomponent Budget (cont.)

	FY 84		FY 85		FY 86		FY 87		TOTAL		TOTAL
	FX	LC	FX	LC	FX	LC	FX	LC	FX	LC	
<u>CARITAS</u>											
Personnel		18.0		74.2		74.3		58.5			
Materials & Supplies		9.0		37.3		37.3		29.4			225.0
Logistic Support		40.0		165.0		165.0		130.0			113.0
Sub-total		67.0		276.5		276.6		217.9			500.0
TOTAL PREVENTIVE HEALTH	56.8	528.9	359.3	2,256.5	234.3	2,181.7	184.6	1,718.9	835.0	6,686.0	7,521.0
2. <u>Curative Health Services</u>											
<u>AID</u>											
Technical Assistance (HOPE)	24.0		99.0		99.0		78.0		300.0		300.0
Personnel (Dispensaries)		56.0		231		231		182.0			700.0
Equip., medicines, supplies	119.5	55.2	493.0	227.7	493.0	227.7	388.5	179.4	1,494.0	690.0	2,184.0
Logistic Support		28.0		115.5		115.5		91.0			350.0
Base line study			125.0	75.0					125.0	75.0	200.0
Sub-total	143.5	139.2	717.0	649.2	592.0	574.2	466.5	452.4	1,919.0	1,815.0	3,734.0
<u>MOH</u>											
Personnel (outreach program)		56.0		231.0		231.0		182.0			700.0
Materials & Supplies		8.4		34.6		34.7		27.3			105.0
Logistic Support		16.8		69.3		69.3		54.6			210.0
Sub-total		81.2		334.9		335.0		263.9		1,015.0	1,015.0
<u>CONADES</u>											
Personnel (outreach program)		27.5		113.5		113.5		89.5			344.0
Materials & Supplies		14.2		58.4		58.4		46.0			177.0
Logistic support		24.6		101.6		101.6		80.2			308.0
Sub-total		66.3		273.5		273.5		215.7		829.0	829

Health Subcomponent Budget (cont.)

	FY 84		FY 85		FY 86		FY 87		TOTAL		TOTAL
	FX	LC	FX	LC	FX	LC	FX	LC	FX	LC	
<u>3. Program Surveillance & Monitoring</u>											
<u>AID</u>											
Technical Assistance (HOPE)	12.0		49.5		49.5		39.0		150.0		150.0
Personnel		21.6		89.1		89.1		70.2			270.0
Materials Supplies/Logistic suppt		10.4		42.9		42.9		33.8			130.0
Sub-total	12.0	32.0	49.5	132.0	49.5	132.0	39.0	104.0	150.0	400.0	550.0
<u>MCH</u>											
Personnel (Epidem. Survy. Dpt.)		2.9		12.0		12.0		9.6			36.5
Materials & Supplies		0.5		1.8		1.8		1.4			5.5
Logistic Support		0.9		3.6		3.6		2.9			11.0
Sub-total		4.3		17.4		17.4		13.9			53.0
TOTAL CURATIVE HEALTH	155.5	323.0	766.5	1,407.0	641.5	1,332.1	505.5	1,049.9	2,069.0	4,112.0	6,181.0
TOTAL HEALTH COMPONENT	212.3	851.9	1,075.8	3,713.5	875.8	3,513.8	690.1	2,768.8	2,854.0	10,848.0	13,702.0

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c) Environmental Improvement Subcomponent

(1) Overview

Sickness caused by the absence of basic sanitation, and through other environmental factors, generate many of the health problems suffered by displaced persons and their host communities. The reduction of environmental hazards, therefore, is an important part of the health program. The areas to be addressed in this new program of preventive health care for displaced persons will be: water supply, sanitation, washing facilities, fly control, malaria control, cooking facilities and hygiene awareness. These projects will be carried out by those employed in the jobs program, in close collaboration with the MOH.

The beneficiaries of this subcomponent will include the displaced residing in 67 major settlements and urban marginal communities, and the displaced relocated on 25 Phase I farms.

(2) Water Supply

The quantity and quality of water supplied to displaced persons, as well as the methods of supply, varies greatly. In most cases, by the time the water is consumed the quality is poor. Most of the previous attention has focused on improving the quantity of water supplied to displaced persons. This program will also focus on improving the quality of water supplied by initiating a five point system:

First, improvements will be made in water supply systems. In locations where water is drawn from wells or streams, piped water will be extended to appropriate locations within the settlements.

Second, the environment at the water source will be protected. Concrete or brick platforms will be constructed around water taps, and adequate drainage will be provided, to promote general cleanliness and permit sunlight to filter in to help suppress bacteria around the tap.

Third, displaced persons living in the settlements will receive containers for transporting water and then storing the water at home once it has been decontaminated. This system will be implemented on a pilot basis and, if successful, will be enlarged to cover the majority of the major settlements.

Fourth, an extensive public education campaign will be carried out in the settlements to acquaint people with methods for purifying water and to demonstrate basic hygienic measures for protecting the water source. Courses will be offered in the supplemental feeding centers, posters and pamphlets will be distributed by health personnel working with the displaced, and an educational effort will be initiated on radio and educational television by the Ministry of Health.

Fifth, a minimum standard of 15 liters of water per person, per day will be established for displaced persons. Currently, adequate water supplies are available in all settlements, although walking distance sometimes reduces supplies on hand to 8 liters a day. Efforts will be made to ensure that the standard is maintained in those settlements where the water source is at a distance from the settlements.

PLANSABAR, a division of the Ministry of Health, will design the appropriate water systems to be installed, and construction will be carried out by the Jobs Program. The target population for these improvements will be the displaced in the 67 major settlements, the displaced in urban marginal communities, and those relocated on the 25 Phase I farms.

(3) Sanitation

The provision of latrines in displaced settlements poses a number of technical as well as social problems. Experience in Latin America indicates that people will not walk farther than about 75 meters to use latrines, no matter what the type of latrine or its cleanliness.

Several types of systems will be developed, therefore, to meet the needs of displaced settlements, taking into account both distance and capacity. Individual or small group latrines will be installed in the linear settlements. A survey of each linear camp will be conducted to determine the proper intervention.. The Aqua Privy latrine system will be considered for the larger settlements. Several designs have been developed for use in refugee settlements and in urban slums throughout the world. These will be analyzed and the appropriate design or designs selected. Water seal toilets will be used for some of the smaller settlements where numerous people are living in one large building. Composting toilets have been recommended by several appropriate technology specialists working in El Salvador. They could be an alternative for displaced persons living throughout larger colonias or residing in rural areas. And finally, chemical toilets will be considered in those areas where other options are not appropriate.

The Environmental Sanitation Division of the Ministry of Health will do the survey and design work necessary to implement this program, and construction will be carried out under the Jobs Program.

(4) Washing Facilities

Some of the health problems in displaced persons settlements can be directly attributed to the lack of hygienic facilities. Diarrhea is caused, inter alia, by dirty eating utensils, and scabies by both the prolonged wearing of dirty clothes and infrequent bathing. Two solutions will be used to resolve this problem:

First, concrete or brick platforms will be built near all water taps, equipped with dividers so that men and women can have privacy when they are bathing. A portion of this area will be designated for washing cooking and eating utensils.

Second, multi-purpose washstands, equipped with screens for privacy, will be built where appropriate. A survey of the settlements will be done to determine the best design for each.

PLANSABAR shall design the proper intervention and the Jobs Program will implement them.

(5) Fly Control

Although flies are not currently a major hazard in the camps, it is important that activities be taken to control them before they become a problem. Flies proliferate in the rainy season and should the number of persons in displaced settlements increase, sanitation and hygiene problems will become more acute. We will initiate a three part program, therefore, to control flies in settlements and marginal urban communities. It will consist of:

Chemical control, spraying the settlements with insecticides periodically, in accordance with safe environmental practice. This will be carried out by the Ministry of Health Malaria Control Division.

Improved refuse collection. Families will be provided with plastic waste bags that can be sealed tight and will hold approximately one week's garbage. The Local Committee of Displaced People (CLAD) will establish collection teams in each of the settlements to collect the refuse and deposit it in holding bins until collected by municipal authorities.

Installation of screens around latrines and garbage storage areas. This is a relatively low cost measure which, when coupled with improved refuse collection, will make substantial improvements in controlling flies in the settlements. The Jobs Program will implement these improvements.

In addition, a public education campaign on the importance of fly control will be carried out as part of the overall health education program. Visual aids will be acquired from the Pan American Health Organization, the International Rescue Committee and other health education specialists, which will be adapted for use in El Salvador.

(6) Malaria Control

Malaria has been identified as a health problem in some of the areas where displaced persons are concentrated. The Ministry of Health Malaria Division will identify areas in displaced settlements and urban marginal communities where mosquitos could breed and initiate the appropriate intervention. The two types of malaria control activities will be:

Removing sources of mosquito breeding by improving drainage, and spraying where appropriate. It is important that water not stand close to houses, to remove areas where water could stand or accumulate under shade, and to keep large water containers covered and muddy areas from forming by paving locations such as washing areas. These interventions will be implemented by the Jobs Program and the MOH Malaria Control Division.

Providing medical prophylaxis through the distribution of anti-malaria pills and the presumptive treatment of fevers of undetermined origin. During peak malaria season, the epidemiologic surveillance system will help to identify potential hazard areas and the Ministry of Health will provide medicine as required. Malaria pills will be distributed by the auxiliary health personnel assigned to the dispensaries built in 30 settlements, and by medical personnel serving the displaced in urban, marginal communities.

(7) Cooking Facilities

Most displaced persons cook on the traditional earthen stove, built on a table or earthen platform which uses firewood for fuel. Although some private agencies have been promoting the use of Lorena stoves-- which use less firewood and are vented outdoors-- these are still not widely used in El Salvador. The stripping of local forests for firewood, and smoke caused by traditional stoves are, therefore, the major problems with current cooking practices in displaced person settlements and settlements.

Several options will be examined to improve the situation, and the appropriate technology adopted. They are: 1) providing additional technical assistance to private agencies already promoting the use of the Lorena stove; 2) promoting other designs for fuel efficient stoves, and 3) introducing charcoal as a fuel.

BUDGET FOR ENVIRONMENTAL IMPROVEMENT SUB-COMPONENT
(\$ 000)

	FY 84		FY 85		FY 86		FY 87		TOTAL		TOTAL
	FX	LC	FX	LC	FX	LC	FX	LC	FX	LC	
<u>AID</u>											
Base line study			125.0	75.0					125.0	75.0	200.0
Vehicles, Equip, Logistic Support		7.6	181.0	31.3		31.4		24.7	181.0	95.0	276.0
Hygiene Awareness (TA/HOPE)		10.8		44.5		44.5		35.2		135.0	135.0
Sub-total		18.4	306.0	150.8		75.9		59.9	306.0	305.0	611.0
<u>MCH</u>											
Personnel		210.5		868.2		868.2		684.1		2,631.0	2,631.0
Materials & Supplies		31.6		130.2		130.2		102.6		394.6	394.6
Logistic Support		63.1		260.5		260.5		205.2		789.3	789.3
Sub-total		305.2		1,258.9		1,258.9		991.9		3,814.9	3,814.9
TOTAL ENVIRONMENTAL IMPROVEMENT		323.6	306.0	1,409.7		1,334.8		1,051.8	306.0	4,119.9	4,425.9

d) Nutrition Subcomponent

Malnutrition is a long standing and major problem for children and other vulnerable groups in El Salvador. Based on the 1984 Krumm et. al. survey, the nutritional problem of greatest concern to displaced persons is not the chronic malnutrition characteristic of all developing countries. Rather, it was an acute and ongoing malnutrition which may be more common among displaced persons than among the general population of El Salvador. For this reason, a comprehensive nutrition program will be developed to increase the number of calories allotted daily per person and to regularize the delivery of foodstuffs to the displaced.

This program will have five parts, the center of which will be the supplementary feeding program. The five parts of the program are: improving the food basket, establishing a supplemental feeding program, establishing a therapeutic feeding program, initiating nutrition education, growth monitoring and a nutrition surveillance system.

(1) The Food Basket

The Project will continue efforts to provide a regular supply of adequate amounts of nutritionally balanced foods, which can be periodically changed to provide for variety and to ensure that nutritional needs are met. The number of calories provided per person, per day will be increased from 1200 to approximately 1600, chiefly through the addition of 100 grams of whole corn to the food basket.

The amount of food currently provided per person to the displaced is a survival ration. It was intended to be supplemented through other sources, such as the Food for Work program, the CARITAS Maternal-Child Health program, or personal resources such as gardens, small chicken coops or support from relatives. Because of uncertainties in the food distribution system, and a nutritional survey which found approximately 58% of all children in El Salvador chronically malnourished, the number of calories will be increased to put the food basket provided above survival level.

The Project will not only increase the food basket provided to displaced persons who are registered or dispersed, but will serve the unregistered for the first time. Food commodities comprising a basic daily ration will be provided to DIDECO, for distribution by CARITAS to the unregistered. The point of delivery shall be the CARITAS feeding centers located in four Catholic Dioceses of El Salvador.

The United States provides 98% of all the imported food commodities being distributed to displaced persons in El Salvador. Currently, four organizations distribute this food to the displaced: the UN World Food Program, CONADES, CARITAS and the Salvadoran Evangelical Committee for Development Assistance (CESAD). 85% of Title II food is distributed by the World Food Program through CONADES. The International Committee of the Red Cross (ICRC) distributes the remaining 18% in areas of conflict.

The Project will improve the capability of CONADES to distribute food to the displaced by providing them with technical assistance, additional food monitors, and more equipment. A.I.D. will fund from PL-480 local currency generations increases in the CONADES budget for purchase of local foods when necessary.

(2) Supplementary Feeding Program

The Supplementary Feeding Program will provide at least one high-energy, low-bulk extra meal per day to those groups in the displaced person population which have greater energy needs than are generally met by the food basket. These groups are children under five years of age, pregnant women, lactating women, persons recovering from serious illness and those performing heavy manual labor under the Jobs Program. The standard will be to provide 350-400 calories and 15-18 grams protein per person, per day in addition to regularly supplied rations. A room shall be set aside as the Supplementary Feeding Center in the dispensaries built to serve the 117 displaced person settlements in El Salvador. Workers in the Jobs Program will receive their extra ration through the credit agency system which compensates them for work.

All food used in the supplementary feeding program shall be locally produced and purchased. Women from the displaced settlements will staff the supplementary feeding centers, prepare the extra meals provided daily, and will be paid by CARITAS. Feeding Center staff will be rotated to provide as many displaced women as possible with temporary employment opportunities.

The program will serve two additional purposes: as the foundation of a comprehensive maternal-child health program and as the focal point of a comprehensive nutrition and health program. This means it will serve as a site for providing vaccinations, anti-parasite treatment and education, family planning education, training and services and nutrition education.

A private voluntary agency, CARITAS, will be contracted to organize, run and evaluate this program. A nutritionist will be hired by the Program Unit to monitor this effort. In addition, AID will provide technical assistance by funding two specialists in logistics and program management to work directly with CARITAS for 48 person-months on the supplemental feeding program. The four dioceses of El Salvador, which supervise each local CARITAS affiliate, will be involved in the effort to extend this program to the dispersed and unregistered displaced. Each diocese will provide a distribution point for these services to be delivered to the dispersed, who previously had no regular channel to participate in this program.

Those eligible for the program will be all children under 5 years, as well as all pregnant and lactating women, those recovering from severe illness and those performing heavy manual labor in settlements and settlements under the Jobs Program. For women and children, the process will work by checking a posted list of those eligible for the program with those who come to the supplementary feeding center every day. A strong outreach program will be developed to seek out registrants who miss more than one day of supplementary feeding. The goal of the program will be 95-100% registration and attendance of eligible persons.

In addition, A.I.D. will contract with a PVO to conduct a publicity campaign to ensure that all eligible persons are aware of this program.

(3) Therapeutic Feeding Program

This is a treatment program for children who are found to be severely malnourished either by anthropometric measurements or clinical impression of second and third stage malnutrition. Treatment will consist of providing these children with frequent feedings of high calorie food--the single most important treatment for malnutrition. The standard will be to provide an additional 150-200 calories and 2-3 grams of protein per person, per day to eligible participants. Initial feeding of the children will be under the close supervision of personnel qualified and experienced in nutritional rehabilitation, but the regimen is so simple that displaced persons themselves should be able to take over the program. Therapeutic feeding centers will be housed in the supplementary feeding facilities. In addition, the weight gain of children eligible for the program will be monitored and those who fail to respond will be further examined for evidence of occult diseases such as tuberculosis.

This program will be administered through the 30 Supplementary Feeding Centers, which will serve the registered displaced residing in settlements. Resources will be

provided to CARITAS, so that its Maternal-Child Health program will have the capacity to serve supplementary meals to the dispersed and unregistered displaced.

(4) Nutrition Education and Growth Monitoring

These two programs will be operated out of the Supplemental Feeding Centers to be established in displaced settlements, and by CARITAS for the dispersed and unregistered. They will have, as their target audience, the women who bring their children into the centers for additional feeding.

The Nutrition Education Program will consist of, but not be limited to, teaching mothers the appropriate foods for weaning, the importance of using clean water for food preparation, the relationship between feeding and malnutrition, and nutritional needs during pregnancy.

The Growth Monitoring program will consist of regularly measuring the height and weight of children, as an integral part of both the supplementary feeding program and the nutrition education program. Repeated measurements of a child's growth process will provide a way for both the health worker and the mother to assess normal development.

This program will be implemented by the Special Education Division of the Ministry of Health, with support and technical assistance provided by Project HOPE.

(5) Nutrition Surveillance

Authorities generally agree that nutrition surveillance systems (based on measurements of height, weight, age and in some cases, arm circumference and rates of breast feeding) are important components of any national health and nutrition program. During the 1970s, the government of El Salvador developed a nutrition surveillance system. That system needs to be strengthened so that aggregate data can be collected and the frequency and extent of malnutrition among displaced persons can be determined more precisely. This, in turn, will allow us to more efficiently focus the efforts of the nutrition improvement program on those who need it most.

The Project will draw on the revitalized nutrition surveillance capability of the Ministry of Health. In addition, statistics on nutrition related deaths and nutrition related hospitalization will be gathered from the Ministry of Health facilities and from auxiliary nursing personnel in the settlements.

NUTRITION SUBCOMPONENT BUDGET

	FY 84		FY 85		FY 86		FY 87		TOTAL		TOTAL
	FX	LC	FX	LC	FX	LC	FX	LC	FX	LC	
1. Base line study			125.0	75.0					125.0	75.0	200.0
1. <u>Food Basket</u>											
<u>AID</u>											
Tech. Assis. (CONADES/DIDECO)	120.0		495.0		495.0		390.0		1,500.0		1,500.0
Vehicles			130.0						130.0		130.0
PVO	16.0	10.0	66.0	41.2	66.0	41.3	52.0	32.5	200.0	125.0	325.0
Sub-total	136.0	10.0	691.0	41.2	561.0	41.3	442.0	32.5	1,830.0	125.0	1,955.0
<u>CONADES</u>											
Personnel		48.0		198.0		198.0		156.0		600.0	600.0
Materials & Supplies		14.2		58.4		58.4		46.0		177.0	177.0
Logistic Support		114.8		473.9		473.9		373.4		1,436.0	1,436.0
Local Food		470.4		1,940.4		1,940.4		1,528.8		5,880.0	5,880.0
Sub-total		647.4		2,670.7		2,670.7		2,104.2		8,093.0	8,093.0
<u>DIDECO</u>											
Personnel		68.2		281.4		281.4		221.6		852.6	852.6
Materials & Supplies		25.0		103.2		103.3		81.4		312.9	312.9
Logistic Support		132.9		548.2		548.2		431.8		1,661.1	1,661.1
Sub-total		226.1		932.8		932.9		734.8		2,826.6	2,826.6
<u>WORLD FOOD PROGRAM</u>											
Food	5,236.0		4,000.0		4,000.0		4,000.0		17,236.0		17,236.0
Personnel	20.0		20.0		20.0		20.0		80.0		80.0
Sub-total	5,256.0		4,020.0		4,020.0		4,020.0		17,316.0		17,316.0

Nutrition Subcomponent Budget (cont.)

	FY 84		FY 85		FY 86		FY 87		TOTAL		TOTAL
	FX	LC	FX	LC	FX	LC	FX	LC	FX	LC	
<u>2. Supplementary/Therapeutic Feeding</u>											
<u>AID</u>											
Admin. (CARITAS)	16.0	80.0	66.0	330.0	66.0	330.0	52.0	260.0	200.0	1,000.0	1,200.0
TA/PVO	62.4	41.6	257.4	171.6	257.4	171.6	202.8	135.2	780.0	520.0	1,300.0
Sub-total	78.4	121.6	323.4	501.6	323.4	501.6	254.8	395.2	980.0	1,520.0	2,500.0
<u>MOH</u>											
Personnel		.8		3.4		3.4		2.6		10.2	10.2
Materials & Supplies		.1		.5		.5		.4		1.5	1.5
Logistic Support		.2		1.0		1.0		.8		3.0	3.0
Sub-total		1.1		4.9		4.9		3.8		14.7	14.7
<u>DIDECO</u>											
Personnel		29.2		120.6		120.6		95.0		365.4	365.4
Materials & Supplies		10.7		44.3		44.3		34.8		134.1	134.1
Logistic Support		57.0		234.9		234.9		185.1		711.9	711.9
Local Food		240.0		990.0		990.0		780.0		3,000.0	3,000.0
Sub-total		336.9		1,389.8		1,389.8		1,094.9		4,211.4	4,211.4
<u>CARITAS</u>											
Personnel		120.0		495.0		495.0		390.0		1,500.0	1,500.0
Materials & Supplies		60.0		247.5		247.5		195.0		750.0	750.0
Logistic Support		270.0		1,113.7		1,113.8		877.5		3,375.0	3,375.0
Sub-Total		450.0		1,856.2		1,856.3		1,462.5		5,625.0	5,625.0
<u>PL-480 TITLE II</u>	58.4		240.9		240.9		189.8		730.0		730.0
TOTAL NUTRITION COMPONENT	5,528.8	1,793.1	5,400.3	7,472.2	5,145.3	7,397.5	4,906.6	5,827.9	20,981.0	22,490.7	43,471.7

280a

3) Pilot Relocation Services Component

a) Overview

This component will develop a system of relocation services, on a pilot basis, to those displaced families wishing voluntarily to resettle and return to a productive life in El Salvador. Assistance provided will be in the form of food, health services, loans, equipment, and jobs to displaced families in resettled areas. The target areas for this project will be the departments of San Vicente and Usulután. The mechanism to carry out this program will be the already existing relocation program of CONADES. In addition, those families who do not wish to resettle will be provided with assistance to develop micro-businesses as an incentive to remove themselves from the Jobs Program.

b) Background

This component will test strategies, refine administrative procedures and determine the actual demand and supply of relocation opportunities for displaced families in rural areas.

The majority of displaced families come from rural areas and have agricultural backgrounds. Other than security, the ability to obtain clear title to farming land and the possession of the resources to work it are also key incentives for participation in this program.

c) Description

This program will provide, on a pilot basis, the following relocation services: 1) a comprehensive survey to identify the degree of interest in relocating in San Vicente and Usulután; 2) the identification of potential relocation sites in San Vicente and Usulután; 3) the determination of the conditions under which those wishing to resettle have access to land; 4) and the provision of loans for working capital, shelter construction and basic tools and equipment.

This project will provide CONADES with enough resources to run a pilot relocation program. CONADES already has the mandate to provide relocation services under its charter, and has a small relocation effort underway. Since 1982, 125 families (750 individuals) have been relocated in the Department of Cabanas. To date, however, its efforts have been sporadic and uncoordinated.

To support CONADES, A.I.D. will fund an independent, local contractor to conduct a survey to determine the degree of interest in relocation. The contract team will 1) carry out a manpower analysis of rural and urban labor markets in the target areas; 2) survey Phase I cooperative farms to determine labor supply and demand; and 3) perform a sample survey of the displaced person population. This survey will be used to develop the criteria for choosing relocation sites, promoting voluntary participation and establishing operation policies and procedures for the CONADES program.

CONADES will follow up by hiring relocation promoters during the next three years, who will be responsible for carrying through the program at the local level. Each promoter will be assigned a zone of responsibility within the target population. In addition, inspectors will be recruited to examine the rural relocation sites or communities identified by the contract team and negotiate the terms and conditions for displaced persons with Phase I cooperatives, CLADs, or other involved institutions. A relocation proposal document will then be prepared for joint submission and approval to CONADES, The Salvadoran Institute for Agrarian Transformation (ISTA) or The National Finance Office for Agrarian Lands (FINATA), FEDECCREDITO, and A.I.D.

Once access to the sites is confirmed, the promoters will conduct a series of interviews with displaced persons expressing an interest in relocating. Once the decision to relocate has been made, and a site mutually agreed upon, the head of the household will be given the opportunity to examine the site. If the terms and conditions are then accepted, arrangements will be made to relocate the family for a predetermined amount of time.

Assistance to the family relocating will then be provided in the form of: 1) supplementary food; 2) working capital loans; 3) shelter construction loans; 4) basic tools and equipment and 5) periodic follow up visits by the promoters. The goal will be to complete assistance within six months, but this time frame will remain flexible to adjust for unforeseen complications.

d) Additional Relocation Services

Additional Health Resources A special program of health and sanitation improvements will be carried out by Project HOPE on 25 Phase I cooperative farms that have agreed to accept displaced families for relocation. Medical dispensaries will be constructed on each cooperative farm with supervision and labor provided by the Jobs Program. A community health aide will be assigned to monitor health conditions of the population on each farm and to administer basic preventive and curative care. The same cooperative arrangement between Project HOPE and the Ministry of Health that exists for the settlements will be the basis for providing services on Phase I farms. Water systems and latrines will be constructed, repaired or extended to provide potable water and these activities will also be funded through the Jobs Program.

Micro-business Development. Those displaced families who choose to remain in their host communities will be provided with support systems geared towards employment or self-employment in an urban economy. An attempt will be made to encourage self-employment by providing assistance to develop skills appropriate to urban markets such as cooking and sewing, basic literacy, carpentry, metal working, brick making, snack food push carts and other income earning activities. The CONADES survey, confirmed by a recent evaluation, indicates that there is a small core of displaced persons, probably not more than 10 percent of the total, who have found permanent employment or other sources of income in their host communities. These persons will be identified and phased out of the jobs and assistance programs of this project.

e) Special Funding Arrangements

A special credit line will be funded in the San Vicente and Usulután credit agencies to support this program. The credit line will finance working capital requirements of not more than \$2,000 per household or \$5,000 per solidarity group. These amounts refer to the limits of funding available, not the average to be provided under this component.

f) Expected Results

To provide services to at least 800 families.

PILOT RELOCATION SERVICES COMPONENT BUDGET
(\$ 000)

	FY 84		FY 85		FY 86		FY 87		TOTAL		TOTAL
	FX	LC	FX	LC	FX	LC	FX	LC	FX	LC	
<u>AID</u>											
Base line survey	4.0	6.4	16.5	26.4	16.5	26.4	13.0	20.8	50.0	80.0	130.0
Commodities	18.5	49.8	76.2	205.2	76.2	205.3	60.1	161.7	231.0	622.0	853.0
Credit Line		80.0		330.0		330.0		260.0		1,000.0	1,000.0
Tools and Equipment		16.0		66.0		66.0		52.0		200.0	200.0
Personnel & TA		11.6		47.8		47.9		37.7		145.0	145.0
PVO	16.0	10.0	66.0	41.2	66.0	41.3	52.0	32.5	200.0	125.0	325.0
Sub-total	38.5	173.8	158.7	716.6	158.7	716.9	125.1	564.7	481.0	2,172.0	2,653.0
<u>CONADES</u>											
Salaries		24.0		99.0		99.0		78.0		300.0	300.0
Supplies & Equipment		5.6		23.1		23.1		18.2		70.0	70.0
Logistic Support		14.4		59.4		59.4		46.8		180.0	180.0
Sub-total		44.0		181.5		181.5		143.0		550.0	550.0
<u>CREDIT AGENCIES</u>											
Personnel		9.6		39.6		39.6		31.2		120.0	120.0
Admin/Other Costs		21.7		89.8		89.8		70.7		272.0	272.0
Sub-total		31.3		129.4		129.4		101.9		392.0	392.0
TOTAL RELOCATION PILOT	38.5	249.1	158.7	1,027.5	158.7	1,027.8	125.1	809.6	481.0	3,114.0	3,595.0

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4) Project Management and Surveillance

This component is a budgetary category only, for the activities of A.I.D.'s Program Unit which administers the entire project. A description is found in section VII. B. 2.

5) Project Evaluation

This component budgets for project evaluations, described in section VIII., Evaluation.

PROJECT MANAGEMENT AND SURVEILLANCE
(\$ 000)

	FY 84		FY 85		FY 86		FY 87		TOTAL		TOTAL
	FX	LC									
<u>LD</u>											
Program Unit Costs	40.4	108.2	166.6	446.4	166.7	446.4	131.3	351.7	505.0	1,352.7	1,858.0

PROJECT EVALUATION
(\$ 000)

	FY 84		FY 85		FY 86		FY 87		TOTAL		TOTAL
	FX	LC									
<u>AID</u>											
Baseline Surveys	0	0	190	0	0	0	0	0	190	0	190
Formative Evaluations	0	0	165	0	182	0	0	0	347	0	347
Summative Evaluation	0	0	0	0	0	0	205	0	205	0	205
TOTAL PROJECT EVALUATION	0	0	355	0	182	0	205	0	742	0	742

V. PROJECT IMPLEMENTATION AND ADMINISTRATIVE ARRANGEMENTS

A. Jobs Program Component

The Jobs Program shall be administered through a Credit agency, in this case a Rural Credit Union, in each department of El Salvador eligible for the program. Service agencies will be contracted through a formal Cooperative Agreement with the A.I.D. Program Unit. Their responsibilities shall include the organization and activation of the program, receipt, disbursement and accounting for funds, logistical support and overall management of the work program, along with other functions necessary for implementation.

Recommendations for projects to be carried out by the Jobs Program can originate from any local organization, including those affiliated with the government of El Salvador. All recommended projects must be approved by the mayor of the local community in which they will be executed, and then by the A.I.D. Program Unit.

B. Health and Nutrition Component

1) Health Services Subcomponent

a) Preventive Health Services

Preventive Health Services will be delivered by the Ministry of Health, Project HOPE and CARITAS. In areas of conflict, they will be assisted by the International Committee of the Red Cross and the Salvadoran Red Cross. In addition, CONADES will be responsible for providing health personnel for the outreach program to care for displaced persons not reached through the dispensary network to be set up in major settlements. All activities will be carried out in accordance with the policies and procedures already established for this program and supported by technical training.

b) Curative Health Services

The overall administration and management of this program shall be under Project HOPE. It will work in close collaboration with already established health care providers in the country, specifically the Ministry of Health and CONADES. There will be two levels of staffing for this project and responsibilities shall be divided in the following manner:

Project HOPE will be responsible for managing and staffing the network of up to 30 dispensaries that will be built in the 30 major displaced person settlements. This includes conducting a baseline survey to determine the appropriate construction, placement and design of the dispensaries and additional housing needed to support them.

The Ministry of Health and CONADES will be responsible for managing and staffing the outreach program which will provide basic curative services to the displaced population residing outside of the 23 major camp sites. This will include contracting the services of 15 nurses and 4 medical supervisors specifically for the Outreach Program.

The overall administration and management of the anti-parasite campaign will be the responsibility of the Ministry of Health. Two other organizations, however, will support this effort through auxiliary programs. They are: CARITAS which will operate the Supplementary Feeding programs to be the focus of a parasite education campaign; and the Jobs Program, which will undertake various environmental and sanitation improvements which will reduce the incidence of parasites in the displaced population.

c) Program Surveillance and Monitoring

This component will revitalize the capability of the Ministry of Health to keep epidemiological records. As part of its responsibilities to administer and manage the new Health Services component of this program, Project HOPE will provide technical assistance to the Ministry of Health to upgrade its computer facilities.

d) Hygiene Education

The Ministry of Public Health had extensive experience in health education activities which, unfortunately, were disrupted by the conflict. The Ministry of Health, therefore, will be provided with resources to revitalize its health education program. Funding will be made available to the Ministry of Health for specific promotion services to displaced persons living in settlements and urban, marginal communities. In addition Project HOPE will be contracted to support Ministry of Health efforts in this area.

The focal point for delivery of hygiene education will be the supplemental feeding program. These feeding centers will provide a "captive" audience of women bringing in their children for additional meals. By working with the women on a daily basis in bringing their children back to health, other incidental opportunities will arise in which health education will be presented. Studies show that when women's awareness of hygiene rises, the overall condition of the family will improve.

2) Environmental Improvement Subcomponent

A baseline study will be conducted by Project HOPE to identify and design the appropriate environmental improvements necessary in the 23 major and 44 medium size displaced person settlements.

The actual environmental improvements will be carried out utilizing the work force of the displaced persons in each of the settlements under the Jobs Program. In addition, environmental

improvements will be made in settlements accommodating large numbers of the dispersed displaced. Decisions on what improvements are necessary in dispersed settlements shall be decided upon by the local mayor and the rural credit agencies in consultation with A.I.D..

3) Nutrition Subcomponent

There are two levels of administration in the Nutrition program, one for the delivery of actual foodstuffs to displaced persons nationwide, and the other to supervise the supplemental and therapeutic feeding programs to be initiated in 117 settlements.

a) Food Basket

Currently, food is provided to the 300,000 registered and 30,000 unregistered displaced persons in the following manner:

Each displaced family receives a monthly ration of cornmeal, vegetable oil and dried skim milk from DIDECO and CONADES through commodities supplied by the World Food Program.

In addition, those employed in the Jobs Program receive an additional allotment of food from Title II and PL 480 commodities supplied by the U.S. government.

Displaced families residing in settlements supported by the Archdiocese of San Salvador receive food supplied by Catholic Relief Services through commodities provided by the European Economic Community (EEC).

And displaced families enrolled in the Maternal-Child Health Program sponsored by Catholic Relief Services can participate in a CARITAS feeding program supplied with food by PL 480 and Title II.

b) Supplementary and Emergency Feeding Programs

The Supplementary Feeding Program will be run by CARITAS. It will be operated out of the Supplementary Feeding Centers to be established in 23 major areas which will service 117 displaced person settlements. An additional 70,000 metric tons of foods for this program will be provided by DIDECO, through the emergency feeding program for displaced persons. The Therapeutic Feeding Program will be an auxiliary to the Supplementary Feeding Program, and will operate out of the same building complex by CARITAS.

c) Nutrition Education and Growth Monitoring

Project HOPE will provide technical assistance to train individuals from the various Ministries (Ministry of Health, Ministry of Education and Ministry of Agriculture) to conduct nutrition

education sessions associated with the Supplementary Feeding Program, as well as growth monitoring.

d) Nutrition Surveillance

Nutrition surveillance will be carried out by the Ministry of Health using information gathered at Project Hope dispensaries, MCH hospitals, and supplementary feeding stations.

4) Specific Support Grants

Many PVO's engaged in activities which directly or indirectly provide assistance to the displaced population will receive support grants for administration and logistic expenses. Eligible costs will include but not be limited to the following:

- Salaries of Administrative Personnel
- Purchase of Vehicles
- Maintenance of Vehicles
- Purchase of Building Materials
- Purchase of Office Equipment
- Purchase of Medicine
- Purchase of Food and Clothing

Budget for Limited Support Grants

	<u>Year I</u>	<u>Year II</u>	<u>Year III</u>	<u>Total</u>
Salvadoran Red Cross	\$50,000	\$100,000	\$100,000	250,000
Catholic Dioceses	50,000	100,000	100,000	250,000
Salvadoran Green Cross	25,000	50,000	50,000	125,000
Caritas	25,000	50,000	50,000	125,000
CESAD	25,000	50,000	50,000	125,000
San Miguel Orphanage	10,000	20,000	20,000	50,000
Zaragoza Orphanage	10,000	20,000	20,000	50,000
Total	<u>\$195,000</u>	<u>\$390,000</u>	<u>\$390,000</u>	<u>975,000</u>

C. Pilot Relocation Services Component

The major implementing organization for this component will be CONADES, supported by the services of Project HOPE.

Project HOPE will conduct a baseline survey to determine the degree of interest among displaced persons to relocate in the departments of San Vicente and Usulután.

CONADES will be responsible for carrying out the program on a local level, including interviewing families, negotiating land arrangements, and relocating participants.

The funding for capital improvements and equipment loans will be made available through the FEDECREDITO in San Vicente and Usulután.

In addition, credit agencies will be responsible for providing technical assistance and training to establish microbusinesses for those displaced families resettling in place.

D. IMPLEMENTATION SCHEDULE

PROJECT YEAR I					PROJECT YEAR II					PROJECT YEAR III														
CY 1984					CY 1985					CY 1986					CY 1987									
Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	Jun.	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	Jun.	Jul.	
PROPOSED ACTIVITIES																								
Study of Area (1984, 1985) ←————→																								
Develop 3 new service activities ↔																								
Develop 2 service activities ↔																								
Plan Service Area Support with 3 Service Activities ↔																								
Develop and Implement Study SA (23) Activities ↔																								
Develop and Implement Study SA (23) Activities ↔																								

Best Available Document

PROJECT YEAR I					PROJECT YEAR II					PROJECT YEAR III													
CY 1984					CY 1985					CY 1986					CY 1987								
Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	Apr.	May	Jun.	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	Jun.	Jul.

Initiate construction of the program needed under Title Program for (23) DP Substations



Initiate Bids for Final Award for Title Program



Sign final construction contracts with final award



Survey and identify the program for (23) DP Substations



Purchase construction materials for (23) DP Substations



Initiate construction for (23) DP Substations



PROJECT YEAR I					PROJECT YEAR II					PROJECT YEAR III																									
CY 1984					CY 1985					CY 1986					CY 1987																				
Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	Apr.	May	Jun.	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	Jun.	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	Jun.	Jul.

Estimate of (VALUES) by type of IP activities

**HEALTH AND NUTRITION COMPONENT
HEALTH SERVICES SUB-COMPONENT**

Estimate of (VALUES) by type of IP activities

PROJECT YEAR I												PROJECT YEAR II												PROJECT YEAR III											
CY 1984				CY 1985				CY 1986				CY 1987																							
Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	Apr.	May	Jun.	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	Jun.	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	Jun.	Jul.	

Staffing of 21 dissem-enters with hearing aids



Contracting 15 nurses (Nurses) for a total of 1500 hrs



Contracting 14 medical counselors by NCHADS



Implementation of outreach program of NCHADS



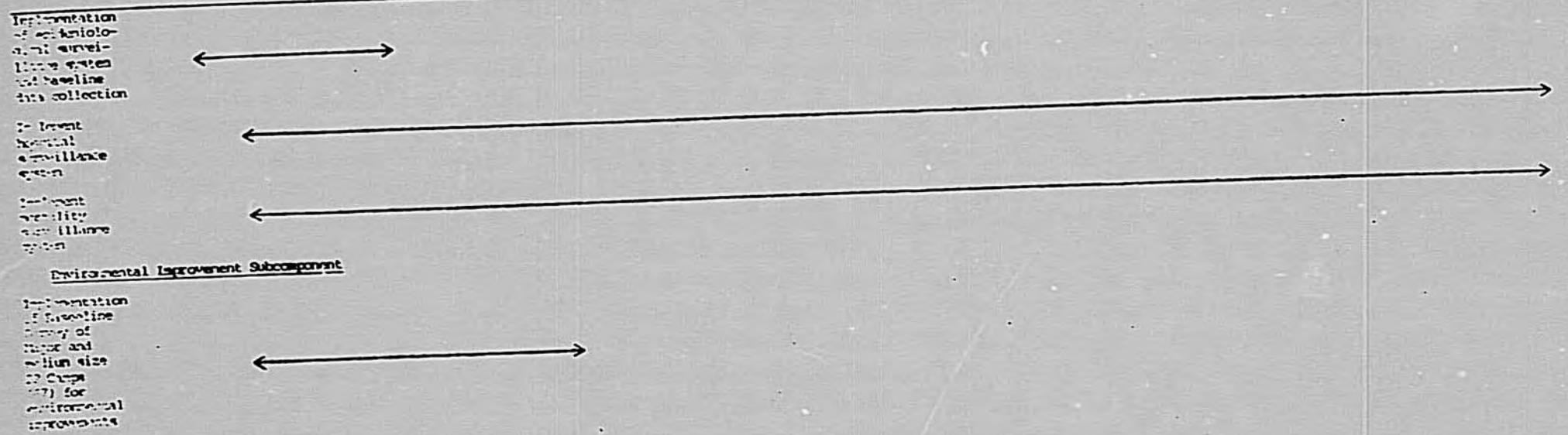
Order medical picks



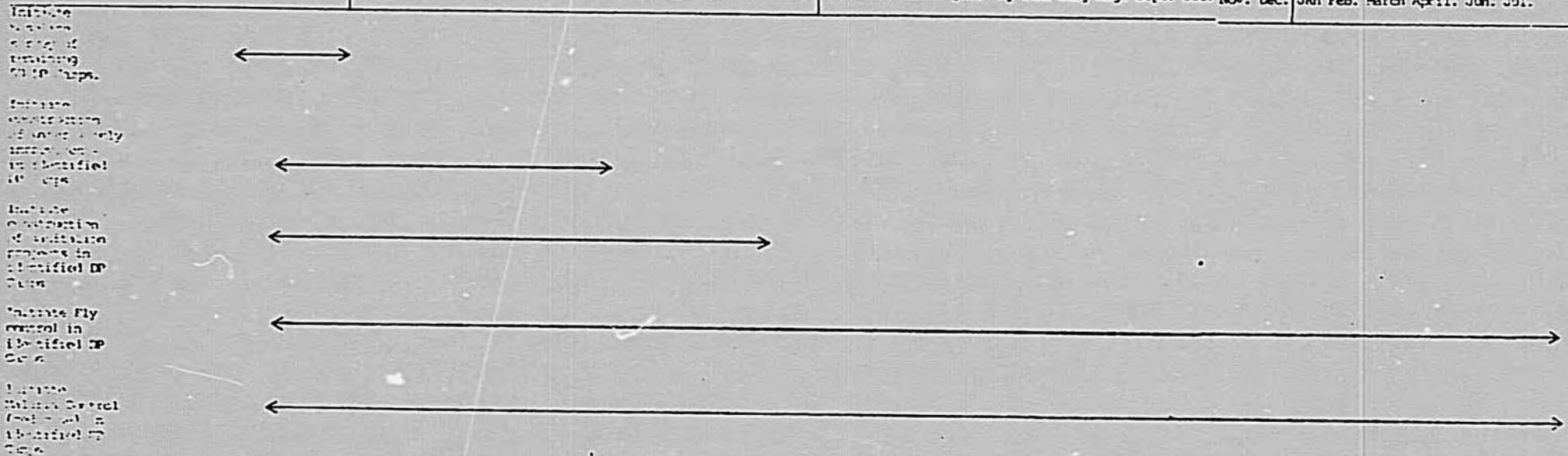
Arrival of medical picks



PROJECT YEAR I												PROJECT YEAR II												PROJECT YEAR III											
CY 1984				CY 1985				CY 1986				CY 1987																							
Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	Apr.	May	Jun.	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	Jun.	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan	Feb.	March	April.	Jun.	Jul.	



PROJECT YEAR I					PROJECT YEAR II					PROJECT YEAR III																								
CY 1984					CY 1985					CY 1986					CY 1987																			
Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	Apr.	May	Jun.	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	Jun.	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	Jun.	Jul.



Best Available Document

PROJECT YEAR I					PROJECT YEAR II					PROJECT YEAR III																								
CY 1984					CY 1985					CY 1986					CY 1987																			
Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	Apr.	May	Jun.	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	Jun.	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	Jun.	Jul.

Initiate
 Review Control
 (a) (b) (c) (d)
 Identified IP
 Corps

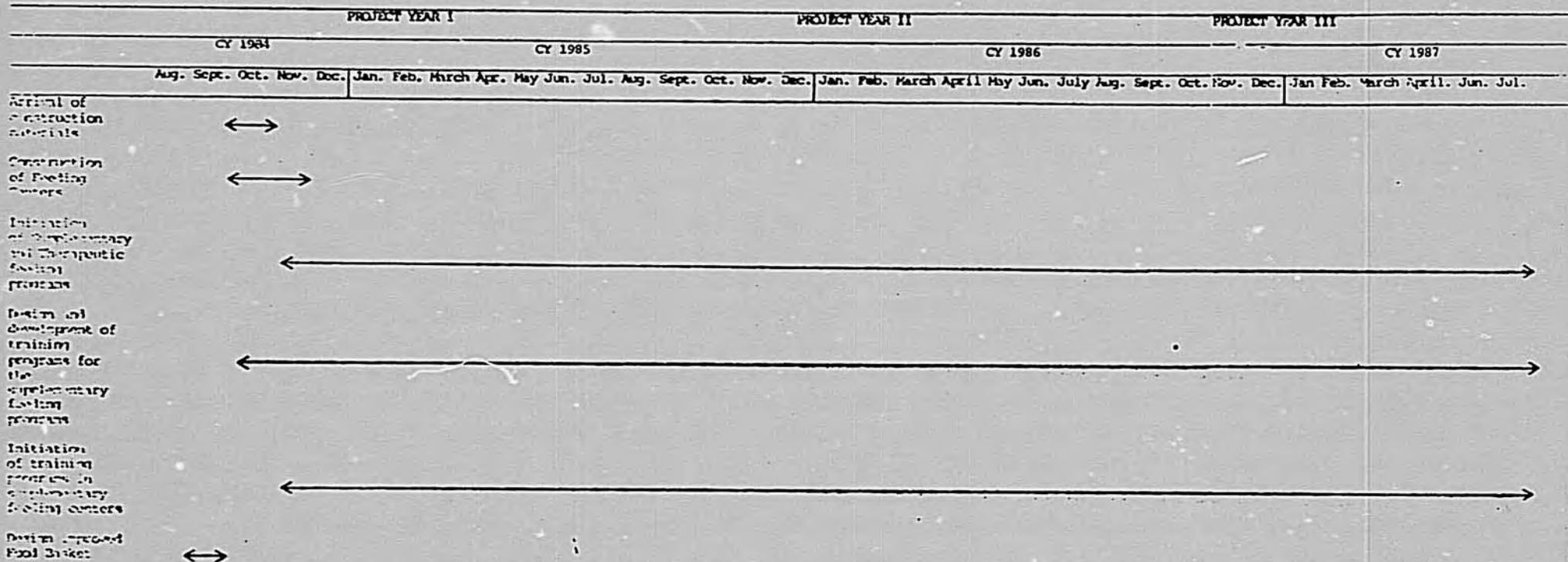
Initiate
 construction
 of cooking
 facilities
 in identified
 IP Corps

Therium Subcomponent

Initiate baseline
 survey for
 epidemiology
 and therapeutic
 feeding and
 location of
 centers

Order materials
 for the
 construction of
 centers
 and temporary
 and therapeutic
 feeding centers

Best Available Document



Best Available Document

PROJECT YEAR I					PROJECT YEAR II					PROJECT YEAR III																								
CY 1984					CY 1985					CY 1986					CY 1987																			
Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	Apr.	May	Jun.	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	Jun.	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	Jun.	Jul.

Order placed for food for Food Basket, Supplementary and Therapeutic Feeding Programs

(orders placed during months of May and June)

Arrival of Food in El Salvador



Contract agreements signed with seven (7) food vendors



Initiate Food surveillance system in new projects



Initiate evaluation surveillance of monitoring of progress for supplementary and therapeutic feeding centers



Best Available Document

PROJECT YEAR I					PROJECT YEAR II					PROJECT YEAR III																								
CY 1984					CY 1985					CY 1986					CY 1987																			
Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	Apr.	May	Jun.	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	Jun.	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan	Feb.	March	April.	Jun.	Jul.

PILOT RELOCATION SERVICES COMPONENT

Baseline Survey Activities

- a. Contracting local firm ↔
- b. Develop survey size methodology and questionnaire ↔↔
- c. Conduct survey ↔↔↔
- d. Analyze survey results ↔
- e. Contract TA in survey design and implementation ↔↔↔

Other Activities

- a. Establish local relocation offices.

Best Available Document

PROJECT YEAR I

PROJECT YEAR II

PROJECT YEAR III

CY 1984

CY 1985

CY 1986

CY 1987

Aug. Sept. Oct. Nov. Dec. Jan. Feb. March Apr. May Jun. Jul. Aug. Sept. Oct. Nov. Dec. Jan. Feb. March April May Jun. July Aug. Sept. Oct. Nov. Dec. Jan. Feb. March April. Jun. Jul.

Salit Fund for
Salit Personnel. Recruit
personnel. Establish
salit line**PROGRAM MANAGEMENT AND SURVEILLANCE**. Review of
selected PD
&
implementation
of the health
and nutrition
programs.. Contracting
of 20 local
nurse
specialists (LN). Contracting
of PD local
staff

	PROJECT YEAR I												PROJECT YEAR II												PROJECT YEAR III											
	CY 1984				CY 1985				CY 1986				CY 1987																							
	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	Apr.	May	Jun.	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	Jun.	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan	Feb.	March	April.	Jun.	Jul.	
1. Rent Office Space						↔																														
2. Procure office equip						↔↔																														
3. Recruit Personnel						↔↔																														
b. Procure Vehicles																																				
1. Utility Vehicles						↔↔																														
2. Motorcycles						↔↔																														
c. Recruit Relocation Directors						↔↔																														
4. Recruit Site Inspectors						↔↔																														
<u>Contract Program</u>																																				
<u>Medical</u>																																				
<u>Construction</u>																																				

PROJECT YEAR I

PROJECT YEAR II

PROJECT YEAR III

CY 1984

CY 1985

CY 1986

CY 1987

Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	Apr.	May	Jun.	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	Jun.	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	Jun.	Jul.
------	-------	------	------	------	------	------	-------	------	-----	------	------	------	-------	------	------	------	------	------	-------	-------	-----	------	------	------	-------	------	------	------	------	------	-------	-------	------	------

Level of
local PD
or
implementation
of the food
delivery and
preparatory
of therapeutic
feeding
courses



Contracting
of local PD
staff



PROJECT EVALUATION

Project
Baseline
Survey



Calculation
and analysis
of results



One Year
update of
Baseline
Survey



Yearly
Evaluation
of Project



Final
Evaluation



100-

EL SALVADOR EMERGENCY PROGRAM: HEALTH AND JOBS FOR DISPLACED FAMILIES
519-0281

E. PROCUREMENT PLAN, 1984 - 1987

<u>Commodity</u>	<u>Responsible Agency</u>	<u>Purchasing Agent</u>	<u>Value/Source and Origin of Procurement (Geographic Code)</u>	<u>Method of Procurement</u>	<u>Payment Procedure</u>	<u>Schedule of Procurement</u>				<u>Potential Suppliers</u>	<u>Title of Commodity</u>
						<u>In Project Order Issued</u>	<u>Amendment Delivery Time</u>	<u>Month Port ETA</u>	<u>Project Site ETA</u>		
<u>I. JOBS PROGRAM COMPONENT</u>											
Tools and materials	Credit Agency	Credit Ag.	\$6,063,000/E1 Salv.	Credit Ag. Purchase Order (PO)	Direct Reimbursement		On going			Various	Credit Agencies
Transportation Services	Credit Agency	Credit Ag.	\$1,000,000/E1 Salv.	Credit Ag. (PO)	Direct Reimbursement		On going			Various	N/A
Implementation Svcs.	AID	AID	\$ 30,000/E1 Salv.	Coop. Ag.	Direct Reimbursement		On going			Credit Agencies	Credit Agencies
Financial Svcs.	AID	AID	\$1,080,000/E1 Salv.	PIO/T	Direct Reimbursement		On going			Banks	N/A
<u>II. HEALTH AND NUTRITION COMPONENT</u>											
<u>A. Health Services Sub-Component</u>											

Commodity	Responsible Agency	Purchasing Agent	Value/Source and Origin of Procurement (Geographic Code)	Method of Procurement	Payment Procedure	Schedule of Procurement				Potential Suppliers	Title of Commodity
						In Project Order Issued	Amendment Time	Month	Port Project ETA		
<u>Preventive Health Services</u>											
Oral Rehydration Packs	HOPE CARITAS AID	HOPE CARITAS AID	\$20,000/El Salvador \$20,000/El Salvador \$20,000/El Salvador	HOPE (FO)	Direct Reimbursement	2	1	N/A	3	Various	HOPE CARITAS CONADES
Vaccines	HOPE	HOPE	\$160,000/000	HOPE RFB	Direct Reimbursement	2	2 to 3	5	6	Various	HOPE Most CONADES
Immunization Supplies	HOPE CARITAS	HOPE CARITAS	\$ 50,000/000	HOPE (FO)	Direct Reimbursement	2	2 to 3	5	6	Various	HOPE CARITAS
Medicines	HOPE	HOPE	\$100,000/000	HOPE (FO)	Direct Reimbursement	2	2 to 3	5	6	Various	HOPE
<u>Curative Health Services</u>											
Medical Equip	HOPE	HOPE	\$122,000/000	HOPE RFB	Direct Reimbursement	2	2 to 3	5	6	Various	MOH
Medical Supplies	HOPE	HOPE	\$100,000/000	HOPE (FO)	Direct Reimbursement	2	2 to 3	5	6	Various	HOPE
Medicines	HOPE	HOPE	\$2,300,000/000	HOPE RFB	Direct Reimbursement	2	2 to 3	5	6	Various	HOPE
Housing	HOPE	HOPE	\$12,000/El Salvador	HOPE lease	Direct Reimbursement	1	1	N/A	1	Various	N/A

Commodity	Responsible Agency	Purchasing Agent	Value/Source and Origin of Procurement (Geographic Code)	Method of Procurement	Payment Procedure	Schedule of Procurement				Potential Suppliers	Title of Commodity
						In Project Order Issued	Amendment Delivery Time	Month Port ETA	Project Site ETA		
3. Program Surveillance and Monitoring											
Computer Equipment	HOPE	HOPE	\$30,000/000	HOPE (PO)	Direct Reimbursement	1	2 to 3	4	4	Various	MOH
Materials Supplies	HOPE	HOPE	\$75,000/El Salvador	HOPE (PO)	Direct Reimbursement	1	2 to 3	4	4	Various	MOH
4. Hygiene Education	AID AID	AID AID	\$200,000/El Salvador	HOPE (RFTP)	Direct Reimbursement		Ongoing			Various	N/A
B. Environmental Improvement Subcomponent											
Trucks	MOH	AID	\$130,000/000	PIO/C	Direct Reimbursement	2	4	6	7	FORD/AMC	MOH
Pick-ups	MOH	AID	\$25,000/000	PIO/C	Direct Reimbursement	2	4	6	7	FORD/AMC	MOH
Motorcycle	MOH	AID	\$15,000/935	PIO/C	Direct Reimbursement	2	4	6	7	Various	MOH
Latrines	MOH	AID	\$5,000/596	PIO/C	Direct Reimbursement		Ongoing			Various	MOH
Materials and Supplies	MOH	AID	\$25,000/El Salvador	PIO/C	Direct	3	4	N/A	5	Various	MOH
Printing and Distribution	MOH	AID	\$25,000/El Salvador	PIO/C	Direct	3	4	N/A	5	Various	MOH

Commodity	Responsible Agency	Purchasing Agent	Value/Source and Origin of Procurement (Geographic Code)	Method of Procurement	Payment Procedure	Schedule of Procurement				Potential Suppliers	Title of Commodity
						In Project Order Issued	Amendment Delivery Time	Month Port ETA	Project Site ETA		
C. Nutrition Subcomponent											
1. Food Basket											
Trucks	CONADES	AID	\$52,000/000	PIO/C	Direct	2	4	6	7	Various	CONADES
Trucks	DIDECO	AID	\$78,000/000	PIO/C	Direct	2	4	6	7	Various	DIDECO
Food Distribution Technical Assistance Advisors for CARITAS	AID	AID	\$940,000/000	Coop Agremt.	FRLC	2	1	N/A	3	IRC	N/A
Food Distrib Services	AID	AID	\$1,200,000	Coop Agremt.	Direct	1	1	N/A	1	CARITAS	N/A
Office Equipment	CARITAS	CARITAS	\$ 25,000/000 El Salv	CARITAS/P.O.	Direct Reimbursement	2	2	N/A	4	Various	CARITAS
Office Space	CARITAS	CARITAS	\$25,000/E1 Salvador	CARITAS/P.O.	Direct Reimbursement	2	1	N/A	3	Various	N/A
Office Supplies	CARITAS	CARITAS	\$35,000/E1 Salvador	CARITAS/P.O.	Direct Reimbursement		On going			Various	N/A

Commodity	Responsible Agency	Purchasing Agent	Value/Source and Origin of Procurement (Geographic Code)	Method of Procurement	Payment Procedure	Schedule of Procurement				Potential Suppliers	Title of Commodity
						In Project Order Issued	Amendment Delivery Time	Month Port ETA	Project Site ETA		
2. Supplementary and Therapeutic Feeding											
Materials and Supplies	CARITAS	CARITAS	\$ 35,000/E1 Salv.	P.O.	Direct Reimbursement	2	1	N/A	3	Various	CARITAS
Reproduction Services	CARITAS	CARITAS	\$ 35,000/E1 Salv.	P.O.	Direct Reimbursement	2	1	N/A	3	Various	CARITAS
Jeeps	CARITAS	AID	\$ 60,000/000	PIO/C	Direct Reimbursement	3	4	7	8	FORD/AMC	CARITAS
D. Health and Nutrition Technical Assistance Advisors											
Office equipment	HOPE	HOPE	\$25,000/000	HOPE/P.O.	FRLC	3	2	5	6	Various	HOPE
Office Space and Supplies	HOPE	HOPE	\$60,000/E1 Salvador	HOPE/P.O.	FRLC	2	1	N/A	3	Various	HOPE
Reproduction Translation Services	HOPE	HOPE	\$25,000/E1 Salvador	HOPE/P.O.	FRLC			On going		Various	N/A

<u>Commodity</u>	<u>Responsible Agency</u>	<u>Purchasing Agent</u>	<u>Value/Source and Origin of Procurement (Geographic Code)</u>	<u>Method of Procurement</u>	<u>Payment Procedure</u>	<u>Schedule of Procurement</u>				<u>Potential Suppliers</u>	<u>Title of Commodity</u>
						<u>In Project Order Issued</u>	<u>Amendment Delivery Time</u>	<u>Month Port ETA</u>	<u>Project Site ETA</u>		
<u>III. Pilot Relocation Services Component</u>											
Baseline Data Survey	CONADES	CONADES	\$130,000/EI Salvador	Contract	Direct Reimbursement	1	2	N/A	3	Various	N/A
Office Supplies and Equipmt.	CONADES	CONADES	\$75,000/EI Salvador	P.O.	Direct Reimbursement	1	1	N/A	2	Various	CONADES
Relocation tools and equipment	AID	AID	\$200,000/556	PIO/C	Direct Reimbursement	3	1	N/A	4	Various	CONADES
Vehicles	AID	AID	\$226,000/000	RFB	L/COM	3	4	7	8	FORD/AMC	CONADES
Motorcycles	AID	AID	\$ 5,000/935	PIO/C	Direct Reimbursement	3	1	N/A	4	Various	CONADES

Commodity	Responsible Agency	Purchasing Agent	Value/Source and Origin of Procurement (Geographic Code)	Method of Procurement	Payment Procedure	Schedule of Procurement				Potential Suppliers	Title of Commodity
						In Project Order Issued	Amendment Delivery Time	Month Port ETA	Project Site ETA		
IV. Project Management and Surveillance Component											
Program Management Staff	AID	AID	\$987,750/000 E1 Salv	PIO/T	Direct Reimbursement	1	N/A	N/A	1	Various	N/A
Office Space	AID	AID	\$250,000/E1 Salv.	P.O.	Direct Reimbursement	1	N/A	N/A	1	Various	N/A
Office Equipment	AID	AID	\$ 50,000/000	P.O.	Direct Reimbursement	1	3	4	5	Various	N/A
Vehicles	AID	AID	\$ 75,000/000	P.O.	Direct Reimbursement	1	4	5	6	FORD/AMC	CONADES
Air Transportation	AID	AID	\$300,000/E1 Salv.	P.O.	Direct Reimbursement		On going			Various	N/A
V. Evaluation Component											
Evaluation Services	AID	AID	\$742,000/000	PIO/C	Direct Reimbursement		Various			Various	N/A

VI. PROJECT AMENDMENT FINANCIAL PLAN

The displaced persons will gradually return to previous locations and activities or encounter new ones. With expanding employment opportunities, even those who choose to remain in the settlements permanently will be less in need of the services provided through the Project. They will be able to obtain such services through established GOES institutions. Alternatively, they will have additional means to purchase such goods and services from the private sector.

As the above process proceeds, the recurrent cost of project activities to the GOES will decline considerably. Eventually, the remaining social welfare requirements of the former displaced persons can be absorbed entirely by the activities of institutions such as the Ministries of Health and Education. Examples of continuing requirements would include supplemental feeding and the MOH taking over the health dispensaries in the camps that eventually will become permanent settlements. As peace brings prosperity in its wake, GOES revenues will grow apace. Public agencies will thus be able to restore former levels of coverage and service. Eventually it will be possible to increase them.

The nature of the Project is such that meaningful financial analysis is not possible. There will be no stream of revenues continuing on into the future as a result of Project investments. There will be broader economic and social benefits to Salvadoran society, however. The displaced persons themselves will be healthier, better nourished and have higher incomes than would otherwise be the case for as long as Project activities continue. Society as a whole will also remain healthier, be subject to fewer tensions as the displaced persons are more fully integrated into host communities and benefits from the public works undertaken with the jobs program. These and other implications of the Project will be examined in further detail in the Social and Economic Analyses respectively.

In terms of the managerial competence of the various institutions which will implement the Project, the experience of the last two years can be employed as a guide. These include the Program Unit, CONADES, DIEDECO, the MOH and the Credit Agencies. There have been problems with implementation of some of their activities, but they have rarely been due to financial mismanagement or incompetence. The few problems of this nature that have arisen have soon been corrected by appropriate measures. For the new responsibilities that these institutions must now assume, the project design has addressed the implementing institution's additional managerial responsibilities of a financial nature. Salaries for additional GOES personnel, for example, are programmed with local currency generations from sales of P.L. 480 Title I foodstuffs. In addition, the Amendment will contain a covenant that every implementing institution will submit annual financial and audit plans to the USAID for its review. The new implementing institutions, Project Hope and CARITAS, will also be subject to the provisions of the covenant. Of the two, only weakness is being addressed through technical assistance and increased staffing. Frequent audits, as in the case of the jobs program, will also continue. For these reasons, the USAID is convinced that financial management will not be a constraint with the proposed Amendment.

EL SALVADOR: EMERGENCY PROGRAM: HEALTH AND JOBS FOR DISPLACED FAMILIES
519-0281

TOTAL BUDGET, PROPOSED AMENDMENT
(000's)

	USAID		GOES		PL-480	WFP	CARITAS	TOTAL
	FX	LC	FX	LC				
Jobs Program	--	37,947	--	200	--	--	--	38,147
Health Services	2,904	3,175	--	6,785	--	--	838	13,702
Environmental Improvement	306	305	--	3,815	--	--	--	4,426
Nutrition	2,935	1,720	--	15,146	730	17,317	5,625	43,473
Pilot Relocation Services	481	2,172	--	942	--	--	--	3,595
Program Management and Surveillance	505	1,353	--	--	--	--	--	1,858
Project Evaluation	742	--	--	--	--	--	--	742
Sub-total	7,873	46,672	--	26,88	730	17,317	6,463	105,943
Contingencies	788	4,667	--	--	--	--	--	5,455
TOTAL	8,661	51,339	--	26,888	730	17,317	6,463	111,398

EL SALVADOR: EMERGENCY PROGRAM: HEALTH AND JOBS FOR DISPLACED FAMILIES
519-0281
A.I.D. EXPENDITURES, ACTUAL AND PROPOSED, BY FISCAL YEAR
(\$000)

	<u>Previously Authorized</u>			<u>TOTAL EXPEN- DITURES</u>	<u>Proposed Amendment</u>				<u>TOTAL EXPENDITURE TOTALS</u>	
	<u>FY1982</u>	<u>FY1983</u>	<u>FY 1984*</u>		<u>FY1984**</u>	<u>FY1985**</u>	<u>FY1986**</u>	<u>FY1987**</u>		<u>TOTAL</u>
obs Program	0	2,643	7,324	9,967	3,479	11,914	11,915	10,639	37,947	47,914
Health Services	0	1,069	986	2,055	454	2,274	1,874	1,477	6,079	8,134
Environmental Improvement	0	0	0	0	18	457	76	60	611	611
nutrition	0	0	0	0	346	1,757	1,427	1,125	4,655	4,655
ilot Relocation Services	0	0	0	0	212	875	876	690	2,653	2,653
roject Management and Surveillance	28	275	162	465	146	633	603	476	1,858	2,323
roject Evaluation	0	0	0	38	38	0	0	742	742	780
<u>ub-Total</u>	28	3,987	8,510	12,525	4,655	17,910	16,771	15,209	54,545	67,070
ontingency and Inflation (10%)	0	0	0	0	466	1,791	1,677	1,521	5,455	5,455
<u>JTAL</u>	28	3,987	8,510	12,525	5,121	19,701	18,448	16,730	60,000	72,525

FY 84 is through 7/31/84
*Projected Expenditures

BUDGET FOR
UNREGISTERED DISPLACED PERSONS
(\$000)

	USAID		GOES		TOTAL	THIS ITEM
	FX	LC	FX	LC		
Jobs Program	--	2,675	--	14	2,671	7%
Health Services	581	635	--	1,357	2,573	19%
Environmental Improvement	31	31	--	382	444	10%
Nutrition	587	344	--	3,029	3,960	9%
Pilot Relocation Services	72	326	--	141	539	15%
Program Management and Surveillance	126	338	--	--	464	25%
Project Evaluation	111	--	--	--	111	15%
Subtotal	1,508	4,331	--	4,923	10,762	
Contingencies	127	747	--	--	874	16%
TOTAL	1,635	6,713	--	4,923	11,636**	10%

** In addition to the 11,636 in the above budget, Caritas will supply an estimated \$838, the World Food Program \$1,125, and PL-480 \$156, for a total to the unregistered estimated at \$13,747,000.

VII. PROJECT AMENDMENT ANALYSES

A. Social Soundness Analysis

1) Socio-Economic Background

The sudden appearance of a significant number of displaced persons since 1979 is a direct result of the upsurge in social and political violence during the last ten years. Prior to 1979, El Salvador showed a typical pattern of rural to urban migration, approximately 3.4 percent of the population migrated to urban centers each year between 1966 and 1971. The affected population was moving from the traditional rural sector, characterized by illiteracy, poor health and nutrition, and poverty, in search of a better life in the more modern, urban, industrial setting. Unfortunately, even with the growing economy prior to 1979, El Salvador was not able to absorb these new job seekers as well as the additions to the labor force caused by a high rate of population growth. Therefore, the result was an expanding marginal population living in crude shelters on the edges of the major urban population centers. These marginal environments were characterized by a scarcity of social services such as health, potable water and education.

The rate of growth of the marginal population has been compounded since 1979 by a sudden increase of migration due to the disruption of rural society by violence directed at agricultural production. The actual number of displaced persons is currently estimated to be approximately 10 percent of the population. However, no comprehensive census of the population has been performed to determine an accurate figure. The criteria used to establish the official number of displaced persons is the number of individuals registered and receiving food aid from CONADES. In 1981 this figure was 165,000; since that time the figure has risen to 270,000. If the number of displaced persons registered with other relief agencies is added, the figure climbs still further, to 465,000, a 53 percent increase over estimates made in 1982, the first year of the Project.

2) Geographical Context

a) Point of Origin

According to a sample survey conducted by the National Commission on Assistance to Displaced Persons (CONADES), 87 percent of the approximately 220,000 registered displaced persons were formerly residents of rural areas. Of the total number of displaced persons approximately 74 percent fled from 5 of 14 departments, in which the frequency of violent incidents has been the greatest. The departments are: Usulutân, Chalatenango, Cuscatlân, Morazân, and San Vicente.

b) Displaced Persons Sites

Once having made the decision to migrate, the relocation site chosen is usually a nearby secure area, i.e., a major population center protected by government troops, within the same department. The CONADES survey concludes that 71.5 percent of the migration takes place within the same department. It can be assumed that a significant proportion of the interdepartmental migration takes place from and into areas near departmental borders.

Of these displaced families choosing to migrate beyond the border of their original department of residence, 42 percent have chosen to relocate in San Salvador. Other departments receiving major inflows of displaced families are San Miguel, La Libertad, Usulután, Cuscatlán and La Paz. In all cases except San Salvador, the major portion (more than 67 percent) originate from neighboring departments. In the case of San Miguel, for example, 70 percent of the emigrating displaced persons are former residents of Morazán.

c) Rationale for Choice of Site

Since El Salvador is basically a homogeneous society in terms of culture, language, and religion, the choice of relocation site must be based on factors other than cultural ones. An examination of displaced families indicates that the group can be separated by socio-economic status; the more educated and economically advantaged are likely to make the decision to migrate more from the threat of violence than actual violence and thereby will choose their destination on the basis of where friends and relatives are living or where income opportunities can be found. The lower income group is more likely to delay a decision, and, therefore, to be the recipients of actual violence, forced to flee their homes with little or no planning or resources. The result is the latter group chooses the closest available secure site, and is the most likely to register with one of the relief agencies for assistance.

Having acted on the decision to flee their homes, the displaced family sets out for the nearest urban center affording some measure of protection. Upon arrival, the family must make another decision as to where and how to set up housekeeping. The available choices can be classified into three general categories: (1) to move in with friends and relatives; (2) to seek shelter in a displaced person settlement, some of which are supported by relief agencies; or, (3) or to disperse within the host community by occupying abandoned or unoccupied plots of land and buildings. Moving in with family or friends is the preferred choice, but if the opportunity does not exist, the displaced family will then seek out an organized settlement. As of October 1983, there were 117 identified displaced person settlements. Some settlements are sponsored by private relief organizations and others have grown up independently.

3) Displaced Family Profile

a) Participant

The registration establishes the eligibility of a displaced family to receive food, health, and jobs assistance through one of the existing relief programs.

The 1982 CONADES survey examined the socio-economic characteristics of the registered displaced population, both before and after migration. Some of the more important findings are:

(1) The Age and Sex Profile is typical of the population in general: 52 percent female, rising to 54 percent for the economically active segment of the population; i.e., more than 16 years of age. This means in many cases the heads of household will be women with dependent children.

(2) The Education Profile indicates that the displaced persons are largely without formal schooling. Only 45 percent have received any form of education, and only 16 percent have reached the fourth grade or above. Although the literacy rate was not determined, it can be assumed that it was well above the national average.

(3) The Employment Profile confirms the rural origin of the displaced families; 86 percent of the population considers itself to have been employed in agriculture prior to migration. The largest category, however, is the unemployed, which, prior to migration, was 9 percent of the total. Since migration, the unemployed category has grown to 74 percent. The effect of the national economic depression is reflected in the rigidity within the various occupational categories; 71 percent of those employed (26 percent of the total) still are engaged in agriculture, the majority only on a seasonal basis. Within the non-agricultural category, which indicates the degree of adaptation to an urban environment, an analysis of employment shows an increase of 2 percentage points, from 6 percent pre-migration to 8 percent post-migration.

(4) The Mortality Profile shows that the displaced families are more vulnerable to health and nutrition problems than the population as a whole. The CONADES survey established the death rate at 22.4 per thousand, or approximately 4 times the national average (from provisional data obtained by the General Directorate of Statistics and Census in 1978). Although the deaths were difficult to classify, the majority appear to be from respiratory and gastrointestinal causes. Of the total number of displaced person deaths during the year 1982, 67 percent occurred to children less than 5 years of age. A survey conducted in February 1984 by an A.I.D./RP evaluation team confirmed the alarming mortality figures and, in addition, discovered higher than expected rates of malnutrition within this age group, particularly among the non-settlement dispersed population.

b) Motivation for Participation

The registered displaced family population arrives at the relocation site with virtually no resources to acquire food, shelter, or health services. The primary motivation for migrating is safety. Only after this concern has been met, is the need to obtain basic necessities addressed. At this point the decision to reside with friends, or relatives, in a settlement, or wherever land available, is largely motivated by the perception of which alternative will provide the best access to food, shelter, and health services.

The original project design was formulated to provide these basic services, as necessary, on a timely basis. The Project has been direct in approach: the assumption being that the act of registering as displaced means a family has little or no means to obtain adequate food, shelter, health services, and employment. The displaced family is given the choice of participating in the assistance program or obtaining such services with available resources. Because the benefits are clear and virtually no demands to change traditional patterns of behavior are placed on the target population, at least 50 percent of the displaced persons are participating in the relief program. Although no formal analyses has been done to determine and analyze the characteristics of those participating and those not participating, the assumption can be made that the most needy of the displaced families are registered. The A.I.D./RP evaluation Team analysis, although not statistically conclusive, indicates that the registered displaced families, both in settlement and dispersed, were upon arrival below the national average in nutrition, health, and employment.

From the experience gained during nearly 18 months of project implementation, it is clear that socio-economic conditions of the displaced population still needs improvement. Therefore, the amended Project will continue to provide the basic necessities of life but on an expanded basis: a feeding program will be established for the vulnerable segments of the population (children less than 5 year of age and pregnant and lactating women); the Jobs Program will employ approximately 50 percent more displaced persons, including a larger proportion of women; and the Health Services Component will be expanded to provide increased monitoring of health conditions and more adequate, timely preventive and curative health services.

The expanded interventions will demand more active participation on the part of the displaced families, particularly in the nutrition and health areas. In order to assure that the goals and purpose of the Project are realized, the displaced person population will be called upon to participate in nutrition, health, and sanitation education programs.

4) The Organizations

The registered displaced person population is divided into two principal groups; those residing in camp settings which comprise approximately 35,000 people and the remaining 235,000 people dispersed throughout the general population, primarily in marginal urban areas. Although arriving from the same or nearby communities, the displaced persons do not carry with them any organization or governing structure.

a) Settled

The displaced person population in each camp has been organized by CONADES around a Local Committee of Displaced Persons (CLOD). The CLODs are supported and assisted by Local Committees for Assistance to Displaced Persons at the municipal level. These are comprised of religious, municipal, and other members of the host community. Although no formal analysis has been made, there is no evidence that a strong informal organization exists within the settlements which would rival the CLODs. Since no clear hierarchy or other such focus, either economic, social, or religious, exists within the settlements, it would be difficult for such an informal organization to form spontaneously.

Each CLOD is administered by a governing board of 5 members elected annually by the displaced person populations residing in the camp. The purpose of these CLODs is to organize and carry out activities of benefit to the camp population, such as food distribution, census taking, and camp improvements. The CLODs do not decide who will be admitted to the settlements or how shelters are assigned. By December 1983, approximately 85 such CLODs had been organized and were functioning.

The CLODs will be given a more responsible role in project implementation because of the addition of several new interventions which will involve educating the target population about better health practices and technologies. In all such cases, i.e., health and sanitation education through the Supplemental Feeding Centers, sanitation improvement projects, installation of appropriate technologies, and health and nutrition monitoring, displaced persons will be assigned by the CLODs to receive training to promote and help carry out each of these elements.

b) Dispersed

The question of organization is an important factor in the design of the Project. While the displaced persons residing in settlements are physically organized in a clearly defined geographic area with the CLODs to provide an organizational base, the dispersed population has no natural focus. Neither the GOES nor the PVO relief agencies have attempted to develop an organization for this segment of the population. Nor has an organization been formed as a result of

initiatives by the dispersed group themselves. Because of the lack of organization and geographic dispersion of the population, certain Project activities in health, nutrition education, and environmental improvement, are much more difficult to implement for this group within this Project.

B. Institutional Analysis

1) Introduction

The original Project design was a response to the size and complexity of the problems brought into being by large numbers of displaced persons. Given the newness as well as the uniqueness and size of these problems, existing public and private institutions were neither adequately prepared nor equipped to cope with them. The implementation of project activities since mid 1982, while not without its difficulties, provides ample evidence of the success with which such problems can be dealt with. In addition, implementation has also provided a means for evaluating both the strengths, as well as the weaknesses, of the various institutions involved in carrying out the Project. The present Amendment has been designed to take advantage of such experience. Where practicable and cost effective, identified weaknesses are addressed with adequate and appropriate inputs. When not practicable, other institutional arrangements have been made that are consistent with the implementation plan. An analysis of each implementing institution's administrative weaknesses, together with a description of the measures undertaken to address them follows.

2) The Program Management and Monitoring Unit (Program Unit)

a) Legal and Financial Status

The Program Unit was established in 1982. It is the implementing agency for the entire Project. It is funded entirely by A.I.D. resources. The Program Unit must, in general, follow Agency for International Development regulations. The Manager reports directly to the Head of USAID's Office of Human Resources and Humanitarian Assistance.

b) Pattern of Organization

The Program Unit's office is in the U.S.A.I.D.. Given the Unit's relatively small size, coordination of its various activities is easily achieved.

c) Staffing

The Unit employs a manager, administrative assistant, two engineers, temporarily seven food monitors, two secretaries and two drivers. To administer properly the larger volume of activities described in the present Amendment, the following additional personnel will be hired: a Deputy Manager, a medical doctor, an engineer, an evaluation expert, a nutritionist and another secretary.

d) Capabilities

The recent evaluation concluded that this Unit has worked well, but is understaffed. The additional personnel listed above will permit the organization to meet the new responsibilities that are contemplated.

3) CONADES (National Commission for Assistance to Displaced Persons)

a) Legal Status

CONADES was established in 1981. Its function is to administer the distribution of goods and services to displaced persons. It is the only GOES institution legally empowered to do so. It is an autonomous organization governed by a board of directors consisting of six cabinet ministers. It is permitted to undertake emergency procurement of commodities, bypassing customary procedures if the situation so requires.

b) Organization

While relatively small, CONADES is nonetheless divided into divisions along functional lines. The divisions include administration, food distribution, health and community development. In addition, the organization maintains a local promotor and/or supervisor in each province. These employees organize the displaced persons into local committees known as CLODs. They also organized the municipal level CLADs, which are responsible for local food distribution, initiating Jobs Program projects in the settlements, and so forth.

c) Staffing

CONADES currently employs a total of 143 workers. Of these, 39 are considered to be professionals. There is a general manager and four assistant managers, one for each of the divisions.

d) Capabilities

CONADES is a relatively new organization whose constituency has grown far more rapidly than was originally anticipated. Not surprisingly, it has demonstrated weaknesses in many areas of its operations. The recent evaluation noted that shortcomings are especially acute in the areas of administration, financial management and the logistics involved in storing, transporting and distributing commodities for refugees. An IQC contractor is scheduled to arrive early in June, 1984 to provide technical assistance in the areas of administration, financial management and logistical support to assure CONADES can fulfill its implementation responsibility as envisioned under the Amendment.

4) DIDECO

a) Legal Status

DIDECO is a division within the Ministry of the Interior. It is charged with fostering community development. Its activities include administering the GOES-A.I.D. emergency feeding program within the Project.

b) Organization

DIDECO employs approximately 600 workers. They are divided between the main office in San Salvador and 5 regional offices covering all 14 departments. The food program per se is handled at four warehouses located in San Salvador, Santa Ana, La Libertad and San Miguel. It is currently distributing 16,000 metric tons of food commodities annually.

c) Staff

To support the food program, DIDECO has an administrative staff of twenty persons, 39 warehouse personnel, 38 home educators, 6 managers for the promoters and 6 regional coordinators. Half of the staff has had at least 3 years of experience with food distribution activities.

d) Capabilities

While DIDECO has found its resources strained by the rapid growth of the emergency feeding program, all observers agree that it has responded well. Additional equipment, especially vehicles, will be provided under the Amendment. Also, some short-term technical assistance in areas such as financial management and logistics will be provided.

5) The Ministry of Health (MOH)

a) Legal Status

The Ministry of Health is a cabinet level agency.

b) Organization

Administratively, the MOH is divided into three levels: central, regional and local. A total of 321 health service delivery facilities are included in the system.

(1) Central level

The Central Level is divided into seven major divisions. Two of them will be involved in the implementation of this Project. They are the Divisions of Normative Services and Operative

Services. The former is responsible for monitoring health programs. It formulates policies, norms and precedures for the MOH. The later is responsible for the implementation of Ministry programs, including the activities of the 5 regional offices.

(2) Regional and Local Levels

These include 34 community posts, 159 health posts, 97 health units, 12 health centers and 14 hospitals. There are also community level midwives and Rural Health Aides. These facilities currently treat DPs on a referral basis.

c) Staff

The Normative Services Division includes approximately 72 employees. It is estimated that 26 of them are involved in Project related activities. The Operative Services Division, on the other hand, has a staff of 19. The Project staff will deal with the personnel of this division on a daily basis. Together, they will coordinate service delivery to the DP population with normal services provided by regional and local health service facilities.

d) Capabilities

Experience has demonstrated that the Ministry of Health does not have sufficient personnel and equipment to carry out a separate program devoted to displaced persons. The Project will thus expand health care to displaced persons by bringing in the services of a P.V.O. - Project Hope which will hire additional nurses and health workers to carry out the various programs already initiated. In addition, the Project will augment the data processing facilities of the Ministry of Health in order to collect current epidemiological statistics. Additional nurses will be employed to staff the displaced person dispensaries, additional doctors will serve as supervisors, and additional health workers will participate in the health education programs in the settlements. The new personnel will work in close cooperation with the Ministry of Health, so as to eventually upgrade MOH personnel to such a level that they can eventually assume responsibility for the management of the health portion of this Project.

6) Project Hope

a) Legal Status

Project Hope is a private voluntary organization whose headquarters is located in Virginia.

b) Organization

Project Hope will operate separately from, but in close cooperation with, the MOH. When the Hope contract terminates at the end of 30 months the MOH will assume its functions.

c) Staff

The Project Hope activities will be carried out by approximately 180 individuals. Of these, seven will be from the U.S. Three of the seven are headquarters staff that will backstop the Hope activities.

d) Capabilities

Project Hope is a well established P.V.O. with an acceptable track record. The institution has access to top quality professional talent that have the capability of keeping the Project Implementation Plan on track.

7) CARITAS of El Salvador

a) Legal Status

The organization was created in 1961. It is a private foundation with an unlimited legal charter. Functions as the social branch of the Catholic Church to identify charity works and promote social justice. Among its diverse activities, CARITAS, supervises the distribution of food, including the registration, control and participation of the beneficiaries in the distribution.

b) Organization

CARITAS's food distribution activities are well organized. They start with five diocese centers, each of which distributes food and health services through local level nutritional centers. There are 379 such centers nationwide. The figure yields an average of 76 per diocese. In practice, the number ranges from a low of 38 centers to a high of 101 centers.

c) Staff

In general, a Diocese Center has the following personnel - a regional manager, a medical doctor, an accountant, two warehousemen and a number of promoters and health worker which varies with the number of nutrition centers. Some of the personnel are permanent, others are volunteers.

d) Capabilities

CARITAS has a PL 480 Title II Commodity Agreement with the A.I.D.. The organization's management of the Agreement was audited last year. The audit encountered many of the same shortcomings that have plagued CONADES and DIDECO - administrative weaknesses, especially those of a financial nature, and logistical problems. These problems are being addressed by the CARITAS' administration to ensure that CARITAS will be able to comply with the implementation plan.

IMPLEMENTING AGENTS 519-0281

PROJECT COMPONENTS

BENEFICIARIES

	<u>REGISTERED SETTLED</u>	<u>REGISTERED DISPERSED</u>	<u>UNREGISTERED SETTLED</u>	<u>UNREGISTERED DISPERSED</u>
I. Jobs Program	MOH/AID	Credit Agencies	Archdiocese of San Salvador/CARITAS/AID	Archdiocese of San Salvador/CARITAS/AID
II. Health and Nutrition	Credit Agencies	MOH/AID		
A. Health Services				
1. Curative Health	HOPE/MOH	HOPE CONADES/AID	CARITAS/AID	CARITAS/AID HOPE
2. Preventive Health	HOPE/MOH	HOPE CONADES/AID	CARITAS/AID	CARITAS/AID HOPE
3. Program Surveillance and Monitoring	HOPE/CARITAS CONADES/MOH	HOPE	CARITAS/AID	CARITAS/AID
B. Environmental Imprvt.	HOPE/MOH AID	Credit Agencies AID	Archdiocese of San Salvador	Archdiocese of San Salvador/CARITAS/AID
C. Nutrition				
1. Food Basket	CONADES/WFP	CONADES/WFP	CARITAS/DIDECO	CARITAS/DIDECO
2. Feeding Programs	CARITAS/DIDECO	CARITAS/DIDECO	CARITAS/DIDECO	CARITAS/DIDECO
III. Pilot Relocation Services				
A. Site selection	CONADES/PVO	CONADES/PVO	PVO CARITAS/AID	PVO CARITAS/AID
B. Family selection	CONADES/PVO	CONADES/PVO	PVO CARITAS/AID	PVO CARITAS/AID
C. Loans	Credit Agencies	Credit Agencies	Credit Agencies	Credit Agencies

8) Credit Agencies

a) Legal Status

The first Credit Agency was established in 1940. There are 42 at present. They are local, privately controlled cooperatives that are similar to credit unions in many respects. Their national federation is FEDECCREDITO.

b) Organization

Credit agencies are organized along the same lines as banks or credit unions.

c) Staff

The size of the staff varies with the individual agency. The average is estimated at approximately 25, with 7 professionals.

d) Capabilities

The recent evaluation gave the credit agencies a fair amount of praise. They have generally acted in a responsible manner and have developed work projects that fit within the guidelines that have been provided. Nevertheless, their management still lacks such necessary skills as planning, sub-project evaluation and financial/economic analysis. These shortcomings will be remedied by technical assistance provided by the A.I.D. The TA will be in the form of an analytical skills workshop, with follow-on backstopping to the extent that time permits and until such time as the necessary skills have been acquired

C. Economic and Financial Analysis

1) Jobs Program

Two different types of analysis are required for this component. The first is related to the objective of providing the "desplazados" with employment opportunities. The second, on the other hand, is concerned with the economic efficiency or cost effectiveness of the individual projects financed.

a) Effects on Employment

A recent evaluation of the Program disclosed that through October 31, 1983 a total of 333 projects had been completed. Each project had lasted an average of 52 working days. A total of 18,198 job positions had been created. The average number of positions created per project was 54. The total cost for all 377 projects reached

₱8,101,696. The projects ranged in cost from as little as ₱1,000 to as much as ₱110,898. The overall average cost per project was ₱24,041.

b) Project-Specific Characteristics

The projects were divided into two different categories. These were Category A, or health related projects, and Category B, which included all other types of settlement or community improvement activity. According to the project paper for 519-0281, Category A projects were to receive clear precedence and priority over those of Category B. There are considerable differences in the rates of implementation for projects falling into the two categories. Through October 31, a total of 100 Category A and 227 Category B projects had been completed. The breakdown in percentage terms was 29.7 percent for Category A and 70.3 percent for Category B. The cost characteristics of the two kinds of projects were also markedly different. Category A projects cost an average of ₱16,514 each, whereas the Category B projects' cost average was ₱27,216. As a result, Category A projects were even less important in terms of the breakdown of total financial cost than their numbers would imply. A total of 20.4 percent of all financial resources, or ₱1,651,411 were allocated to Category A projects. The remaining 79.6 percent, or ₱6,450,285, on the other hand, were devoted to Category B projects.

Within each of the two categories, project activities are divided in turn into eight different subcategories. In practice, however, projects are heavily concentrated among a relatively small number of activities. Based upon a representative sample of 35 projects, subcategories of sanitation clean-up, cobblestone street repair and access road construction alone accounted for 54.3 percent of all projects in terms of absolute numbers. In value terms, they accounted for an almost identical 55.4% of all funds disbursed.

According to officials involved in project implementation, the general trend has been from simple to complex, small to large, less expensive to more expensive and from Category A to Category B. As one official noted, "At the beginning, all of the communities rushed in with projects to remove trash and drain mudholes. Once these were finished, additional requests tended to be for things such as road construction and repair." The fact that the workers have quickly learned labor intensive construction techniques has also facilitated the movement toward larger, more complex undertakings.

c) Socio-Economic Characteristics of the Target Group

Based upon questionnaires submitted to the Credit Agency personnel who administer the projects within the various provinces, it has been possible to estimate some of the more important socio-economic characteristics of those employed as laborers on the projects.

The percentage of workers residing in urban and rural areas was almost equal. A total of 51 percent resided in the former, with the remaining 49 percent in the latter.

Slightly less than half - 42 percent - of the workers reside in settlements for displaced persons. The remainder are displaced persons who rent housing or reside with relatives or friends.

One important indicator of the worker's socio-economic status is whether or not they are literate. If literacy is very broadly defined as being able to read and write one's own name, the worker's pay records can be used to estimate the prevalence of literacy among them. Employing this approach, 12 percent of those working can be classified as literate. Project officials report that literacy is most frequently encountered among the younger workers.

The spread of hostilities throughout the Eastern Provinces has resulted in the closure of numerous schools. As a consequence, many youths who are too young to be conscripted and who would otherwise be attending classes, have been left idle. The projects have sought to employ youths in this category. According to Credit agency estimates, approximately 12.5 percent of all workers fall in the 14 to 16 year old age range.

The average size of household in El Salvador was 5.7 persons in the 1970 census. It is not surprising therefore, that the great majority of persons who obtain work under the project have a number of others who are financially dependent upon them. Indeed, project officials estimate that each employee has an average of 4.8 persons dependent upon them. If one assumes 1 worker per household, the resulting estimate is nearly identical to the figure cited above for the 1970 census. The fact that a family becomes displaced, in other words, appears to have little effect upon the family's size.

d) Employment Effects

While the number of positions created by the projects is a precise figure - 18,198 - the number of people who have been employed as workers is far more difficult to obtain. To spread the beneficial effect of employment among as many displaced persons as possible, the projects are supposed to rotate employment for each position several times. Credit agency officials estimate that, overall, each position is rotated an average of nearly four times - 3.9, to be exact. Theoretically, then, if no worker was ever reemployed, a total of $18,198 \times 3.9$, or 70,972 individuals, would have received employment lasting for approximately two weeks duration. In practice, however, the same workers are permitted to work for periods of one month or more. In addition, after finishing one project, they are frequently permitted a rotation on another. As a consequence, trying to estimate with precision the number of workers who have benefited from the various projects

becomes a bewilderingly complex task. If workers who have worked multiple rotations are taken into account, the total number of workers benefiting from the project can be reasonably estimated at between 40,000 and 50,000.

The maximum number of days of work permitted any given worker is set by the Credit Agency. The number varied widely from region to region, with an average of 91 days per worker.

According to Credit Agency estimates, few - only 6 percent - of those employed by the projects had other regular sources of income. The sources were not specified, but were not considered to be important quantitatively. However, a total of 28 percent were estimated to earn seasonal income from harvesting local crops such as coffee, cotton or sugar cane.

The daily wage rate established for the workers who participate in the program is ¢6. It is equivalent to \$2.40 at the official rate of exchange. In the parallel market, which more closely approximates an exchange rate determined by market forces, it is equivalent to \$1.56. Assuming for the moment, for purposes of illustration, that 45,495 workers received an average of 21 days of work each under the program, the income per worker would have amounted to ¢126. With 4.8 dependents per worker, the per capita displaced person income from the Project would amount to about ¢22. Without other sources of income it is scarcely adequate regardless of which exchange rate is employed for conversion into dollars.

e) Multiplier Effects

While individual incomes resulting from the employment opportunities provided by the program have been modest, the combined impact of consumer spending from program payrolls has been substantial. If only one half of the 8 plus million colones spent on wages and the purchase of locally made building materials were re-spent, it would represent four million colones in increased sales to local merchants. Such spending is believed to have been especially important in local urban markets in all seven provinces. Through successive rounds of consumer spending and respending, the original eight million may well have resulted in twice that amount of retail sales.

f) Jobs Program -- Microeconomic Considerations

Microeconomic considerations as noted in the preceding description of this component, is not a discrete activity. It is literally hundreds of individual projects instead. Each is unique in terms of the nature of the activity undertaken, cost, location, number of prospective beneficiaries, and so forth. As a consequence, each also represents a unique social investment with a rate or return, or payoff that is unique to it as well.

The individual projects are also markedly different with respect to the methodological difficulties that are involved in the estimation of their rates of return. At one end of the spectrum are activities such as rural road construction and reforestation that are relatively simple and straightforward from an analytic point of view. At the other end of the spectrum are the health projects. Estimation of their prospective benefits presents such serious difficulties that A.I.D. and the IBRD, among others, do not require methodologically rigorous analysis. Instead, an adequate stream of benefits is assumed at the outset. By identifying and estimating the cost of all of the practicable alternative methods for achieving the desired result, the analysis is then able to demonstrate only that the method chosen is cost effective. Between the two extremes, there are other kinds of project activities that represent in between cases. The proposed potable water system projects are an example. Fairly rigorous methodologies have been established for estimating their prospective benefits. In El Salvador's case, however, there are enormous practical difficulties in obtaining the data with which to estimate the potential benefits within acceptable limits. In those cases for which the necessary data is not available, cost effectiveness analysis would be the only practicable means for justifying the project on economic grounds.

With varying degrees of methodological rigor, then, the projects in this component are all amenable to economic analysis. The evaluation of the Project, conducted in January, 1984, disclosed, however, that none of the nearly 500 projects completed to date had received either ex ante or ex post analysis. The same is true for the approximately 200 projects that are now underway.

Given the history of the Project, especially the urgency that was associated with providing the displaced persons with a modicum of opportunity for employment, the paucity of economic analysis is certainly understandable. The individual projects are, after all, not the purpose of the project. Rather they are the means for providing the level of employment desired. The Project staff has very limited resources, the great majority of its time has thus far been devoted to getting things started up and running smoothly.

Moreover, the selection of individual projects is heavily dependent upon the recommendations made by the Credit Agencies. It is doubtful that any Credit Agency personnel have received training in economic evaluation of projects.

Measures are now being taken to integrate economic analysis into the design of future projects. The A.I.D. will sponsor a workshop in analytic skills for appropriate Project personnel from both the San Salvador and field offices. The Project target is that either benefit cost analysis or cost effectiveness analysis will be performed for virtually every proposed project by January, 1985.

In the meantime, the economic effectiveness of the jobs program remains to be analyzed. In the absence of specific data, two distinct types of analysis have been performed. The first is a benefit cost analysis. Employing extremely conservative assumptions, the analysis demonstrates that the potential pay off from the program is likely to be well within acceptable limits. In the following example, appearing in Table I, it was assumed that (1), the average annual rate of return per project would be 10 percent of its original cost, (2) the average productive life of each investment is 8 years, and (3) the total multiplier effect of the individual projects would amount to one half of their original cost. The internal rate of return, or (IRR), obtained with this set of assumptions is 12.2 percent. The assumptions are so conservative, however, that the IRR which is actually realized is almost certain to be much higher. Given a very high marginal propensity to consume of those employed on the projects, for example, the multiplier effect could reasonably be expected to be several times as large as total program expenditures. Yet, even if successive spending and depending only managed to double the original outlays, the IRR, assuming that the other assumptions remain unchanged, would be over 50 percent. Overall, therefore, even though the IRR cannot be estimated precisely, it is reasonable to assume that the program will result in a favorable economic rate of return.

Inasmuch as the rates of return projected above cannot be empirically verified, the analysis has also performed cost effectiveness analysis to measure the economic efficiency of the component. The analysis identified one alternative that accomplished some of the component's objectives at a savings of approximately twenty percent of budgeted expenditures. The alternative would be simply to transfer the funds now paid to the displaced persons for the labor which they perform under the jobs program directly to them instead. The scheme is similar to the income maintenance, or social welfare programs of the Western European countries. It could be implemented through a variety of different institutional mechanisms, such as the Social Security Program, or unemployment insurance.

While somewhat less expensive, the alternative failed to accomplish some important project objectives. To begin with, providing the DP's with a dole would undoubtedly aggravate rather than dampen, tensions between them and their host communities. Then too, by working on the various projects, the DP's are able to maintain their dignity and self respect. Finally, the projects are in and of themselves worthwhile contributions to their respective communities. They produce, among other things, paved streets, sidewalks, retaining walls, the collection of garbage and potable water systems. Indeed, the unique way in which the health projects dovetail with other public health efforts undertaken by the Project reinforces the effectiveness of those efforts.

For these reasons, the higher cost of the Project as presently designed is considered to be a cost effective tradeoff with respect to the less expensive income transfer approach. The additional

benefits, in other words, are judged to far outweigh the additional cost of implementing the Project in its present form.

2) Health and Nutrition Component

While less complex, from a methodological point of views than the jobs program, the Health and Nutrition component nonetheless contains a sizeable number of subcomponents. Moreover, as noted earlier, projects of this nature are exceedingly difficult to analyze from an economic point of view. For this reason, only the less rigorous cost effectiveness approach has been employed.

TABLE 11

COST EFFECTIVENESS OF JOBS PROGRAMS

COMPARISON OF TWO ALTERNATIVES

	<u>Jobs Program</u>	<u>Income Transfer</u>
Payments	31,400	31,400
Administrative Costs	3,000	2,500
Tools, Materials and Transportation	<u>8,000</u>	<u>-----</u>
	42,400	33,900

Overall, the component appears to be cost effective. By PACD, the GOES will have to assume the recurrent costs associated with Project personnel, supplies and equipment. In current prices, these goods would cost approximately \$1,200,000. They would provide health services to an estimated 35,000 displaced persons in settlements and an additional 30,000 residents of Phase I cooperatives. The estimated cost per beneficiary would thus be in the vicinity of \$15 to \$20. The result is only slightly higher than the estimated \$13 now spent by the MOH.

Experts from a number of institutions and disciplines, including A.I.D., the Communicable Disease Centers in Atlanta, PAHO and several PVO's that are prominent in displaced persons oriented public health programs collaborated in designing the original Project as well as in subsequent monitoring and evaluation. The present Amendment embodies design changes that have resulted from implementation experience gained thus far. It also incorporates the recommendations that resulted from the February 1984 evaluation. No alternatives that would result in greater cost effectiveness were identified.

An example of the way in which cost effectiveness has been incorporated into the Project's design is the PVO proposal for preventive health services in the DP settlements. The original proposal totaled \$13.7 million. The amount was reduced through negotiations, first to \$10.9 million, then to \$6.0 million. It was estimated that between 80 and 85 percent of the original program's benefits could be obtained with the 50 percent reduction in costs. It was the most cost effective combination of benefits and cost that were identified.

3) Pilot Relocation Services Component

While initially more costly, relocation is a sound investment. The nearly \$70 million proposed in the present Amendment maintains the displaced persons with a strictly minimal level of social services. A relocation program that would resettle 150,000 displaced persons, about half the present number registered, would cost about half again as much as the proposed amendment. It would, however, also reduce the costs of maintaining the displaced persons in their present status and reintegrate them into the labor force as productive members of society. Even if fewer than half of those permanently resettled were to assume their former economic activities, the IRR for such a project would approach 50 percent.

Unfortunately, however, the supply of land available for resettlement activities is judged to be highly limited in relation to the number of farmers among the displaced persons. Then too, the level of hostilities continues at an active pace. As long as the security situation remains uncertain throughout major portions of the country, the demand for resettlement among the displaced is likely to remain fairly low.

Under the circumstances, designing the resettlement program as a pilot activity appears to be appropriate. Should the demand prove to be considerably higher than anticipated, Project administrators would shift funds from the Jobs Program to accommodate resettlement request to the extent that suitable land can be found for that purpose.

4) Summary

The nature of the project is to provide packages of social services, infrastructure, and jobs (constructing the infrastructure) to displaced families living in settlements and on the edge of various cities and towns. The difficulties associated with measuring the benefits from the health and nutrition elements of a package reduce the practicality of conducting traditional Benefit/Cost analysis. It is quite possible to carry-out the analysis, but the results would be so tenuous as to render the results quite weak, and thus not particularly relevant. Thus, rather than attempting the traditional ex ante Benefit/Cost analysis beyond that shown in Table I, the Mission has opted for a baseline study at the very beginning of the project. Although the Mission knows quite specifically the over-all magnitude of the problems, the fine tuning still remains to be done: The base line survey will provide the level of detail that will allow the Mission to design a plan that will lead to the greatest possible coverage per dollar of expenditure. Once the survey is completed and the expenditure plan developed, the Mission will be able to estimate per capita cost figures for the over-all project and its various components.

VIII. EVALUATION PLAN

Evaluation of the Project will include continuous monitoring and formal evaluations to be conducted after the first and second years of the project. A final evaluation will be conducted at the end of the third year.

It will be possible to determine the impacts of the health interventions with the baseline surveys and epidemiological data collection and monitoring systems. Clinic records will show numbers of patients treated and their diagnosis, and comparisons of health status before and after clinical and environmental sanitation programs will be possible. In addition, the effects of one intervention can be compared with those of the other interventions. Data will also permit cost effectiveness analysis of the Project as well as comparisons between settlements, locales, populations, etc. Camp and resettlement populations will be compared, and health status vis-a-vis that of the general population will be assessed.

The program monitoring and surveillance system for both the supplementary and therapeutic feeding programs will allow for detailed data collection for children and adults in the major and medium-sized DP Camps. The outreach program conducted by CONADES and the Ministry of Health will complement the camp data and provide for a complete analysis of the population and its general health.

A. Baseline Survey

In August and September, 1984 a baseline study will be conducted over a period of six weeks at which time 23 major DP Camps and 44 medium sized settlements will be surveyed. In addition, a random sample of 10-15% of the disbursed displaced population will be examined in each of the ten departments. The surveys will examine the general health and nutrition of the population and the environmental sanitation and potential improvements in each of the settlements as well as in urban and marginal populations.

The baseline study will develop and leave in place simple, routine forms which the implementing organizations will complete for subsequent data collection and analysis.

The technical assistance required is expected to include one person for eight weeks, and four persons for six weeks each. In addition, 70 local survey persons will be trained to gather the information and initiate the tabulation and data analysis. Funds will be provided to cover per diem, transportation, secretarial/translation services, reproduction services, office space and equipment rental, computer services, etc.

B. Formative Evaluation (Yearly)

In August, 1985 and again in August 1986, formative evaluations will be conducted over a six week period to measure progress made since the baseline study and allow for mid-program changes where necessary. The evaluations will be conducted on the basis of field trips, interviews with personnel at various levels, administrative and technical reports and an update of the epidemiological data and food distribution data of the selected private voluntary agencies in charge of each of the programs.

The technical assistance required is expected to include one person for eight weeks, four persons for six weeks each and one person for five weeks. The team will be assisted by the selected private voluntary agencies, CONADES, the Ministry of Health, and a group of Salvadoran survey specialists. They will have funds for per diem, transportation, office space, data collection and analysis, secretarial/translation services, reproduction. etc.

The team will make recommendations regarding any additional technical assistance in management which may be indicated for the Jobs Program, the health and nutrition components, and the resettlement component. They will identify problem areas or constraints, throughout the project, which may inhibit the attainment of Project goals and objectives and recommend corrective actions which should be taken.

C. Summative Evaluation

The final Project evaluation will be conducted in approximately July and August, 1987 for a period of six weeks. This evaluation will

utilize the two formative evaluations previously completed and the baseline data developed at the beginning of the Project to assist in the measurement of the attainment of the objectives of the project. The team will also measure to what degree the Government of El Salvador complied with the covenants of the Project. The team will make recommendations for any follow-on A.I.D. project concerning displaced persons and human resource development within this population.

IX. CONDITIONS, COVENANTS, AND NEGOTIATING STATUS

Planning of this Project Amendment has proceeded to the point that the main issues concerning the Project Amendment have been addressed and substantially resolved to the satisfaction of the GOES, PVOs and USAID/El Salvador. The Project Amendment has been discussed in detail with officials of the Ministry of Interior, the Ministry of Health, Project Hope and CARITAS during the formulation of its functional components as described herein. Thus the substance of the project supplement, including the following conditions and covenants, has been negotiated and no difficulties are expected in concluding negotiations of the Project Grant Agreement Amendment.

A. Conditions Precedent

Prior to disbursement of grant funds for relocation of displaced persons, or the issuance by A.I.D. of documentation pursuant to which disbursement will be made for said activities, unless A.I.D. agrees otherwise in writing, the GOES shall furnish to A.I.D., in form and substance satisfactory to A.I.D., detailed plans and budgets for the activity.

B. Covenants

The GOES agrees that, unless A.I.D. agrees otherwise in writing, within 90 days of the signing of the Project Agreement Amendment it will provide to A.I.D., in form and substance satisfactory to A.I.D., the names of the GOES agency or independent accounting firm which shall perform the audit functions for each GOES entity with implementation responsibilities under the Project, as well as the scope and frequency of the audits.

The GOES agrees that, unless A.I.D. agrees otherwise in writing, within 60 days of the signing of the Project Agreement Amendment and subsequently two months prior to the beginning of each calendar year, it will provide to A.I.D., in form and substance satisfactory to A.I.D., financial plans for each Project activity implemented by a GOES institution.

ANNEX A

LOG-FRAME PROJECT 519-0281
EMERGENCY PROGRAM: HEALTH AND JOBS FOR DISPLACED PERSONS

PROJECT DESIGN SUMMARY
 LOGICAL FRAMEWORK

INSTRUCTION: THIS IS AN OPTIONAL
 FORM WHICH CAN BE USED AS AN AID
 TO ORGANIZING DATA FOR THE PAR
 REPORT. IT NEED NOT BE RETAINED
 ON SUBMITTED.

Life of Project: From FY 82 to FY 87
 Total U.S. Funding this amend: 60,000
 Date Prepared: 5/84

Project Title & Number: Emergency Program: Health and Jobs for Displaced Families
 519-0281

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Program or Sector Goal: The broader objective to which this project contributes: (A-1)</p> <p>To achieve an acceptable level of social stabilization under present conditions by supporting humanitarian assistance efforts in El Salvador.</p>	<p>Measures of Goal Achievement: (A-2)</p> <p>Not more than 10% of the displaced population will have migrated a second time within the last three years by the end of the Project.</p> <p>Relocations and settlements-in-place will amount to at least 10% of the new immigrants in the Project target area during the three year LOP.</p>	<p>(A-3)</p> <p>Surveys of DP population: baseline, yearly and CONADES' monthly.</p> <p>Numbers of families relocated and number of beneficiaries receiving income producing credit.</p>	<p>Assumptions for achieving goal targets: (A-4)</p> <p>Project Geographic areas do not become unsuitable for temporary and permanent resettlement.</p>

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PROJECT DESIGN SUMMARY
MEDICAL FRAMEWORK

Life of Project: 82 to FY: 87
From FY: 82 to FY: 87
Total U.S. Funding this amend: 60,000
Date Prepared: 5/84

Project Title & Number: Emergency Program: Health and Jobs for Displaced Families 519-0281

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Project Purpose: (B-1)</p> <p>1. To provide cash income to displaced families;</p> <p>2. To improve health and nutrition status of DPs.</p>	<p>Conditions that will indicate purpose has been achieved: End-of-Project status. (B-2)</p> <p>1. Approximately \$30 million distributed in salaries to DP's employed in the Jobs Program through July 1987.</p> <p>2. a. Child mortality rate among settled DP's reduced by 25% between 1984 and 1987</p> <p>b. Incidence of immunopreventable diseases reduced by 90% in those largest DP settlements where 95% of settled DPs live (currently 67)</p> <p>c. Incidence of low birth weight (less than 2500 grams) decreases by 5% among settled DPs during the project.</p>	<p>(B-3)</p> <p>Audits of project payroll disbursements</p> <p>Project Hope Surveillance System reports.</p> <p>Project Hope Surveillance System reports</p> <p>Project Hope Surveillance System reports</p>	<p>PAGE 2</p> <p>Assumptions for achieving purpose: (B-4)</p> <p>No significant increase in very small DP settlements.</p> <p>Pregnant women participate in supplemental feeding program, and consume it in addition to regular ration; average birth interval greater than 2 years.</p>

PROJECT DESIGN SUMMARY

PROJECT NUMBER

Life of Project: From FY 82 to FY 87
 Total U.S. Funding this amend: 60,000
 Date Prepared: 5784

Project Title & Number: Emergency Program: Health and Jobs for Displaced Families 519-0281

PAGE 2

NARRATIVE SUMMARY	OBJECTIVELY MEASURABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Project Purpose: 3.1.	Conditions that will indicate purpose has been achieved: End-of-Project status. (5-2)		Assumptions for achieving purpose. (3-4)
	<p>d. Incidence of water- and vector-borne diseases reduced 25% in those larger DP settlements where 95% of settled DPs live (currently 67).</p> <p>e. Second and third degree malnutrition decreases by 25% among all DPs and by 90% among settled DPs.</p>	<p>Project Hope Surveillance System reports</p> <p>Project HOPE and CARITAS growth monitoring records.</p>	<p>No significant increase in very small DP settlements.</p> <p>Therapeutic ration consumed in addition to, rather than instead of, basic ration.</p>
3. To test permanent relocation and settlement in-place programs.	<p>3. a. Relocation proposals developed</p> <p>b. Families relocated</p> <p>c. Microbusinesses established with project assistance.</p>	<p>Project records</p> <p>Project records</p> <p>Relocation promoter reports</p>	

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Project Title & Number: Emergency Program: Health and Jobs for Displaced Families 519-0281

Life of Project: 82 to FY 87
From FY 82 to FY 87
Total U.S. Funding this amend: 60,000
Date Prepared: 5/84

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Project Outputs: (C-1)</p> <p>1. Expanded Jobs Program operating</p>	<p>Magnitudes of Outputs: (C-2)</p> <p>a. A monthly average of 18,000 DPs employed</p> <p>b. The number of participating credit unions is expanded from 7 in 1984 to 10 by 1985, one in each department.</p> <p>c. The number of departments in which active projects are being carried out expands from 7 in '84 to 14 by '86.</p> <p>d. The following projects are carried out:</p> <ol style="list-style-type: none"> 1) 630 road or street repair and access road projects completed by 1987; 2) 30 sewage projects completed by 1987; 3) 50 drainage projects completed by 1987; 	<p>(C-3)</p> <p>Project Records</p> <p>Cooperative Agreements with 3 additional Credit Unions.</p> <p>Project Records</p> <p>Program Unit monthly reports on status of approved sub-program.</p>	<p>(C-4)</p> <p>Assumptions for achieving outputs: (C-4)</p> <p>FEDECCREDITO branches in all target areas agree to participate in the Jobs Program.</p> <p>No Target Departments fall under the political control of the guerrillas.</p> <p>No significant reduction is made in the number and size of existing displaced settlements and dispersed population available for Jobs program.</p>

PROJECT DESIGN SUMMARY
 LOGICAL FRAMEWORK

Project Title & Number: Emergency Program: Health and Jobs for Displaced Families
 519-0281

(INSTRUCTION: THIS IS AN OPTIONAL FORM WHICH CAN BE USED AS AN AID TO ORGANIZING DATA FOR THE PAR REPORT. IT NEED NOT BE RETAINED OR SUBMITTED.)

Life of Project 82 to FY 87
 From FY _____ to FY _____
 Total U.S. Funding this amend: 60,000
 Date Prepared: 5/84

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>2.a. Health Services</p> <p>1) Preventive Health Services</p> <p>- ORT used to treat diarrhea cases</p> <p>- Children under 12 receive complete vaccination series and pregnant women are vaccinated against tetanus.</p>	<p>4) 45 potable water projects completed by 1987;</p> <p>5) 60 latrine projects completed by 1987. (3,000 latrines by end 1985);</p> <p>6) 625 other community infrastructure and improvement projects completed by 1987.</p> <p>- ORT used for all cases of moderate or severe diarrhea treated at dispensaries.</p> <p>- 85% of DP children under 12 in settlements have completed vaccination series or are in process at any time.</p> <p>- 100% of pregnant women visiting dispensary are vaccinated against tetanus.</p>	<p>Project evaluation</p> <p>Dispensary records</p> <p>Project Evaluation</p>	<p>Families have confidence in re-supply from dispensary and do not hoard packets.</p> <p>DPs will report to dispensary in case of more than mild diarrhea.</p> <p>DP families maintain vaccination records.</p>

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

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519-0281

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Life of Project 82 to FY 87
From FY _____ to FY _____
Total U.S. Funding this amend: 60,000
Date Prepared: 5/84

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>- DPs learn about ORT, immunizations, and other health services; about appropriate environmental safeguards; and about how to improve nutritional value of family diet.</p> <p>2) Curative Health Services:</p> <p>- 30 dispensaries serving the 117 DP settlements.</p> <p>At least 4 dispensaries operating at CARITAS feeding centers.</p> <p>- DPs in need of services identified and referred to appropriate care by outreach program.</p> <p>- Dispersed DPs attend MOH facilities for care after referral by CARITAS personnel.</p>	<p>- Level of recall of DPs about themes used in health education campaigns.</p> <p>- 30 dispensaries constructed, staffed with a total of 40 auxilliary nurses, and maintaining stocks of medications between specified maximums and minimums.</p> <p>- Dispensaries constructed, staffed on a regular schedule and supplied with basic medicines.</p> <p>15 RNs employed by CONADES doing 250 home visits per week.</p> <p>- 75% of those referred attend a MOH facility.</p>	<p>Surveys of DPs before, during and after project.</p> <p>Visual inspection</p> <p>CARITAS project records</p> <p>Project records</p> <p>- Number of vouchers paid compared to CARITAS records of referrals made.</p>	<p>- DPs remain in touch with dispensary or CHAs long enough to be exposed to messages.</p> <p>- Sites chosen for dispensaries do not become inappropriate due to migration of DPs.</p> <p>- DP homes are not widely dispersed.</p> <p>- Dispersed DPs do not object to attending MOH facilities.</p>

PROJECT DESIGN SUMMARY
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519-0281

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Life of Project: 82 to FY 87
From FY 82 to FY 87
Total U.S. Funding: this amend: 60,000
Date Prepared: 5/84

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>2a. 3) Program monitoring and surveillance</p>	<p>-- Symptom sets reported upon observation; analyzed within 1 working day of receipt; MOH physician arrives at settlement within 1 working day of time MOH determines epidemic may be starting.</p>	<p>MOH records</p>	<p>--Computers function; Timely communication with MOH field facilities is possible; transport is available for physician; appropriate drugs available to initiate treatment.</p>
<p>--Health and Nutrition Status of population in settlements routinely monitored. Symptom sets, indicator events, vital events [births and deaths (with cause)], birth weights, hospitalization and census data recorded. Nutrition records maintained, including registration coverage, daily attendance, % malnourished, weight gain of infants.</p>	<p>--Dispensaries fill out and return reporting sheets as scheduled; they are analyzed on a monthly basis with no more than 2 month lag and annual basis with no more than 3 months lag.</p>	<p>--Project HOPE records and reports to USAID.</p>	
	<p>--"Road to Health" charts maintained for 90% of DP children under 5 in settlements.</p>	<p>--Visual inspection of dispensary records.</p>	
	<p>--Focused investigation of all hospitalizations and deaths during first two project years.</p>	<p>--Project HOPE records.</p>	
	<p>re-install GOES' nutrition surveillance system</p>	<p>--MOH records</p>	<p>--Gradual easing of national security situation.</p>

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Project Title & Number: Emergency Program: Health and Jobs for Displaced Families
519-0281

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Life of Project 82 to FY 87
Total U.S. Funding this amend: 60,000
Date Prepared: 5/84

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
2.b. Environmental Improvement			
1) DP settlements and resettlement locations have adequate water supply	- water systems constructed such that each 10-20 families have a water source, with 15 liters/person/day available	- Baseline survey compared to jobs project records.	- water sources available and can be tapped at reasonable cost.
2) DP settlements and resettlement locations have adequate latrine facilities.	- no family further than 50 mts from nearest latrine	- Baseline survey compared to jobs project records.	- no construction problems which cannot be solved at a reasonable cost.
3) Washing facilities available to DP's in settlements	- washing facilities constructed and functioning at or near all water taps.	- Jobs program records	
4) Periodic refuse collection system operating in DP settlements where at least 90% of settled DP's live.	- 67 systems by 12/31/84	- Jobs program records	
5) Mosquito breeding areas reduced in DP settlements where at least 90% of settled DP's live.	- Priority projects to reduce stagnant water (draining and filling carried out in DP settlements.	- Project HOPE survey results and Jobs Program records.	

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Project Title & Number: Emergency Program: Health and Jobs for Displaced Families
519-0281

(INSTRUCTION: THIS IS AN OPTIONAL FORM WHICH CAN BE USED AS AN AID TO ORGANIZING DATA FOR THE PAR REPORT. IT NEED NOT BE RETAINED OR SUBMITTED.)

Life of Project: From FY 82 to FY 87
Total U.S. Funding this amend: 60,000
Date Prepared: 5/84

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>6) Equipment and activities designed to use appropriate technology will be introduced into the DP settlements.</p>	<ul style="list-style-type: none"> - Lorena stoves, compost latrines, and backyard gardening introduced on a pilot basis in appropriate DP settlements. - Training provided to individuals in DP settlements at a ratio of 1 person per 50 DP families in the construction and operation of each of the technologies by 1985. 	<p>Program Unit monthly reports</p> <p>Program unit monthly reports</p>	<ul style="list-style-type: none"> - Access to settlements is not disrupted significantly. - DP's invited to participate in program will do so.
<p>2.c. Nutrition</p>	<ul style="list-style-type: none"> - 90% of time, DP's receive food shipments at least every two weeks, providing 1600 calories per day. - 95% of children under 5, pregnant and lactating women and persons recovering from serious illness receive supplementary feeding daily of 350-400 calories at feeding centers established in up to the 30 DP settlements where dispensaries are built, and at 4 CARITAS regional centers by the end of CY 1985. 	<ul style="list-style-type: none"> - CONADES, WFP, CARITAS food distribution reports. - SFP records compared to Project HOPE Census data and CARITAS estimates of target population. 	<ul style="list-style-type: none"> - Access to settlements is not disrupted significantly. - DP's invited to participate in program will do so.
<p>1) Food distribution: All DP's who wish to receive a regular food ration.</p>	<ul style="list-style-type: none"> - 90% of time, DP's receive food shipments at least every two weeks, providing 1600 calories per day. 	<ul style="list-style-type: none"> - CONADES, WFP, CARITAS food distribution reports. 	<ul style="list-style-type: none"> - Access to settlements is not disrupted significantly.
<p>2) Supplementary feeding provided for most needy populations.</p>	<ul style="list-style-type: none"> - 95% of children under 5, pregnant and lactating women and persons recovering from serious illness receive supplementary feeding daily of 350-400 calories at feeding centers established in up to the 30 DP settlements where dispensaries are built, and at 4 CARITAS regional centers by the end of CY 1985. 	<ul style="list-style-type: none"> - SFP records compared to Project HOPE Census data and CARITAS estimates of target population. 	<ul style="list-style-type: none"> - DP's invited to participate in program will do so.

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

(INSTRUCTION: THIS IS AN OPTIONAL FORM WHICH CAN BE USED AS AN AID TO ORGANIZING DATA FOR THE PAR REPORT. IT NEED NOT BE RETAINED ON SUBMITTAL.)

Life of Project: 82 to FY 87
From FY 82 to FY 87
Total U.S. Funding this amend: 60,000
Date Prepared: 5/84

Project Title & Number: Emergency Program: Health and Jobs for Displaced Families 519-0281

PAGE 1

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>3) Therapeutic feeding provided for those children identified as malnourished.</p>	<ul style="list-style-type: none"> - Participants in job program receive supplemental food ration (350-400 calcs. daily). - 90% of children identified receive daily therapeutic feeding until they achieve wt./ht. of 70% at the supplemental feeding centers located in DP settlements. 	<ul style="list-style-type: none"> - Credit Agency System Records CARITAS monthly reports 	<ul style="list-style-type: none"> - parents will bring child to center for daily feeding.
<p>3. Pilot Relocation Services</p> <p>a. Plans developed for permanent relocation.</p> <p>b. Support provided to DP's for permanent relocation and settlement in place.</p>	<ul style="list-style-type: none"> - Sites selected based on survey of availability and DP preferences expressed in survey; approved; water systems installed, health care upgraded. - DP's provided with transportation, production credit, self-help employment, basic food rations, some housing material or credits. - Skills training provided based on needs identified in survey. - FEDECREDITO grants 1,500 loans for micro-businesses for DP's settling-in-place and permanently relocating 	<ul style="list-style-type: none"> - Program Unit/CONADES/PVO records - Program Unit/CONADES/PVO records - CONADES and PVO records - FEDECREDITO records. 	

ANNEX B

IMPLEMENTATION AND ADMINISTRATIVE ARRANGEMENTS

I. Jobs Program Component

A. Selection of Credit Agencies

1) Availability of Credit Agencies

The unit of administration for the program is the Department. Within each department, a Credit Agency, which will serve only that Department will be established. No department, however, will be denied participation in the program because of the absence of a potential Credit Agency. In such case a Credit Agency may be contracted to cover more than one department.

2) Contracting of Credit Agencies

Credit Agencies will be contracted by the Program Unit through a formal Cooperative Agreement. New Credit Agencies will be local, institutions which, in accordance with predetermined policies, rules, procedures and standards, will administer the jobs program and provide service for other aspects of the overall Program.

3) Functions of Credit Agencies

Credit Agency functions will include organization and activation of the program, receipt, disbursement and accounting for funds to be used for compensation of program beneficiaries, tool and material costs, and operation expenses, logistical support and overall management of the work program, and other functions deemed necessary during implementation.

4) Service to All Eligible Beneficiaries

Credit Agencies will serve all eligible displaced persons, in accordance with the policies and procedure of the program, in all the sites deemed eligible within their geographical areas. Under this agreement, member or their relatives or affiliates of the Credit Agency will receive no preference in any aspect of the program. The Credit Agency will serve all eligible displaced persons and cooperate with all local organizations regardless of political, religious, social or other affiliation.

5) Program Staff

Credit Agencies will be provided with a budget enabling them to select and hire staff who will devote their full-time to the implementation of the program. Such individuals will be hired as employees of the Credit Agency. The Credit Agency will be responsible for maintaining records, and supervising such personnel.

6) Training

Directors of the groups selected and contracted as Credit Agencies, and staff hired by such groups to assist in program implementation, will receive pre-program training, supervision and in service training from the Program Unit.

B. Project Approval

1) Submission of Projects

All local organized groups (including GOES institutions) shall have the opportunity to submit eligible projects to the Program Unit through the Credit Agency. All community improvement projects will be considered, with preference given to health improvement projects. Final approval will be given by AID.

2) Mayor's Approval

Upon completion of a Project Information Form, each project will be subject to the approval of the local Mayor. Once the project has been approved by the Mayor, it will be subject to approval by the Program Unit. The complete approval process should take no more than ten days.

3) Provision of Information to CLAD Committees

It will be the responsibility of the Credit Agency extensionist to inform CLAD Committees (Comite Local de Asistencia a los Desplazados) of projects approved under this program.

C. Project Selection

Projects considered must meet the following criteria:

1) Projects undertaken with these funds must be directed to activities which will be of general and common benefit to the community as a whole.

2) At least 70% of the funds allocated to any individual Category B project will be used for payment of labor for the project. Up

to 30% of the funds may be used for materials, tools and transport required for the implementation of the project. Category A projects may use a 50/50 ratio, and DP settlement improvement projects will have no restrictions. They will be approved on a case-by-case basis to meet basic environmental standards.

3) The provision of tools, materials and cash donations by sources outside the program is permitted and encouraged as long as accountability for these resources is established in collaboration with the Credit Agency. The provision of cash donations to any project is not permitted except through the Credit Agency.

4) The type of projects which can be implemented are divided into two categories:

a) Category A

Projects which tend to improve health conditions or to reduce health hazards. Such projects may include, but will not be limited to, the following:

Environmental measures, such as drainage, which will eliminate areas of stagnant water in which mosquitos or other vectors breed;

Provision of latrines and other sanitary measures for waste removal;

Cleaning and maintenance of water and sewage systems;

Removal of garbage accumulated over time which can act as a host for breeding of vectors or disease, except normal garbage removal services which shall not be eligible;

Digging or maintenance of drainage, especially in areas where displaced families reside in very dense living patterns, where such drainage will insure that such sites remain dry in the rainy season and that water and waste are suitably removed from the site;

Establishment of financial incentives (bounties) for the elimination of rats, especially in areas where displaced families are residing in densely concentrated living patterns;

Construction of dispensaries, nurse living quarters, supplemental feeding centers, potable water systems, sewage systems, and reception centers for new arrivals in DP concentrated settlements.

b) Category B

Projects which tend to improve community services and infrastructure, including:

Leveling and improving drainage of community roads;

Reforestation, soil conservation, or planting of trees in schools, health centers and other public buildings and lands;

Recreational facilities;

Street improvement and repair, access roads, retention walls and public building construction or repairs;

Other community improvement projects meeting the criteria of the program;

CATEGORY A projects will receive priority over CATEGORY B projects; that is, projects which contribute to an improvement in community health will be considered by the Credit Agency before more general community improvement projects are undertaken.

Projects which could be construed as having military or security implications will not be eligible for support under this program.

D. Eligibility and Renumeration of Displaced Persons for Jobs

The employment opportunities generated under this program have as their purpose assisting persons displaced by the civil conflict.

1) Rotation Opportunities

Management will be encouraged to rotate job opportunities, with minimum work units of two weeks each, to assure that all displaced persons have an opportunity to work. However, if there are more jobs than displaced persons desiring them, there is no need for such rotation.

2) Eligibility Criteria

The definition of a displaced family is one which has been forced from its home and principal livelihood as a consequence of the conflict. In addition, eligibility will be established using the following criteria:

a) Only one representative of each family may be eligible for employment under the program. No family may have two persons working under the program at the same time. To every extent possible the same individual should represent the family in the program at all times.

b) Persons employed under the program must be over 18 years of age. However, in cases where families of more than four persons include no adult member who can work on the program, exceptions can be authorized by the Executing Group to 14 years of age.

c) It is desirable, but not necessary, that persons employed on the program have identification cards (cedulas). No displaced person will be required to provide recommendations or references of any kind as a condition for employment.

d) It is the responsibility of the Credit Agency to develop a list of persons eligible for employment under the program, including, where available, their respective cedula numbers. Eligible lists must be agreed to by all members of the CLAD. A copy will be retained by the Service Agency. These documents will be treated as confidential.

3) Disqualification Criteria

No individual who receives a regular full-time salary from any source is eligible for participation in this program. No person who is an officer of a political party or candidate for office is eligible for employment in this program.

4) Employment of Men and Women

Often, single parents who are women are in as great a need for employment as men who are also supporting families. Credit Agencies are thus encouraged to consider the needs of both men and women in the design of their work projects. Several of the types of community projects suggested lend themselves to participation by both sexes. All Credit Agencies should provide equal opportunities for employment to women whenever possible.

5) Rate of Remuneration

The rate of remuneration for participants in this program will be based on a schedule of eight hour's work per day. Scheduling of these hours is permitted in accordance with local custom. Less than eight hours work will be paid on a pro-rata basis. The rate of pay per day shall be fixed at C6.00 per day in order to reach the largest number of persons, to avoid disincentives for other available employment, to reach the poorest members of the population, to diminish potential resentments within each community, and for other reasons as well. One supervisor and one trained construction specialist for each 25 man work crew will be authorized as needed.

E. Financial Procedures

1) Accountability

The Credit Agency shall assume full legal responsibility for the safekeeping and accountability of funds, tools, supplies, materials and equipment entrusted to it. It must maintain careful records of revenues and disbursements. These records must be available for inspection at any time by the Fiscal Agent. These records may not be delivered at any time to other parties without advance written authorization from the Program Manager. The Program Unit will provide technical assistance to the Credit Agency in the management of the accounts. However, the chief responsibility for their proper maintenance and control is that of the Credit Agency's. The fiscal agent will conduct frequent audits of these records. In addition, the Program Field Supervisor will audit and verify that the program rules, procedures, and accountability are properly conducted.

2) Advances

Upon execution of the Credit Agency Cooperative Agreement, the fiscal agent will issue an advance of funds to the Credit Agency in an amount stipulated in the Agreement, to be used exclusively for the conduct of the employment program. A second advance stipulated in the Agreement will be provided for operating expenses. Under no circumstances may these funds be commingled or used for purposes other than those explicitly intended unless authorized by the Program Manager.

3) Systems of Control, Accounting and Management

All systems, including disbursement procedures, will be outlined in detail in standard Credit Agency Cooperative Agreement.

4) Costs Eligible for Financing

Local costs for the employment Program will be eligible for reimbursement in such categories as:

Salaries for Program Beneficiaries

Cost of Materials for Work Projects

Costs of Tools for Work Projects

Transportation for Materials and Tools

Credit Agency Costs (personnel, benefits, logistical support, overtime, travel and sponsorship of meetings), and related costs required for the conduct of their contractual responsibilities.

Fiscal Agent costs required for operational support of the program, including field supervisory, secretarial and other staff and their related benefits.

II. HEALTH AND NUTRITION COMPONENT

A. Health Services Sub-Component

1) Preventive Health Services

a) Immunization Program

(1) Supervision and Support

The program will benefit from the supervision and support of the Ministry of Health, the CONADES health staff, Project HOPE, Caritas and AID.

(2) Implementing Organizations

Innoculations will be administered by private voluntary organizations which have organizational and outreach resources under the supervision of the Ministry of Health and the Program Unit staff. These organizations will include, but not be limited to, selected PVO's, the International Committee of the Red Cross, the Salvadoran Red Cross, the Salvadoran Green Cross, Project HOPE, and Caritas. Innoculations may also be administered by the Curative Health staff. All activities will be carried out in accordance with the policies and procedures already established for this program and supported by technical training.

(3) Training of health workers

Technical training will be provided to supervisors, route leaders and volunteers of the implementing organizations in advance of the implementation or expansion of the program. This training will include all aspects of the immunization campaign including the importance of the cold chain, the administration of vaccinations, care of the vaccine, contra-indications, and organization of the campaign in the community. The trainers will be health professionals drawn from national and international sources and from within the participating institutions. The participants will consist of representatives from each of the organizations involved in the delivery of services including the administrators and doctors giving the innoculations.

(4) Publicity Campaign

Advance publicity for the campaign will be important to its success. Through the offices of the Ministry of Health and CONADES with technical assistance provided by Project HOPE and in coordination with the Local Committees to Assist the Displaced (CLAD), local authorities,

and others an overall plan and strategy will be developed. The cooperation of voluntary groups will be sought. The Ministry of Health will provide announcements through the public health network. Organizations involved in the employment generation program will also assist in the promotion effort.

(5) Promotion of the use of vaccine

Vaccine use will be encouraged through two strategies: first, families will be requested to bring their children to the health dispensary or a central spot in the village; then a house to house campaign and survey will be conducted to insure the widest coverage. Priority will be given to areas where displaced families are living in dense residential patterns. The displaced population and other eligible children will be thoroughly covered in each village before the implementing agency's route leader moves onto the next village.

(6) Logistical Considerations

Critical to the success of the program will be maintenance of the integrity of the cold chain. This effort will require the cooperation of the Ministry of Health facilities which have freezers and generators to support them when electricity is cut off. Several specific actions will be carried out by the MOH to improve the vaccine cold chain. They will include but not be limited to:

1. Ordering vaccines only twice each year.
2. Elimination of airport storage
3. Imposing a 3-4 month life for vaccines sent to the regional levels.
4. Discarding reconstituted vaccines after one day.
5. Connecting vaccine storage freezers and refrigerators to reliable emergency power plants in all regions.

In addition, Project HOPE will utilize special refrigerators to store appropriate medicines in the health dispensaries to be constructed in up to 30 sites throughout the country. A close coordination between the PVO and the Ministry of Health will be necessary to ensure that there is always an adequate supply of medicine on hand and the immediate delivery of a specific medicine if an emergency arises.

The Program Unit will maintain close supervision of this program. They will have a logistical management specialist who will be responsible for the overall supervision of the cold chain up to the point where vaccines are delivered to the supervisors and route leaders of the voluntary agencies implementing the program.

In addition, appropriate staff at AID, the Pan American Health Organization (PAHO) and MOH will discuss the feasibility of requesting through PAHO or through WHO/Geneva a six-month (or longer) assignment of a technical adviser to perform a complete formal evaluation and to initiate the implementation of the program. This individual will also provide training and other upgrading of the vaccination program. The areas that will be considered are cold chain improvements, training, staffing, collaboration with other agencies for vaccination of displaced persons and, the development of an ongoing evaluation program. The technical advisor will be assigned to the MOH.

Another option which will be utilized for the provision of vaccines is the Supplementary Feeding Programs (SFP's) where these facilities exist. This includes not only facilities for displaced persons, but also SFPs elsewhere in El Salvador. In this regard, a practice that has been used successfully in other locations is the requirement of an up-to-date vaccination card (Road-to-Health card) for a child to be included in supplementary feeding. This requirement is not intended to be exclusionary; it is intended to make sure that all children have documented vaccinations as appropriate.

b) Oral Rehydration

(1) Use of oral rehydration salts

The administration of oral rehydration salts is relatively simple. It is provided to any child suffering from diarrhea who does not manifest other major symptoms. If, after administration of the salts, the child's health does not improve, referral will be made to the local Ministry of Health primary care facility.

The salts will be provided, ready for use, in a hermetically sealed packet which protects their freshness. They will be mixed by the health worker or family in one liter of water. The water should be boiled before use, but the salts will still be effective if the water is not boiled.

Each liter is administered gradually over a period of time. For infants, the one liter solution is administered during a 24-hour period; for children, over a six to eight hour period. The treatment is continued as needed for up to three to five days.

(2) Implementing Organizations

The administration of the oral rehydration salts program will be the principal responsibility of four groups: The Ministry of Health, the CONADES curative health personnel, Project HOPE and Caritas which will implement the preventative and curative health subcomponents of this project. The Program Unit will provide general supervision for the program. The salts will be available in the Ministry of Health's primary and secondary facilities in each of the departments as well as in the dispensaries run by Project HOPE and those run by Caritas.

(3) Procurement of oral rehydration salts

Oral rehydration salts will be procured in El Salvador. Previously, we purchased these salts in the United States. The reason was that some of the oral rehydration packets produced and used in El Salvador did not contain sodium bicarbonate. This was a potentially serious omission which has been corrected. Packing specifications will explicitly require the UNICEF Standard Package, hermetically sealed in the aluminum pack. Special additional requirements for packing boxes may be requested as well to protect the salts from humidity, rain and other damage.

2) Curative Health Services

a) Implementing institutions

The implementing organization for this program will be Project HOPE in coordination and cooperation with the MOH. They will contract and supervise program personnel to be financed under this project. Personnel selection will be made by mutual agreement between HOPE, the MOH and USAID. CONADES will also participate in the delivery of medicines and medical services. Caritas will provide a referral system in each of its centers to send patients into the MOH system.

b) Dispensaries

Up to thirty dispensaries utilizing simple construction techniques will be built that will serve as a base for the health personnel assigned to the location and as a focal point for the treatment of patients and the distribution of medicines and medical supplies.

The dispensaries will be equipped with medicines and supplies to treat the most common ailments of the population and to treat uncomplicated trauma cases. A refrigerator will be provided for the storage of vaccines and medications requiring preservation at lower than ambient temperature.

A system for resupply of medicines will be established and periodic supervisory visits will take place two to three times per month. Nursing personnel will maintain a record of the number of patients visiting the dispensaries, and the symptomatology and treatment given as part of the epidemic vigilance system. Units will be constructed according to a design developed for provision of low cost housing in the Department of San Vicente. These units will provide at least 18 square meters of space, have cement floors, Duralite type roofs, and wood siding walls.

A baseline survey will be conducted to determine whether it is necessary to construct a latrine near some of the dispensaries as well as housing to accommodate the auxiliary nurse. Those units to be used as dispensaries will also require construction of an interior partition with lockable door so that some privacy in the treatment room can be provided and so that medicines, supplies, and equipment can be secured. The construction of these units will be undertaken by the Health and Jobs component of the project, utilizing labor from the settlements to be served. The approximate cost is \$70 per unit, including the latrines. This figure also includes labor costs and tools.

c) Staffing

Two levels of staffing will occur in the project. One will be provided by the PVO who will deliver services in each of the up to 30 dispensaries and the second will be provided by the MOH, CONADES and Caritas who will be responsible for the outreach program.

Project HOPE will conduct a baseline survey to determine where appropriate housing should be built to accommodate the auxiliary nursing staff. It is currently estimated that approximately eight (8) houses will be required. Where it is possible, an auxiliary nurse will be selected who currently lives in the local community. Forty auxiliary nurses will be identified, contracted and trained in the overall management of the dispensaries. The overall organization and management of the delivery of services will be the responsibility of Project HOPE in cooperation and coordination with the MOH.

The outreach program will be conducted by two types of health professionals:

(1) Fifteen professional nurses with experience relevant to the tasks they will perform will be contracted by CONADES. These nurses

must be residents or must take up permanent residence in their assigned area of coverage. The positions will be full-time and nurses hired will not be allowed to have other employment. The nurses will work five and one-half days per week and be on call for emergencies at all times.

The principal task of the nurses will be to actively seek out displaced persons in need of medical attention, in accordance with the priorities established in the project. The nurses will administer simple medical treatment, using a packet of medicines described later, and will refer patients to the nearest available Ministry of Health or other health service facility, as required.

The nurses will be provided with special referral slips, entitling the bearer to a waiver of the \$2.00 fee normally charged by Ministry of Health facilities. These slips will be certified by the Ministry of Health post and returned to the nurse. At the end of each month, the individual health post will be reimbursed for each such slip (i.e., for each patient attended at the rate of \$2.00 per slip by the bank).

In addition to their primary task, the nurses will provide technical support and assistance to the immunization and other Program health components and assist and back-up support for the dispensaries.

(2) Four medical supervisors will be contracted to insure that the curative health program is properly conducted, and to act as liaison with the regional and local Ministry of Health authorities. These supervisors will relate, in turn, to the Ministry of Health delegate to CONADES. The supervisors will be required to be permanent residents of at least one target village or to take up permanent residence in a centrally located village in the area to which they are assigned.

The supervisors will also assist in providing technical support and assistance to the immunization and other Project health components and they will be selected based upon public health experience

Salaries for both the nurses and the supervisors will be agreed upon between CONADES and the AID and will reflect incentives necessary to attract qualified, experienced and dedicated health professionals who will be prepared to undertake their tasks with the vigor and social concern which they require.

d) The Medical Packet

Each nurse will be supplied with a medical packet for use in administering simple, primary health care. This packet will consist of a few of the most critical and basic medicines:

- Ampicillin Tablets (250mg)
- Ampicillin Syrup (3 gr.)
- Aspirin (Adult Tablets, Scored, 0.5 gr.)
- Aspirin (Pediatric Tablets 0.1 gr.)
- Mebendazole (Anti-parasitic Tablets, 100 mgs,)
- Soap
- Antiseptic (for external use)
- Oral Rehydration Salts
- Diazepam Tablets (5 mg)
- Metronidazole Tablets (250 mg)
- Ferrous Sulfate Tablets (300 mg)
- Benzyl Benzoate (25% suspension)
- Maleate Chlorpheniramine Tablets (4 mg.)
- Trimethoprin Sulfamethazole tablets (80/400 mg)
- Sulfamethazole Tablets (400 mg)
- Surgical Tape
- Gauze
- Cotton
- Nitrofurazone Ointment

The medical packet will be procured principally in the United States. Packing specifications may allow for bulk packing. The Program Unit will arrange for unit packaging in San Salvador. Unit packets for patients may include information and instructions.

e) Recording Keeping

Referral slips used by the nurses to assist displaced persons in receiving free medical care at Ministry of Health facilities will be provided. In addition, each nurse will be required to maintain a record of his or her own activities which will include the name of each patient attended, sickness, medicines administered, and site within the village where patient resides. A summary report will be provided each two weeks to the program supervisor. Program supervisors will collect these reports and forward them to CONADES, the Ministry of Health and the Program Unit.

f) Financial Arrangements

CONADES will contract the curative health outreach staff comprising the nurses and the supervisors. The monthly payroll will be disbursed by the Bank on CONADES instructions. The PVO will make all arrangements for contracting in coordination with the MOH the auxiliary nurses and necessary staff to conduct the preventive, curative and dispensary services of the project. The PVO will develop the necessary structure to insure that salaries and benefits are paid to each of the employees.

3) Surveillance and Program Monitoring

a) Background

Epidemiologic reporting in El Salvador has been a hand process but the computer and software capacity of the Epidemiological Division of the MOH is soon to be expanded so that this data can be collected and stored electronically. Reporting and data analysis of infectious diseases, in general, currently consists of collecting weekly reports at the Ministry and accumulating them, to be published by weekly increments. They are then republished as annual incidence reports. Both reports have historical value within the limits of their accuracy, but give little assistance to epidemiologic vigilance for current knowledge or predictability.

There are special forms for reporting each case of the following diseases: typhoid fever, diphtheria, and poliomyelitis, meningococcal meningitis, measles and whooping cough, human rabies, and neurological complications of rabies vaccination. These are triplicate forms with one copy mailed to the Ministry, one to the Regional Ministry headquarters and one held by the reporting agency. Again, however, these forms are by diagnosis and are designed to include information on the course of the diseases so that they serve more as historical records than as action catalyzers, unless overwhelming numbers of reports come in suddenly.

The Epidemiological Division is understaffed, and is doing good work in the face of the difficulties of the national political situation. But no epidemiologic attention has been given to the displaced person camps except for the CONADES surveys. This constitutes a potentially serious epidemiologic situation.

The only way to attack the situation in the long run, of course, is by the programs recognized by the Ministry of Health in sanitation, vaccination, malaria control, etc as well as by prompt and adequate care of the sick and containment of the spread of disease when it does occur.

b) Morbidity Surveillance

The current systems of program monitoring and surveillance are weak. A better data base as to what the health situation is at a benchmark time, and checking its status in an ongoing way is needed. Infectious diseases must be identified in the pre-epidemic phase and the information disseminated in a timely enough way so that the diseases can be contained. This must be accomplished in a manner simple enough so that persons with relatively little training can accomplish the task working with simple physical resources.

In the camps, the auxiliary nurse will be trained to recognize and report promptly symptom-sets associated with the diseases. Their responsibility will be to report symptoms, not to make diagnoses. They will be supported by the doctors weekly visits and the CONADES nurse who works in the area in the outreach program.

It is extremely important to accent rapidity of reporting to the Ministry of Health. The MOH will make a preliminary interpretation of symptoms and immediately dispatch physicians from a nearby Ministry of Health facility who will undertake further study of those patients whose symptoms were interpreted as possibly associated with a potential epidemic disease. Treatment, beyond preliminary on-site treatment by the observer, will be initiated at that time.

The symptom-set data will be entered into an on-going data base at the central office so that a knowledge of the usual health status of the different camp populations, as well as among the total camp population, will be accumulated.

A survey of each camp involved will be made giving certain demographic, epidemiologic and sanitary data. This information will be kept current, and the disease patterns occurring against this background will be analyzed statistically.

The system will function as follows:

1. Reports will be initiated by health auxiliary nurses, a nurse, or doctor- whoever observes the symptoms.
2. Reports will enter the statistical system to keep it current.
3. Reports will be given immediately to CONADES and the Ministry of Health doctors and/or nurses for field confirmation and treatment of patients when indicated. The Ministry of Health's Division of Epidemiology will also be involved.
4. Confirmed diagnoses will re-enter the statistical system to refine continuously the symptom-sets with local experience.

5. Thorough epidemiologic investigation will be made by project doctors and nurses and action taken to treat and confine the disease.

6. Monthly and annual summaries of events and analysis will be sent to project directors, CONADES, Caritas, the Epidemiologic Division of MOH, and to the doctors and nurses involved in the program. The nurses will share findings from the reports with the auxiliary nurses working at the camps, and as far as practical with the camp leaders and other interested residents, to help them understand ways in which they can reduce the likelihood of communicable disease problems.

(1) Implementation

Fifteen diseases of public health significance in El Salvador have been selected for epidemic vigilance. In addition, certain other disease events will be reported on a regular basis. The diseases are divided into two groups based on epidemiologic considerations. They are:

(2) Primary Vigilance

The diseases of considerable significance which often occur as acute epidemics and which can spread rapidly are included in this category. They are:

- Typhoid Fever
- Infectious Hepatitis
- Acute Bacterial Meningitis
- Influenza
- Diarrheal Disease
- Pertussis
- Measles
- Hemorrhagic Conjunctivitis

(3) Secondary Vigilance

The diseases of significance which may not have consequences similar to those in the first group, or may spread more slowly or be controlled easily if notice is received that they are occurring at an epidemic level are included in this category. They are:

- Malaria
- Acute Poliomyelitis
- Scabies
- Dengue
- Tuberculosis
- Neonatal Tetanus
- Amebiasis

As experience grows within the project, diseases may be moved from one class to the other, or dropped, and new diseases may be added.

A series of symptom-sets were developed for each of the fifteen diseases which further defines the diseases by symptoms and signs that can be observed in the field.

Certain "Indicator Events" will also be observed by the field staff independently of the symptom-sets. They are:

- Diarrhea
- Cough with fever
- Dogbites or other animal bites
- Insect bites
- Total patients seen
- Births
- Deaths
- Pesticide contamination

Symptom-sets of diseases under vigilance will be reported on the day they are observed by radio, telephone, telegraph or written message carried to the central office by the fastest available route. This will give the symptoms, the age and sex of the patient, the patient's identification and the settlement or location. A weekly report of the Indicator Events will be made to the Division of Epidemiology, Ministry of Health.

For each symptom-set and indicator event, the name of the settlement involved or location, the age and sex of the patient, how long the patient has been in the settlement, or his/her specific location, and from where he or she came will be recorded. For symptom-sets only the immunization status of the patient, if known, will be reported, as well as the name or other identifier of the patient for follow-up. These reports will be sent in on vigilance forms provided.

(4) Data Analysis

In order to carry out this task efficiently, a computer capability will be in place at the central office in the MOH.. In addition, this computer will be utilized for project data base information which will be examined. The data base will include:

(a) Data will be received from the field as symptom-sets and Indicator Events.

(b) A survey will be completed for each of the 117 settlements as well as for the dispersed and unregistered. The information gained will constitute a baseline of the health status of the settlements and the marginal urban communities. At mid-program and at program termination similar surveys will be repeated.

(c) CONADES already records the status of the population of each of the settlements, including the age and sex of each inhabitant. To this information the project will add the data of those new persons in the monthly census including their town or village of origin, and the overall health status data.

(d) Information regarding major changes in the physical or environmental conditions of a settlement, or location will be sent to the central office and entered.

(e) Confirmed diagnoses of reported events will be received from regional offices for refining the symptom-sets and to pass on to the Ministry.

(5) Uses of the data

After a detailed analysis of the data, the information that is generated will be utilized in four general ways. These are:

(a) The information will accent the need for timelines of data availability because the most important use of the information is to identify and treat patients, and to recognize significant increases in disease incidence early enough to take effective action against the possible spread of epidemics both within and from the displaced person camps.

(b) The MOH will be informed on a regular basis of all the data to improve its overall epidemiological vigilance program.

(c) Research based on these data will be valuable for defining the health situation as it occurs in a very difficult real-life situation. This objective has two purposes:

(i) To gain some basis for intelligent planning for resource needs if the health of displaced persons is to be guarded.

(ii) To provide a sound picture of the situation in the settlements as a basis for beginning action in other areas.

(d) To demonstrate to the health personnel responsible for the care of displaced persons what curative and preventive steps are needed to minimize morbidity and mortality in the settlements and the marginal areas.

In addition to the above epidemiologic vigilance system, several subsystems of data information will be implemented. These will include hospitalization surveillance and mortality surveillance.

c) Mortality Surveillance

One of the major goals of a relief program should be to prevent unnecessary mortality. Information collected by a simple mortality surveillance system can help to pinpoint problems which may be amenable to solution.

The strategy for meeting this need is to count each death within the displaced person population and to conduct a simple investigation. The system will include those patients referred from a camp who died in the hospital. Its basis is to identify preventable causes of death and to act on lessons learned from each. One limitation of the system is a problem of hospital referral follow-up if the referral is not a near by facility.

This mortality surveillance system will be implemented as part of the overall epidemiologic vigilance program and the data will be sent to the central office for collection and overall analysis. The auxiliary nurse in each of the dispensaries as well as the nurses and doctors of CONADES in the outreach program will be responsible for collecting the data and transmitting it to the central office.

Census data will be made available for each of the camps. This mortality data will allow the calculation of age-specific, sex-specific, and cause-specific mortality rates. The age groups that will be utilized for these calculations are: less than 1 month (neonatal mortality); 0-4 years (under 5 mortality); 5-9 years; 10-14 years; 15-44 years (child-bearing and working age); 45-64 years; and 65 years or over.

d) Hospitalization Surveillance

The rationale for this type of surveillance is similar to that of mortality surveillance, that this data will help pinpoint areas of preventable morbidity.

The strategy for meeting this need will include the collection of basic epidemiologic information on the displaced person patients hospitalized (age, sex, cause, numbers of days in hospital, outcome). A simple system of this type will be set up based on monthly data collection from the hospital or health center to which patients are usually referred. The staff person of the PVO involved in surveillance will be responsible for this data collection process.

e) Immunization surveillance system

An immunization surveillance and monitoring program will be developed to include a once-a-year coverage survey. The survey will be conducted at different times in different locations throughout the country. A permanent set of teams will be created whose only job will be to carry out surveys in various parts of the country. This type of survey will combined with the nutrition survey described under the nutrition component of this project.

The program evaluation will look at the numbers of doses purchased, distributed and given to children. Overall vaccination data and hospitalization data will be examined also. After the examination of data, if the documentation of death or hospitalization from any of the vaccine-preventable diseases among allegedly vaccinated DP populations occurs, it will be an occasion for investigation. If disease occurs in an unvaccinated person, the investigation and follow-up response will focus on the reason the person was not vaccinated and on measures to prevent similar occurrences in the future. If the disease occurs in a person who was vaccinated, then the investigation will focus on the cold chain. It appears vaccine-preventable diseases serious enough to cause hospitalization or death are uncommon enough so that each case can be investigated and that the results of the investigation, with appropriate recommendations from health staff working with DPs, can be afforded to the administrators of the vaccination program at MOH. This type of evaluation and feedback loop is particularly appropriate since the ultimate goal of the vaccination program is to reduce unnecessary mortality and serious morbidity. By identifying program deficiencies in this way, such simple investigations will act to ensure universal vaccination in future years for the Salvadoran population.

f) Oral rehydration surveillance system

Current evaluation techniques for the Oral Rehydration Therapy (ORT) component of the health and jobs program are process rather than outcome oriented. As a result, a new design will be adopted to include three main items for evaluation to determine the success and identify the weaknesses of the oral rehydration program.

(1) The project will strengthen the system of surveillance which currently records, among other things, numbers and causes of hospitalizations and numbers and causes of deaths. Then, program administrators and field staff will be in position to begin evaluation based on "system failures". Simple data sheets to collect information on children who either die from diarrhea or are hospitalized with diarrhea will be designed and put into use. Such information as age, duration of diarrhea before hospitalization or death, whether ORT was given and for how long, any weights recorded, any information as to specific cause of diarrhea, etc. will be collected. At the same time, the field staff who distribute oral rehydration salts will start collecting simple information on recipients such as age, duration of diarrhea before referral for oral rehydration, and case outcome. The Program staff will then be in position to calculate such indicators as overall coverage, success rate for oral rehydration, success rate as a function of patient age, success rate as a function of time before referral, and association of success at various ages with continuation of breast feeding. By focusing on such characteristics, potential gaps in the delivery system can be defined and filled.

(2) Using standard but simple assessment techniques, the knowledge, attitudes and practices of mothers who received the ORS packets and instructions for their use will be tested. Specific goals for percentage of correct answers on various sections of the assessments will be set and based on the results, field instructions for use of the salts will be modified accordingly. The majority of the maternal education in the use of ORT will be done within the context of the a Supplementary Feeding Program

B. Nutrition Subcomponent

1) Background

El Salvador is a developing country and, as such, shares many of the characteristics found in most developing countries. A number of these characteristics which are nutrition related were identified in a survey performed between 1965 and 1967 by INCAP (Instituto de Nutricion de Centro America y Panama). They found that only 16% of the people in the rural population recognized the relationship between nutritional disease and dietary inadequacies. Although many mothers believe that milk was the most important food in early life, many more had no opinion on the subject.

The survey also found the following indices for El Salvador as a whole:

1. White corn meal tortillas prepared with lime water was the main dish in rural areas. Black or red beans were the second most commonly eaten food, averaging about 56 grams per person per day; 46% of families drank milk and 68% ate various types of cheese but daily amounts were low.

2. Urban diets were found to be better than rural diets. However this was at a time before urbanization had begun in earnest.

3. Goiter was the most obvious symptom of nutritional deficiency found. 37% of the men examined and a slightly higher proportion of women had goiter, adolescents and young adult were most affected. (As of 1983, there were no recent data on iodine deficiency (goiter) to replace the 1965 - 67 data.)

4. INCAP investigators were satisfied that the low level of protein in the diet was responsible for the high number of cases of delayed growth found; 80% of children under 5 years of age were found to suffer from malnutrition of some degree; 38% were second degree (moderate to severe) and 5% were third degree (severe). Low levels of vitamin A, and Vitamin B2 were found in serum, with some symptoms associated with the latter deficiency.

5. Using weight-for-height criteria 26.7% of Salvadoran children under 5 were below the international standards in 1976.

The most recent anthropometric survey (Child Nutrition in Rural Salvador AID/TA-CLA2, Ohio State University, 1981) indicates that 58% of all the children in El Salvador suffer some chronic malnutrition.

A study in 1978 estimated that 12.6% of children under 5, 13.3% of pregnant women and 16.0% of lactating mothers were anemic by the standards of the World Health Organization.

Using arm circumference criteria, Stetler et. al. found the highest rates of malnutrition in the Northern agricultural areas of the country and the lowest rates in urban areas. In the same study, June to August appeared to be a higher risk period for protein-energy malnutrition, than January to March.

According to the nutrition program of the Maternal and Infant Division of MOH, 5,026 pregnant women were enrolled in the supplementary feeding program in 1983 as compared to 7,738 in 1979. The corresponding numbers for lactating mothers was 7,522 in 1983 and 4,122 in 1979. The number of malnourished children was 40,074 in 1983 and 49,542 in 1979. In 1983, 361,128 children were seen at out patient clinics. A total of 66,292 (18%) were found to be malnourished by GOMEZ criteria. 60% of these were referred to supplementary feeding program and 21% actually attended. The overall daily per capita calorie consumption of the richest 5% of the population was 3,700 calories in 1974 while the mean consumption of the poorest 50% of the population was 1,345 calories.

2) Nutrition and Health Situation Among Displaced Persons

Mr. Robert Gersony, in his report of 1982, stated that he found no shortages of food, clothing, etc. in the markets in any of 10 villages he visited. He said he was not able to find cases of severe malnutrition so that he could not justify the need for imported food. He felt that any nutrition problem that existed was do to lack of buying power.

In reference to the food aid for the displaced persons, Mr. Gersony stated that of the total displaced population only 20% were getting regular food aid, 60% were getting irregular food aid, and 20% were getting no food aid.

The intended daily ration under the CONADES food program is: corn meal-200 gr., dry skim milk-40gr., vegetable oil-2-gr., red beans-30 gr., sugar-3-gr., salt-7-gr., rice-4-gr. However, since the program review in late 1982, rice has not available. For the past year (1983) the supply of beans, sugar, and salt have been irregular, and often not provided at all. This food package provides an estimated daily total, if it were all available, of 1,227 calories versus a minimum need of 1,800 to 2,000 calories. In addition, the absence of red beans and sugar much of the time has meant that the energy (calories) short-fall provided by this ration was even larger.

The following are some of the basic principles that the project will follow in the general feeding program food basket:

- a. Calculation of the ration will be made on the basis of at least 1600 kcal per person per day, regardless of age.
- b. The food basket will correspond to the nutritional needs and food habits of the population (e.g., maize, beans, rice, oil, milk).

c. Foods will be as few in number as possible but will be available to the population in sufficient quantities.

d. Items such as salt, sugar, tea and coffee will be available to the population as part of the ration for those who are entirely dependent upon the food basket.

e. An information system to inform the people about the schedule and content of (and any changes in) the relief program will be developed. Each family will be made aware of the amount it is supposed to receive.

f. Food distribution will take place no less often than every two weeks (versus monthly).

3) Food Basket

Generally, food deliveries in the past have been made on an irregular basis and there are serious questions about the adequacy and the balance of the current food basket for displaced persons. Several organizations have been involved in the delivery of food. They are: The World Food Program, DIDECO, CONADES, The Jobs Program, CARITAS, and CRS.

Each displaced family is supposed to receive a monthly allotment of yellow cornmeal, vegetable oil and dried skim milk. These commodities are distributed by the World Food Program (WFP) through DIDECO and CONADES.

In addition to the above supplies, those employed in the Jobs Program receive an additional ration of rice, maize and milk. Supplemental foods for the Jobs Program are provided by the Food for Peace Program under Title II of the PL 480 Program.

Displaced persons residing in camps supported in part by CARITAS receive food supplied through the Catholic Relief Services of the U.S. Catholic Conference, with commodities obtained from the European Economic Community (EEC).

Displaced persons residing in communities where CRS supported Mother-Child Health (MCH) programs are often able to participate in the normal feeding programs carried out by CARITAS/CRS in various localities. The foods which are currently being distributed consist of PL 480 Title II commodities.

The central problem in foods being supplied to displaced persons is the basic poor diet of the displaced persons residing in the camps supported only by CONADES. The diet is inadequate to provide for the basic nutritional needs of the family. Several problems exist. First, the corn is being provided without lime. Lime water is traditionally used to help break down the corn and release the nicotinic acid inside the kernels. It is assumed that the displaced persons will

have access to lime in the commercial markets. During the evaluation in early 1984 (Krumm, et. al.) a check of the corn being used by most families in the several camps showed that few families are able to afford the lime and none of those interviewed understood the function of lime water in the preparation process. Therefore, the full nutritional value of the corn was not being obtained and the potential for deficiency of nicotinic acid (pellagra) exists.

The second problem relates to the provision of powdered milk. Powdered milk must be prepared with the water on hand, which in many camps is bacteriologically contaminated. Therefore, the milk becomes contaminated in solution. Contaminated water and foods made with this water are probably the principal contributors to the diarrhea in the camps.

The basic food basket must be designed and supplied to the displaced persons to provide a larger proportion of the nutritional needs of the population. The project will upgrade CONADES' capacity to provide an enlarged food basket by requiring them to meet the appropriate standards of the food basket provision .

4) Supplementary Feeding Program

The supplementary feeding program (SFP) will be one of the most important nutrition-related components in the project because it will provide nutritional support to those vulnerable groups in the population whose diet might otherwise be deficient. The vulnerable groups are those whose caloric needs are relatively greater than those of the general population: young children; pregnant and lactating women; persons recovering from serious illnesses; and persons performing heavy labor. The intent is to provide to these persons at least one high-energy low-bulk extra meal per day in an "on-site" setting.

The SFP will also be the focal point for many, if not most, of the preventive community/public health activities in the camp. Such activities will include programs such as family planning, parasite control, vaccination, pre-natal care, nutrition and health education, nutrition (and other disease) surveillance. The SFP will also be a referral mechanism for the therapeutic feeding program. This program will be for those malnourished persons who need more intensive nutritional rehabilitation.

a) Registration and Attendance

In a situation such as that existing in displaced settlements in El Salvador, registration cards are not needed for SFPs. A list will be checked daily as children enter the feeding center. This attendance list is not intended as a means of exclusion, but rather is intended to ensure that people are on the registration list. In addition, a strong outreach program will be developed to seek out any registrants who miss more than one day of supplementary feeding. The goal will be 95%-100% registration and attendance of eligible persons.

b) Responsible Agency

The organization and running of the supplementary feeding center will be handled by Caritas. In addition, the Nutrition component of the Maternal-Child Division of the MOH has recent extensive experience in supplementary feeding programs and will be intimately involved in the organization and ongoing evaluation of the SFPs in the displaced settlements.

c) Feeding Center Staff

Trained and experienced staff are needed to organize, supervise and initially run the supplementary feeding centers. However, the principles of the feeding programs are simple enough so that displaced people themselves can be expected to rapidly learn and run the programs. These workers will be included in the current Jobs Program and will be encouraged to remain on the job for 2-3 months. There will be an extra 2-3 weeks added at the end to overlap with replacements during their orientation and training. This program will be organized, run and evaluated by Caritas. A nutritionist will be hired by the Program Unit to supervise the delivery of services by the PVO. Additional inputs will be considered by the PVO, the Program Unit and the Ministry of Health as determined by the surveillance system.

d) Entry Criteria

The entry criteria for supplementary feeding programs vary according to the situation. However, generally, in situations where the basic ration is 1600 calories per day or less, all children under 5 should be eligible for the program as well as all lactating women, all pregnant women, all those recovering from illness, and all those performing heavy labor. This is the strategy that will be followed in each of the supplementary feeding centers established under this project. The later group, however, may be excluded if they continue to receive their supplementary food rations through the Jobs Program.

e) Program Size

Supplementary feeding programs have been found to be the most efficient when they have fewer than 500 recipients per feeding center. As a result, settlements with more than 500 SFP recipients will have more than one center.

For the smaller population groups, a decision on a basic approach will be made after the baseline survey has been conducted. One option which will be considered, however, is for people who are near a town or a larger settlement with an SFP to travel to that program. A second option that will be examined during the baseline survey will be the possibility of a mobile feeding unit to visit several smaller camps at specified times during each day.

f) Search for Recipients

The publicity campaigns and registration for the supplementary feeding program will include an active search to ensure that all eligible persons are attending.

g) Meal Composition

Meals will, as a rule, be served in liquid or porridge form and will be designed to provide 350-400 cal and approximately 15-18 grams of protein per person per day. A number of formulations are currently available in standard references. These will be examined to determine the most appropriate formula for the displaced persons in El Salvador.

h) Commodity Needs

A feeding program of this size generally requires approximately 3 metric tons of food per thousand people per month. This food will be made available through some PL-480 Title II food. However, 95% of all food will be purchased locally. DIDECO will be responsible along with Caritas for the logistical network to insure that food is delivered and available in all supplementary feeding sites.

i) Feeding Center Facilities

Since the goal of supplementary feeding is the provision of an "on-site" meal, a feeding center will be constructed utilizing a large, dry, sheltered space where beneficiaries can sit and eat. In addition to this space, a nearby kitchen area which can be maintained for cooking under hygienic conditions will be built. Other supplies including stoves, fuel, utensils, water, adequate drainage, garbage disposal, and space for food storage will be studied during the baseline survey. Finally, a classroom or classrooms will be required for the preventive health programs which will be linked to the supplementary feeding program. The appropriate designs will be developed for each of the sites during the baseline survey. Supplementary feeding centers with appropriate classroom space will be built. The construction of these facilities will be included in projects for the Jobs Program.

j) Use of Donated Foods

The SFPs will also provide a mechanism for use of food donations which are either inappropriate for individual rations or too few in number to be distributed as part of the "food basket." Such foods can be mixed into the supplementary meals.

k) No Bottle Feeding

Bottle feeding of infants will not be allowed in the SFPs. The concept and practice of breast feeding will be promoted in as many ways as possible as part of good nutritional practice and appropriate nutrition education in the Supplementary Feeding Programs. Teaching of appropriate weaning techniques will also be included.

5) Therapeutic Feeding Program

Acknowledgement of malnutrition among children of displaced persons comes from a number of sources including conversations with the Ministerio de Salud Publica y Asistencia Social (MOH). Once a young child falls to a certain nutritional status, usual family feeding patterns or even supplementary feeding programs may not be sufficient for nutritional rehabilitation, and a more intensive feeding program is often required. This is the case in El Salvador and in many of the displaced settlements in particular. As a result a therapeutic feeding program will be established. The following principles will be applied to the therapeutic (or intensive) feeding program (TFP):

a) Several criteria will be used for admission to the therapeutic feeding program. Weight-for-height less than 70% of the mean; arm circumference (AC) less than 12 cm.; and clinical criteria (marasmus or kwashiorkor) will all be used.

b) Although the project may reduce feeding problems in the first few days of the program, the important parameter that will be followed is the frequent provision of foods of high nutritional value. As a result, the therapeutic feeding program will require the provision of 150-200 cal and 2-3 grams of protein per person per day.

c) The initial feeding of the children will be under the close supervision of personnel qualified and experienced in nutritional rehabilitation. The program will also include training sessions for mothers. As a result of the training sessions, within several days to a week, the feeding will be given by the mothers under the supervision of auxiliary personnel.

d) The initial feeding of seriously malnourished children will be in liquid form using a milk-based diet (dried skim milk, sugar, oil and water). At the beginning, this will be given in small amounts (based on weight) and frequently (every three to four hours) around the clock. The liquid preparations will not be kept for more than 6 to 8 hours.

e) The therapeutic feeding centers will be equipped with scales and height boards. Children will be weighed on admission and daily thereafter for the first 7 to 10 days. After that time, weekly weights will be taken until recovery is complete.

f) Only essential medicines will be administered. Efforts directed toward appropriate feeding are much more important in this program.

g) Within the constraints of the vaccine cold chain, measles vaccine will be given as soon as possible after admission to any child who has not previously received it.

h) Children who fail to gain weight in the therapeutic feeding program will be further examined for occult diseases such as tuberculosis.

The therapeutic feeding centers will be set up as components of the supplementary feeding programs. Caritas which is running the SFP will also be responsible for the TFP and its implementation. A survey will be conducted in order to examine the various options for location because one drawback is that the small size of most displaced settlements would mean that few children would be treated within any one center. As a result, many resources would be used to treat few children and personnel would not gain experience as rapidly as if several larger centers were used.

6) Program surveillance and monitoring

a) Supplementary Feeding Centers

In addition to complying with the various standards set out above, regular evaluation of the SFPs will include several types of simple data analysis:

(1) Registration coverage: The number of registrants will be compared to the number of people in each vulnerable group to determine the percent of coverage. Coverage will approach 100% in each group, especially in settlements as small as the displaced settlements in El Salvador. The settlement census and ante-natal registration will provide the numbers of eligibles that can be used to calculate coverage.

$$\% \text{ Coverage} = \# \text{ participants} / \# \text{ eligibles} \times 100$$

(2) Daily Coverage: The number of people attending up each day will be compared to the number who are registered. The goal will be for at least 95% of the people to show up each day. The project will try to insure that no registrant misses more than one day of supplementary feeding in a row.

$$\text{Daily attendance} = \# \text{ persons attending} / \# \text{ registered} \times 100$$

(3) Percent Malnourished: Using standard criteria, nearly all children should quickly reach and remain above the cutoffs for malnutrition (80% or greater of the median weight-for-height and/or 13.5 cm or greater for arm circumference). Failure to reach or maintain these standards in a child who is attending regularly will be an indication for investigation for a medical problem (e.g., tuberculosis).

(4) Birth Weights: Infants born to mothers who were in supplementary feeding after the third month should be above 2,900 grams. On a monthly or quarterly basis, both the mean birth weights of newborns and the percent of low birth weight children (less than 2500 grams) should be calculated. Improvement over time should be noted for each.

(5) Mean weight gain of breast-fed infants:
Under four months of age, mean weight gain will be calculated on a monthly basis. Supplementary food must be given to all infants beginning at 4-6 months of age. Breast-feeding rates for young infants will approach 100%.

(6) A Salter scale (or equivalent hanging spring balance) and a height/length measuring board will be used for weighing and measuring program recipients at monthly intervals. Larger camps will have these easily available so that new registrants can be weighed and measured at registration.

(7) Attendance records (including monthly measurement data) will be maintained in the feeding center and evaluated for all recipients.

(8) Growth parameters of all children in supplementary feeding will be plotted on "Road-to-Health" or other growth charts and given to the mothers as part of their nutrition health education. In addition, these data will be provided to those who are running the nutrition surveillance for the settlement.

(9) All children in SFPs will be fully vaccinated for their age or put into a process of "catch-up" vaccination. Pregnant women will be given tetanus (or diphtheria-tetanus) vaccinations if late enough in their pregnancy.

b) Therapeutic feeding centers

Evaluation of the therapeutic feeding programs within the settlements should be done on the basis of the usual outcome criteria of nutrition-related deaths. Authorities generally agree that nutrition surveillance systems (based on measurements of height, weight, age and, in some cases, arm circumference and rates of breast feeding) are important components of any national health/nutrition program. These data are aggregated and compared with various national or international standards to determine the frequency of malnutrition among the various segments of the population and to provide directions for improving the nutritional status of the population. With the help of the U.S. Government, GOES developed a nutrition surveillance system during the 1970s. That system needs to be strengthened at this critical period.

c) Implementation strategies

Several strategies for meeting the need for nutrition-related data will be considered and implemented as appropriate. The first will be to create a nutrition surveillance system similar to that which existed in El Salvador several years ago, that is, regular measurements of random samples of the population at risk (who in this case are displaced persons). This system has the disadvantage of being relatively expensive in terms of resources, although a number of the components of the earlier system are still present. The INCAP survey planned for April 1984 will be used as a springboard for this effort.

A second strategy which will be examined is a regular survey of the population with interim data collection based on supplementary feeding programs. If the population coverage of SFPs is high enough, this alternative will provide a general picture of the nutritional status of the at-risk population.

A strategy which will be employed is a focused investigation of high-risk occurrences, that is, the collection of simple data on nutrition-related deaths and nutrition-related hospitalizations and the collection of birth weight information on children born in the camps. These data will provide information which can have immediate utility in terms of improving the programs.

A combination of the SFP-based growth monitoring and the investigation of nutrition-related disease and death will be tried. As the Ministry of Public Health gradually re-expands its nutrition programs (including a nutrition surveillance system), and as the nutritional status of vulnerable groups in the camps improves, the program will gradually be switched over to a standard national nutrition surveillance program.

Although much of the initial data collection will be done by staff of organizations outside MHO, will be essential to involve the nutrition staff of the Maternal-Child Health Division of the MSPAS be involved in the design and evaluation of this system.

III. PILOT RELOCATION SERVICES COMPONENT

A. Project Inputs

The relocation component will finance the following categories of inputs:

1) Baseline Data Survey - USAID will contract the services of an expert in refugee program administration to assist in the gathering of baseline data. This individual will work with the Program Unit to draft a scope of work for the local survey team, work with the survey team to design the questionnaire and survey implementation plan, supervise the survey, and design and carry out the analysis of data obtained. USAID will contract a local firm experienced in mass market surveys implement a survey of approximately 1,000 heads of households in the target area using approximately 10 trained and experienced interviewers.

2) CONADES - USAID will finance the procurement of equipment of equipment and vehicles to support the operation of the relocation offices in the target areas. To assure adequate transportation of personnel, CONADES will procure four utility vehicles (two for each office) and 23 off road, 125-175 cc trailbikes. AID also will finance office equipment, such as typewriters and photocopying machines which will be procured from the United States. CONADES will finance the salaries of a director, two secretaries and a accountant for each office as they are recruited. CONADES will supply the funds necessary to operate the program such as office rental, gasoline, utilities, etc. Technical assistance will be financed to assist the develop of policies and procedures for the office and to help CONADES develop a work plan and realistic program objectives.

3) Credit Program - AID will finance the creation of a credit line for displaced persons. Credit line will be managed from each of the local credit unions offices of the FEDECREDITO system. Each credit union office will recruit an accountant in order to assure adequate control in record keeping.

IV. PROJECT MANAGEMENT AND SURVEILLANCE COMPONENT

AID will be responsible for the provision of resources, funds and technical assistance. In addition, AID will contract with and provide the services of the Program Manager and other technical assistance experts for the Program Unit, as described below.

A. Program Unit Technical Staff

The technical staff which will make up the Program Unit will include the following:

1) Program Manager

Under the direct guidance and supervision of the Chief of the Office of Human Resources and Humanitarian Affairs, the Program Manager will have responsibility for the implementation of the overall Program. Disbursement by the Fiscal Agent of funds and resources granted under this program shall have the advance written approval of the Program Manager. This individual will be the director of the technical assistance team and will act as principal liaison for implementation with the Government of El Salvador through CONADES, the Coordination Unit, and other institutions directly concerned with this effort. This individual will also be available when desired by the Government of El Salvador to act as an advisor on matters concerning displaced families.

In addition the Program Manager will be responsible of the design and maintainance of of a project monitoring system which enables easy access and quick updating modes for reporting and status of all project components. Particular emphasis will be placed on new project activities, namely, supplemental feeding, food monitoring, relocation activities, sanitation campaigns and infrastructure improvements in DP settlements.

2) Deputy Program Manager/ Administrative Assistant

This individual will be responsible for logistical aspects of all operational responsibilities of the Implementing Agency, in support of both the preventive and curative health and employment programs. This will include the management of resources (vaccines, tools, work program materials) and support functions (transportation, offices, equipment). In addition, the Deputy will assume the Manager's duties upon his absence.

3) Field Supervisory Staff

a) Field Operations Management Specialists

The Field Operations Specialists (two civil engineers) will be responsible for the implementation of the employment generation component of the program and support services to the other elements of the Program. The duties of this position will include recommendations concerning geographical targeting, allocation, identification of potential Service Agencies (described later), planning and conduct of pre-service and in-service training, field supervision and technical assistance for service agency staff.

b) Sanitarian/Engineer

A professional with both sanitary engineering and public health training who will work closely with the Service Agencies to identify, elaborate, implement and supervise all health related projects. This individual will also have primary responsibility for coordinating all infrastructure improvements in settlements that better the health and living conditions of the displaced population.

4) Public Health/Training Specialist

The responsibilities of this individual will include the health component, with special emphasis on the coordination of the immunization campaign and provision of oral rehydration salts and the survey systems. In addition, this individual will advise on the health related technical assistance, the environmental sanitation and disease prevention aspects of the employment program and on the curative medical program.

5) Evaluation Specialist

Individual will tighten control over the program and develop data to facilitate management decisions, a better information collection and assessment system for the proposed program. Each of the components of the program will be reviewed to determine what information needs are required to make management decisions. Indicators of special problems will be identified, and when persons analyzing the data encounter any of these indicators, remedial action will be taken by the program staff. Second, the data system will be divided into data collection and data analysis. Analysis of the information will be carried out by the program staff (with specialized training) by contracting technical portions to more experienced program evaluators.

The information collected regarding each of the components of the proposed program will be expanded and indicators of problems established. The program staff will receive training concerning how to react to specific problems as they are identified.

The data will be properly examined and used by the program staff. A quarterly review of incoming data will be carried out. This review will not be a quarterly report, but rather an integrated staff review of the situation and operations. The minutes of the staff review will be kept and adjustments to the program that are proposed will be noted.

6) Food Monitors

a) Food Program Coordinator

This person will function as the coordinator for the food supervision program under the humanitarian programs for food distribution in accordance with the Public Law 480, Title II.

Duties and responsibilities for the individual will be the following:

(1) Act as liaison between DIDECO, CONADES, WFP, CARITAS, MOH and USAID under the supervision of the Chief of HR/HA and the Program Unit Manager for inspection and supervision of food delivery.

(2) Supervise and assist the 6 food program supervisors.

(3) Provide technical assistance and evaluation. Technical assistance may include, but not be limited to, the following:

(4) Establishment of appropriate categories for eligibility of recipients

(5) Accounting, record-keeping, warehouse management

(6) Establishment of quantities of annualized food requirements

(7) Data collection related to most vulnerable population

b) Regional Food Supervisors

Six (6) individuals will aid the coordinator in his activities. Among those individuals' duties and responsibilities will be the following:

Determine eligibility of the displaced families.

Determine whether the rations received by the displaced are the ones established by the program.

Determine if the records of each distribution center reflect with precision the number of displaced and the quantities distributed to each beneficiary.

Execute physical inventories in the warehouses in order to determine differences within the records and the real stock.

Revise documentation of the Central and Regional warehouses to determine that the entries and outflow of foods are appropriately registered.

Carry out evaluations at the distribution places to establish dates of distribution, products, quantities and other information required by USAID.

Carry out investigations of businesses (market checks) to determine if there are sales of donated foods by the dispenser or by other persons that are directly or indirectly related with the feeding programs.

Determine whether the conditions in the warehouses and distribution centers are adequate and appropriate.

7) Short-Term Expert Assistance

All the principal elements of the program -- employment generation, health and food assistance, and relocation services -- may require expert international technical assistance for brief specialized assignments. These experts will be called on as required to participate in training, monitoring or assessment of operations, and evaluation.

B. Financial Management

1) Responsibilities

The Fiscal Agent will be directly responsible for disbursing funds for program expenses for the categories of activities described in the employment generation and curative health components. In acting as fiscal officer for the program, the fiscal agent will issue funds and payments, maintain accounting records, and provide detailed monthly accounting reports. These reports will be provided to USAID no later than the tenth working day following the close of the month covered by the report and will be certified by the General Manager or the Fiscal Agent's General Accountant.

2) Advances

To enable the Fiscal Agent to disburse such funds, USAID shall provide an initial advance equal to approximately three months' projected disbursements. This initial advance shall require a formal request from the Fiscal Agent including the projected amount of disbursement for the three month period.

The fiscal agent may request replenishment of the advance from AID every 15 days. The full amount of the advance shall be liquidated prior to the completion of the project. The AID technical assistance team will assist the Fiscal Agent in the preparation of such requests and the special documentation required therefore. Disbursements from advances require the advance written authorization of the Program Unit's Manager.

3) Fiscal Agent Fee

The fiscal agent will receive a fee equal to 0.5% (one-half of one percent) of funds disbursed by the fiscal agent to defer special expenses it may incur in connection with the management of this Program.

C. Service Agencies

The functions of organization and activation of the employment program, receipt and disbursement of funds for compensation of labor and tool and material costs, logistical support, and overall management of the employment program will be conducted under a cooperative agreement between the Program Unit or its representative and the best available local institution (such as, but not limited to, cooperatives and credit unions) in the rural regions. One such agency for each department will be selected.

D. Adaptation to Contingencies

The Program will be conducted to the degree that the constraints of violence and other operating difficulties permit. Discretion will be required in order to react quickly and adapt to changing conditions, especially in view of the continuing nature of this disaster. Thus, the Program Manager's implementation authority shall include discretion to respond to the exigencies of program implementation to the extent that they do not alter its fundamental purpose and intent.

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ANNEX C

5C(2) PROJECT CHECKLIST

Listed below are statutory criteria applicable to projects. This section is divided into two parts. Part A. includes criteria applicable to all projects. Part B. applies to projects funded from specific sources only: B.1. applies to all projects funded with Development Assistance Funds, B.2. applies to projects funded with Development Assistance loans, and B.3. applies to projects funded from ESP.

CROSS REFERENCES: IS COUNTRY CHECKLIST UP TO DATE? HAS STANDARD ITEM CHECKLIST BEEN REVIEWED FOR THIS PROJECT?

A. GENERAL CRITERIA FOR PROJECT

1. FY 1982 Appropriation Act Sec. 523; FAA Sec. 634A; Sec. 653(b).

(a) Describe how authorizing and appropriations committees of Senate and House have been or will be notified concerning the project;
 (b) is assistance within (Operational Year Budget) country or international organization allocation reported to Congress (or not more than \$1 million over that amount)?

Congress will be informed through a CN.

2. FAA Sec. 611(a)(1). Prior to obligation in excess of \$100,00, will there be

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b. ISDCA of 1981, Sec. 725(b). If ESP is to be furnished to Argentina, has the President certified that (1) the Govt. of Argentina has made significant progress in human rights; and (2) that the provision of such assistance is in the national interests of the U.S.?

c. ISDCA of 1981, Sec. 726(b). If ESP assistance is to be furnished to Chile, has the President certified that (1) the Govt. of Chile has made significant progress in human rights; (2) it is in the national interest of the U.S.; and (3) the Govt. of Chile is not aiding international terrorism and has taken steps to bring to justice those indicted in connection with the murder of Orlando Letelier?

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(a) engineering, financial or other plans necessary to carry out the assistance and (b) a reasonably firm estimate of the cost to the U.S. of the assistance?

(a) Yes

(b) Yes

3. FAA Sec. 611(a)(2). If further legislative action is required within recipient country, what is basis for reasonable expectation that such action will be completed in time to permit orderly accomplishment of purpose of the assistance?

Constituent Assembly must ratify signature of Grant Agreement. Since the Assembly was elected in March 1982 no AID/GOES Agreements have been excessively delayed.

4. FAA Sec. 611(b); PY 1982 Appropriation Act Sec. 501. If for water or water-related land resource construction, has project met the standards and criteria as set forth in the Principles and Standards for Planning Water and Related Land Resources, dated October 25, 1973? (See AID Handbook 3 for new guidelines.)

N/A

5. FAA Sec. 611(e). If project is capital assistance (e.g., construction), and all U.S. assistance for it will exceed \$1 million, has Mission Director certified and Regional Assistant Administrator taken into consideration the country's capability effectively to maintain and utilize the project?

The Mission Director's Certification is attached to the Project Paper as Annex

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6. FAA Sec. 209. Is project susceptible to execution as part of regional or multilateral project? If so, why is project not so executed? Information and conclusion whether assistance will encourage regional development programs.

No.

7. FAA Sec. 601(a). Information and conclusions whether project will encourage efforts of the country to: (a) increase the flow of international trade; (b) foster private initiative and competition; and (c) encourage development and use of cooperatives, and credit unions, and savings and loan associations; (d) discourage monopolistic practices; (e) improve technical efficiency of industry, agriculture and commerce; and (f) strengthen free labor unions.

The Project will not have significant impact on points (a), (d), (e), and (f) but will foster private initiative and will encourage the use of cooperative mechanisms and credit union institutions.

8. FAA Sec. 601(b). Information and conclusions on how project will encourage U.S. private trade and investment abroad and encourage private U.S. participation in foreign assistance programs (including use of private trade channels and the services of U.S. private enterprise).

The Project will directly benefit U.S. private trade through the procurement of medical supplies, vehicles, and equipment and will utilize the expertise of U.S. PVOs in carrying out programmed activities.

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- 9. FAA Sec. 612(b), 636(h);
FY 1982 Appropriation
Act Sec. 507. Describe
steps taken to assure
that, to the maximum
extent possible, the
country is contributing
local currencies to meet
the cost of contractual
and other services, and
foreign currencies owned
by the U.S. are utilized
in lieu of dollars.

The GOES is providing
counterpart contribution
to the Project in Local
Currency which amounts to
% of total costs.

- 10. FAA Sec. 612(d). Does
the U.S. own excess
foreign currency of the
country and, if so, what
arrangements have been
made for its release?

No

- 11. FAA Sec. 601(e). Will
the project utilize
competitive selection
procedures for the
awarding of contracts,
except where applicable
procurement rules allow
otherwise?

Yes

- 12. FY 1982 Appropriation Act
Sec. 521. If assistance
is for the production of
any commodity for export,
is the commodity likely
to be in surplus on world
markets at the time the
resulting productive
capacity becomes
operative, and is such
assistance likely to
cause substantial injury
to U.S. producers of the
same, similar or
competing commodity?

No

- 13. FAA 118(c) and (d).
Does the project comply
with the environmental
procedures set forth in
AID Regulation 16? Does

Yes

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the project or program take into consideration the problem of the destruction of tropical forests?

- 14. FAA 121(d). If a Sabel project, has a determination been made that the host government has an adequate system for accounting for and controlling receipt and expenditure of project funds (dollars or local currency generated therefrom)?

N/A

B. FUNDING CRITERIA FOR PROJECT

1. Development Assistance Project Criteria

a. FAA Sec. 102(b), 111, 113, 201(a). Extent to which activity will (a) effectively involve the poor in development, by extending access to economy at local level, increasing labor-intensive production and the use of appropriate technology, spreading investment out from cities to small towns and rural areas, and insuring wide participation of the poor in the benefits of development on a sustained basis, using the appropriate U.S. institutions; (b) help develop cooperatives, especially by technical assistance, to assist rural and urban poor to help themselves toward better life, and

This Project is an emergency effort which will directly impact on the poor by assisting them to provide for their daily needs and improving their living conditions.

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otherwise encourage democratic private and local governmental institutions; (c) support the self-help efforts of developing countries; (d) promote the participation of women in the national economies of developing countries and the improvement of women's status; and (e) utilize and encourage regional cooperation by developing countries?

b. FAA Sec. 103, 103A, 104, 105, 106. Does the project fit the criteria for the type of funds (functional account) being used? Yes

c. FAA Sec. 107. Is emphasis on use of appropriate technology (relatively smaller, cost-saving, labor-using technologies that are generally most appropriate for the small farms, small businesses, and small incomes of the poor)? Yes

d. FAA Sec. 110(a). Will the recipient country provide at least 25% of the costs of the program, project, or activity with respect to which the assistance is to be furnished (or is the latter cost-sharing requirement being waived for a "relatively least developed" country)? Yes

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e. FAA Sec. 110(b).
Will grant capital assistance be disbursed for project over more than 3 years? If so, has justification satisfactory to Congress been made, and efforts for other financing, or is the recipient country "relatively least developed"? (M.O. 1232.1 defined a capital project as "the construction, expansion, equipping or alteration of a physical facility or facilities financed by AID dollar assistance of not less than \$100,000, including related advisory, managerial and training services, and not undertaken as part of a project of a predominantly technical assistance character.

No.

f. FAA Sec. 122(b). Does the activity give reasonable promise of contributing to the development of economic resources, or to the increase of productive capacities and self-sustaining economic growth?

Yes

g. FAA Sec. 281(b). Describe extent to which program recognizes the particular needs, desires, and capacities of the people of the country; utilizes the country's intellectual resources to encourage

The Project responds to the needs of the displaced (DP) population of El Salvador, will recruit skilled local professionals, and provides for health and nutrition education for the DP population.

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institutional development;
and supports civil
education and training in
skills required for
effective participation in
governmental processes
essential to self-government.

2. Development Assistance Project
Criteria (Loans Only)

- a. FAA Sec. 122(b).
Information and conclusion
on capacity of the country
to repay the loan, at a
reasonable rate of interest. N/A
- b. FAA Sec. 620(d). If
assistance is for any
productive enterprise which
will compete with U.S.
enterprises, is there an
agreement by the recipient
country to prevent export
to the U.S. of more than
20% of the enterprise's
annual production during
the life of the loan? N/A
- c. ISDCA of 1981, Sec. 724
(c) and (d). If for
Nicaragua, does the loan
agreement require that the
funds be used to the
maximum extent possible for
the private sector? Does
the project provide for
monitoring under FAA Sec.
624(g)? N/A

3. Economic Support Fund
Project Criteria

- a. FAA Sec. 531(a). Will
this assistance promote
economic or political N/A

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- stability? To the extent possible, does it reflect the policy directions of FAA Section 102?
- b. FAA Sec. 531(c). Will assistance under this chapter be used for military, or paramilitary activities? N/A

 - c. FAA Sec. 534. Will ESP funds be used to finance the construction of the operation or maintenance of, or the supplying of fuel for, a nuclear facility? If so, has the President certified that such use of funds is indispensable to nonproliferation objectives? N/A

 - d. FAA Sec. 509. If commodities are to be granted so that sale proceeds will accrue to the recipient country, have Special Account (counterpart) arrangements been made? N/A
-

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5C(3) - STANDARD ITEM CHECKLIST

Listed below are the statutory items which normally will be covered routinely in those provisions of an assistance agreement dealing with its implementation, or covered in the agreement by imposing limits on certain uses of funds.

These items are arranged under the general headings of (A) Procurement, (B) Construction, and (C) Other Restrictions.

A. Procurement

- 1. FAA Sec. 602. Are there arrangements to permit U.S. small business to participate equitably in the furnishing of commodities and services financed? Yes

- 2. FAA Sec. 604(a). Will all procurement be from the U.S. except as otherwise determined by the President or under delegation from him? Yes

- 3. FAA Sec. 604(d). If the cooperating country discriminates against marine insurance companies authorized to do business in the U.S., will commodities be insured in the United States against marine risk with such a company? Yes

- 4. FAA Sec. 604(e); ISDCA of 1980 Sec. 705(a). If offshore procurement of agricultural commodity or product is to be N/A

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financed, is there provision against such procurement when the domestic price of such commodity is less than parity? (Exception where commodity financed could not reasonably be procured in U.S.)

- 5. FAA Sec. 604(a). Will construction or engineering services be procured from firms of countries otherwise eligible under Code 941, but which have attained a competitive capability in international markets in one or these areas? No

- 6. FAA Sec. 603. Is the shipping excluded from compliance with requirement in section 901(b) of the Merchant Marine Act of 1936, as amended, that at least 50 per centum of the gross tonnage of commodities (computed separately for dry bulk carriers, dry cargo liners, and tankers) financed shall be transported on privately owned U.S. flag commercial vessels to the extent that such vessels are available at fair and reasonable rates? No

- 7. FAA Sec. 621. If technical assistance is financed, will such assistance be furnished by private enterprise on a contract basis to the fullest extent practicable? If the facilities of other Yes

Federal agencies will be utilized, are they particularly suitable, not competitive with private enterprise, and made available without undue interference with domestic programs?

8. International Air Transport. Fair Competitive Practices Act, 1974. If air transportation of persons or property is financed on grant basis, will U.S. carriers be used to the extent such service is available? Yes

9. FY 1982 Appropriation Act Sec. 504. If the U.S. Government is a party to a contract for procurement, does the contract contain a provision authorizing termination of such contract for the convenience of the United States? Yes

B. Construction

1. FAA Sec. 601(d). If capital (e.g., construction) project, will U.S. engineering and professional services to be used? No

2. FAA Sec. 611(c). If contracts for construction are to be financed, will they be let on a competitive basis to maximum extent practicable? Yes

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3. FAA Sec. 620(k). If for construction of productive enterprise, will aggregate value of assistance to be furnished by the U.S. not exceed \$100 million (except for productive enterprises in Egypt that were described in the CP)?

N/A

C. Other Restrictions

1. FAA Sec. 122(b). If development loan, is interest rate at least 2% per annum during grace period and at least 3% per annum thereafter?

N/A

2. FAA SEC. 301(d). If fund is established solely by U.S. contributions and administered by an international organization, does Comptroller General have audit rights?

N/A

3. FAA Sec. 620(h). Do arrangements exist to insure that United States foreign aid is not used in a manner which, contrary to the best interests of the United States, promotes or assists the foreign aid projects or activities of the Communist-bloc countries?

Yes

4. Will arrangements preclude use of financing:

a. FAA Sec. 104(f); FY 1982 Appropriation Act Sec. 525: (1) To pay for performance of abortions as a method of family

Yes

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planning or to motivate or coerce persons to practice abortions; (2) to pay for performance of involuntary sterilization as method of family planning, or to coerce or provide financial incentive to any person to undergo sterilization; (3) to pay for any biomedical research which relates, in whole or part, to methods or the performance of abortions or involuntary sterilizations as a means of family planning; (4) to lobby for abortion?

b. FAA Sec. 620(a). To compensate owners for expropriated nationalized property? Yes

c. FAA Sec. 660. To provide training or advice or provide any financial support for police, prisons, or other law enforcement forces, except for narcotics programs? Yes

d. IAA Sec. 662. For CIA activities? Yes

e. FAA Sec. 636(i). For purchase, sale, long-term lease, exchange or guaranty of the sale of motor vehicles manufactured outside U.S., unless a waiver is obtained? Yes

f. FY 1982 Appropriation Act, Sec. 503. To pay pensions, annuities, retirement pay, or Yes

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adjusted service
compensation for military
personnel?

g. FY 1982 Appropriation
Act, Sec. 505. To pay
U.N. assessments,
arrearages or dues?

Yes

h. FY 1982 Appropriation
Act, Sec. 505. To carry
out provisions of FAA
section 209(d) (Transfer
of FAA funds to
multilateral
organizations for
lending)?

Yes

i. FY 1982 Appropriation
Act, Sec. 510. To
finance the export of
nuclear equipment, fuel,
or technology or to train
foreign nationals in
nuclear fields?

Yes

j. FY 1982 Appropriation
Act, Sec. 511. Will
assistance be provided
for the purpose of aiding
the efforts of the
government of such
country to repress the
legitimate rights of the
population of such
country contrary to the
Universal Declaration of
Human Rights?

No

k. FY 1982 Appropriation
Act, Sec. 515. To be
used for publicity or
propaganda purposes
within U.S. not
authorized by Congress?

Yes

5C(1) - COUNTRY CHECKLIST

Listed below are, first, statutory criteria applicable generally to FAA funds, and then criteria applicable to individual fund sources: Development Assistance and Economic Support Fund.

A. GENERAL CRITERIA FOR COUNTRY ELIGIBILITY

1. FAA Sec. 116. Can it be demonstrated that contemplated assistance will directly benefit the needy? If not, has the Department of State determined that this government has engaged in a consistent pattern of gross violations of internationally recognized human rights?

Project will benefit the country's needy poor.

2. FAA Sec. 481. Has it been determined that the government of recipient country has failed to take adequate steps to prevent narcotics drugs and other controlled substances (as defined by the Comprehensive Drug Abuse Prevention and Control Act of 1970) produced or processed, in whole or in part, in such country, or transported through such country, from being sold illegally within the jurisdiction of such country to U.S. Government personnel or their dependents, or from entering the United States unlawfully?

El Salvador takes adequate steps to prevent narcotic traffic.

3. FAA Sec. 620(b). If assistance is to a government, has the Secretary of State determined that it is not controlled by the international Communist movement?

Yes.

4. FAA Sec. 620(c). If assistance is to government, is the government liable as debtor or unconditional guarantor on any debt to a U.S. citizen for goods or services furnished or ordered where (a) such citizen has exhausted available legal remedies and (b) debt is not denied or contested by such government?

No.

5. FAA Sec. 620(e)(1). If assistance is to a government, has it (including government agencies or subdivisions) taken any action which has the effect of nationalizing, expropriating, or otherwise seizing ownership or control of property of U.S. citizens or entities beneficially owned by them without taking steps to discharge its obligations toward such citizens or entities?

No.

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A.

6. FAA Sec. 620(a), 620(f); FY 79 App. Act, Sec. 103, 114 and 600. Is recipient country a Communist country? Will assistance be provided to the Socialist Republic of Vietnam, Cambodia, Laos, Cuba, Uganda, Mozambique, or Angola?

NO.

7. FAA Sec. 620(i). Is recipient country in any way involved in (a) subversion of, or military aggression against, the United States or any country receiving U.S. assistance, or (b) the planning of such subversion or aggression?

NO.

8. FAA Sec. 620 (j). Has the country permitted, or failed to take adequate measures to prevent, the damage or destruction, by mob action, of U.S. property?

NO.

9. FAA Sec. 620(k). If the country has failed to institute the investment guaranty program for the specific risks of expropriation, convertibility or confiscation, has the AID Administrator within the past year considered denying assistance to such government for this reason?

NO.

10. FAA Sec. 620(n); Fishermen's Protective Act of 1957, as amended, Sec. 5. If country has seized, or imposed any penalty or sanction against, any U.S. fishing activities in international waters:

El. Salvador has not seized or imposed penalty against any U.S. fishing activities in international waters.

a. has any deduction required by the Fishermen's Protective Act been made?

b. has complete denial of assistance been considered by AID Administrator?

11. FAA Sec. 620; FY 79 App. Act, Sec. 603.
(a) Is the government of the recipient country in default for more than 6 months on interest or principal of any AID loan to the country?
(b) Is country in default exceeding one year on interest or principal on U.S. loan under program for which App. Act appropriates funds?

NO.

12. FAA Sec. 620(s). If contemplated assistance is development loan or from Economic Support Fund, has the Administrator taken into account the percentage of the country's budget which is for military expenditures, the amount of foreign exchange spent on military equipment and the

Yes.

A.12.

amount spent for the purchase of sophisticated weapons systems? (An affirmative answer may refer to the record of the annual "Taking Into Consideration" memo: "Yes, as reported in annual report on implementation of Sec. 620(s)." This report is prepared at time of approval by the Administrator of the Operational Year Budget and can be the basis for an affirmative answer during the fiscal year unless significant changes in circumstances occur.)

13. FAA Sec. 620(t). Has the country severed diplomatic relations with the United States? If so, have they been resumed and have new bilateral assistance agreements been negotiated and entered into since such resumption?

NO.

14. FAA Sec. 620(u). What is the payment status of the country's U.N. obligations? If the country is in arrears, were such arrearages taken into account by the AID Administrator in determining the current AID Operational Year Budget?

From information available to this Mission, El Salvador is meeting its U.N. obligations.

15. FAA Sec. 620A, FY 79 App. Act. Sec. 607. Has the country granted sanctuary from prosecution to any individual or group which has committed an act of international terrorism?

NO.

16. FAA Sec. 666. Does the country object, on basis of race, religion, national origin or sex, to the presence of any officer or employee of the U.S. there to carry out economic development program under FAA?

NO.

17. FAA Sec. 659, 670. Has the country, after August 3, 1977, delivered or received nuclear enrichment or reprocessing equipment, materials, or technology, without specified arrangements or safeguards? Has it detonated a nuclear device after August 3, 1977, although not a "nuclear-weapon State" under the nonproliferation treaty?

NO.

B. FUNDING CRITERIA FOR COUNTRY ELIGIBILITY

4. Development Assistance Country Criteria

a. FAA Sec. 102(b)(4). Have criteria been established and taken into account to assess commitment progress of country in effectively involving the poor in development, on such indexes as: (1) increase in agricultural productivity through small-farm labor intensive agriculture, (2) reduced infant mortality, (3) control of population growth, (4) equality of income distribution, (5) reduction of unemployment, and (6) increased literacy?

El Salvador is committed to involve the poor in the development process by carrying out several projects to address their needs in the agricultural (this project for example) health, nutrition, housing employment and other sectors.

8.1.

b. FAA Sec. 104(d)(1). If appropriate, is this development (including Sahel) activity designed to build motivation for smaller families through modification of economic and social conditions supportive of the desire for large families in programs such as education in and out of school, nutrition, disease control, maternal and child health services, agricultural production, rural development, and assistance to urban poor?

2. Economic Support Fund Country Criteria

a. FAA Sec. 502B. Has the country engaged in a consistent pattern of gross violations of internationally recognized human rights?

NO.

b. FAA Sec. 533(b). Will assistance under the Southern Africa program be provided to Mozambique, Angola, Tanzania, or Zambia? If so, has President determined (and reported to the Congress) that such assistance will further U.S. foreign policy interests?

N/A

c. FAA Sec. 609. If commodities are to be granted so that sale proceeds will accrue to the recipient country, have Special Account (counterpart) arrangements been made?

N/A

d. FY 79 App. Act, Sec. 113. Will assistance be provided for the purpose of aiding directly the efforts of the government of such country to repress the legitimate rights of the population of such country contrary to the Universal Declaration of Human Rights?

N/A

e. FAA Sec. 620B. Will security supporting assistance be furnished to Argentina after September 30, 1978?

N/A

5C(2) - PROJECT CHECKLIST

Listed below are statutory criteria applicable generally to projects with FAA funds and project criteria applicable to individual fund sources: Development Assistance (with a subcategory for criteria applicable only to loans); and Economic Support Fund.

CROSS REFERENCES: IS COUNTRY CHECKLIST UP TO DATE?
HAS STANDARD ITEM CHECKLIST BEEN REVIEWED FOR THIS PRODUCT?

A. GENERAL CRITERIA FOR PROJECT

1. FY 79 App. Act Unnumbered; FAA Sec. 653 (b); Sec. 634A. (a) Describe how Committees on Appropriations of Senate and House have been or will be notified concerning the project; (b) Is assistance within (Operational Year Budget) country or international organization allocation reported to Congress (or not more than \$1 million over that figure)?

An advice of Program change has been forwarded to the Congress. The Project is within the OYB.

2. FAA Sec. 611(a)(1). Prior to obligation in excess of \$100,000, will there be (a) engineering, financial, and other plans necessary to carry out the assistance and (b) a reasonably firm estimate of the cost to the U.S. of the assistance?

YES.

3. FAA Sec. 611(a)(2). If further legislative action is required within recipient country, what is basis for reasonable expectation that such action will be completed in time to permit orderly accomplishment of purpose of the assistance?

N/A.

4. FAA Sec. 611(h); FY 79 App. Act Sec. 101. If for water or water-related land resource construction, has project met the standards and criteria as per the Principles and Standards for Planning Water and Related Land Resources dated October 25, 1973?

N/A

5. FAA Sec. 611(e). If project is capital assistance (e.g., construction), and all U.S. assistance for it will exceed \$1 million, has Mission Director certified and Regional Assistant Administrator taken into consideration the country's capability effectively to maintain and utilize the project?

N/A

6. FAA Sec. 209. Is project susceptible of execution as part of regional or multilateral project? If so why is project not so executed? Information and conclusion whether assistance will encourage regional development programs.

NO.

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A.

7. FAA Sec. 601(a). Information and conclusions whether project will encourage efforts of the country to: (a) increase the flow of international trade; (b) foster private initiative and competition; (c) encourage development and use of cooperatives, credit unions, and savings and loan associations; (d) discourage monopolistic practices; (e) improve technical efficiency of industry, agriculture and commerce; and (f) strengthen free labor unions.

The project will foster private initiative, directly encourage development and use of Agricultural Cooperatives, increase the flow of international trade and improve the efficiency of agriculture and commerce.

8. FAA Sec. 601(h). Information and conclusion on how project will encourage U.S. private trade and investment abroad and encourage private U.S. participation in foreign assistance programs (including use of private trade channels and the services of U.S. private enterprise).

The project will not directly affect U.S. private trade and investment.

9. FAA Sec. 612(b); Sec. 636(h). Describe steps taken to assure that, to the maximum extent possible, the country is contributing local currencies to meet the cost of contractual and other services, and foreign currencies owned by the U.S. are utilized to meet the cost of contractual and other services.

The host country is providing counterpart contribution to the project in local currency. No U.S. owned foreign currencies are available for utilization in this project for importation of equipment, and contracted services.

10. FAA Sec. 612(d). Does the U.S. own excess foreign currency of the country and, if so, what arrangements have been made for its release?

NO.

11. FAA Sec. 601(e). Will the project utilize competitive selection procedures for the awarding of contracts, except where applicable procurement rules allow otherwise?

YES.

12. FY 79 App. Act Sec. 608. If assistance is for the production of any commodity for export, is the commodity likely to be in surplus on world markets at the time the resulting productive capacity becomes operative, and is such assistance likely to cause substantial injury to U.S. producers of the same, similar, or competing commodity?

NO.

B. FUNDING CRITERIA FOR PROJECT

1. Development Assistance Project Criteria

a. FAA Sec. 102(b); 111; 113; 221a. Extent to which activity will (a) effectively involve the poor in development, by extending access to economy at local level, increasing labor-intensive production and the use of appropriate technology, spreading investment out from cities to small towns and rural areas, and insuring wide participation of the poor in the benefits of development on a sustained

This project is designed to benefit the rural poor by providing them with the credit necessary to invest in and improve their agricultural lands.

CODE NO. 5C(2)-4	EFFECTIVE DATE	TRANS. BLANK NO. 3:32	AID HANDBOOK - 3, App 5C(2)
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B.1.b.(4).

(v) for special development problem, and to enable proper utilization of earlier U.S. infrastructure, etc., assistance;

(vi) for programs of urban development, especially small labor-intensive enterprises, marketing systems, and financial or other institutions to help urban poor participate in economic and social development.

c. [107] Is appropriate effort placed on use of appropriate technology?

YES.

d. FAA Sec. 110(a). Will the recipient country provide at least 25% of the costs of the program, project, or activity with respect to which the assistance is to be furnished (or has the latter cost-sharing requirement been waived for a "relatively least-developed" country)?

YES. During the implementation period of the loan, the host country will contribute an estimated 26% of the project cost.

e. FAA Sec. 110(b). Will grant capital assistance be disbursed for project over more than 3 years? If so, has justification satisfactory to the Congress been made, and efforts for other financing, or is the recipient country "relatively least developed"?

NO.

f. FAA Sec. 281(h). Describe extent to which program recognizes the particular needs, desires, and capacities of the people of the country; utilizes the country's intellectual resources to encourage institutional development; and supports civil education and training in skills required for effective participation in governmental and political processes essential to self-government.

By improving the economic conditions of the rural poor, the project will contribute directly to the people's ability to participate in the economic and political processes and will encourage development of private and governmental institutions.

g. FAA Sec. 122(b). Does the activity give reasonable promise of contributing to the development of economic resources, or to the increase or productive capacities and self-sustaining economic growth?

YES.

2. Development Assistance Project Criteria (Loans Only)

a. FAA Sec. 122(b). Information and conclusion on capacity of the country to repay the loan, including reasonableness of repayment prospects.

El Salvador has the financial capacity to repay the loan. The terms of the AID loan are reasonable and legal under the laws of the U.S. and host country

b. FAA Sec. 620(d). If assistance is for any productive enterprise which will compete in the U.S. with U.S. enterprise, is there an agreement by the recipient country to prevent export to the U.S. of more than 20% of the enterprise's annual production during the life of the loan?

N/A

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B.

3. Project Criteria Solely for Economic Support Fund

a. FAA Sec. 531(a). Will this assistance support promote economic or political stability? To the extent possible, does it reflect the policy directions of section 102?

N/A

b. FAA Sec. 533. Will assistance under this chapter be used for military, or paramilitary activities?

N/A

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5C(3) - STANDARD ITEM CHECKLIST

Listed below are statutory items which normally will be covered routinely in those provisions of an assistance agreement dealing with its implementation, or covered in the agreement by imposing limits on certain uses of funds.

These items are arranged under the general headings of (A) Procurement, (B) Construction, and (C) Other Restrictions.

A. Procurement

1. FAA Sec. 602. Are there arrangements to permit U.S. small business to participate equitably in the furnishing of goods and services financed? YES. Standard procurement regulations, procedures and good commercial practices will be followed under the project.
2. FAA Sec. 604(a). Will all commodity procurement financed be from the U.S. except as otherwise determined by the President or under delegation from him? YES.
3. FAA Sec. 604(d). If the cooperating country discriminates against U.S. marine insurance companies, will agreement require that marine insurance be placed in the United States on commodities financed? YES.
4. FAA Sec. 604(c). If offshore procurement of agricultural commodity or product is to be financed, is there provision against such procurement when the domestic price of such commodity is less than parity? N/A
5. FAA Sec. 608(a). Will U.S. Government excess personal property be utilized wherever practicable in lieu of the procurement of new items? YES.
6. FAA Sec. 603. (a) Compliance with requirement in section 901(b) of the Merchant Marine Act of 1936, as amended, that at least 50 per centum of the gross tonnage of commodities (computed separately for dry bulk carriers, dry cargo liners, and tankers) financed shall be transported on privately owned U.S.-flag commercial vessels to the extent that such vessels are available at fair and reasonable rates. YES.
7. FAA Sec. 621. If technical assistance is financed, will such assistance be furnished to the fullest extent practicable as goods and professional and other services from private enterprise on a contract basis? If the YES.

A.7.

facilities of other Federal agencies will be utilized, are they particularly suitable, not competitive with private enterprise, and made available without undue interference with domestic programs?

8. International Air Transport. Fair Competitive Practices Act, 1974. If air transportation of persons or property is financed on grant basis, will provision be made that U.S.-flag carriers will be utilized to the extent such service is available?

YES.

9. FY 79 Imp. Act Sec. 105. Does the contract for procurement contain a provision authorizing the termination of such contract for the convenience of the United States?

B. Construction

1. FAA Sec. 601(d). If a capital (e.g., construction) project, are engineering and professional services of U.S. firms and their affiliates to be used to the maximum extent consistent with the national interest?

N/A.

2. FAA Sec. 611(c). If contracts for construction are to be financed, will they be let on a competitive basis to maximum extent practicable?

N/A.

3. FAA Sec. 620(v). If for construction of productive enterprise, will aggregate value of assistance to be furnished by the United States not exceed \$100 million?

N/A.

C. Other Restrictions

1. FAA Sec. 122 (e). If development loan, is interest rate at least 2% per annum during grace period and at least 3% per annum thereafter?

YES.

2. FAA Sec. 331(d). If fund is established solely by U.S. contributions and administered by an international organization, does Comptroller General have audit rights?

YES.

3. FAA Sec. 620(h). Do arrangements preclude promoting or assisting the foreign aid projects or activities of Communist-bloc countries, contrary to the best interests of the United States?

YES.

4. FAA Sec. 636(i). Is financing not permitted to be used, without waiver, for purchase, long-term lease, or exchange of motor vehicle manufactured outside the United States, or guaranty of such transaction?

YES.

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C.

5. Will arrangements preclude use of financing:

- a. FAA Sec. 104(f). To pay for performance of abortions or to motivate or coerce persons to practice abortions, to pay for performance of involuntary sterilization, or to coerce or provide financial incentive to any person to undergo sterilization? N/A
- b. FAA Sec. 620(g). To compensate owners for expropriated nationalized property? NO.
- c. FAA Sec. 660. To finance police training or other law enforcement assistance, except for narcotics programs? N/A
- d. FAA Sec. 662. For CIA activities? N/A
- e. FY 79 App. Act Sec. 104. To pay pensions, etc., for military personnel? N/A
- f. FY 79 App. Act Sec. 106. To pay U.H. assessments? N/A
- g. FY 79 App. Act Sec. 107. To carry out provisions of FAA sections 209(d) and 251(h)? (Transfer of FAA funds to multilateral organizations for lending.) N/A
- h. FY 79 App. Act Sec. 112. To finance the export of nuclear equipment, fuel, or technology or to train foreign nations in nuclear fields? N/A
- i. FY 79 App. Act Sec. 601. To be used for publicity or propaganda purposes within United States not authorized by the Congress? N/A

AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

LAC/DR-IEE-84-31

ENVIRONMENTAL THRESHOLD DECISION

Project Location : El Salvador

Project Title and Number : Emergency Program: Health
and Jobs for Displaced
Families

Project Number : 519 - 0281

Funding : \$72,525,000 G

Life of Project : Five years (FY '84-87)

IEE Prepared by : C. Roberto Gavidia
USAID/El Salvador

Recommended Threshold Decision : Negative Determination

Bureau Threshold Decision : Concur with Recommendation

Copy to : Martin Dagata
Mission Director

Copy to : Susan Merrill, LAC/DR

Copy to : C. Roberto Gavidia
USAID/El Salvador

Copy to : IEE File

 Date JUN - 5 1984
James S. Hester
Chief Environmental Officer
Bureau for Latin America
and the Caribbean

ANNEX D

INITIAL ENVIRONMENTAL EXAMINATION

I. BASIC PROJECT DATA

PROJECT LOCATION : Throughout El Salvador

PROJECT TITLE : Emergency Program: Health and Jobs for Displaced Families

PROJECT NUMBER : 519-0281

FUNDING : FY 84-87

LIFE OF PROJECT : 5 years

IEE PREPARED BY : C. Roberto Gavidia, General Engineer and Environmental Coordinator, USAID/ EL Salvador.

DATE : February 29, 1984

ACTION RECOMMENDED : Negative Determination

II. DESCRIPTION OF THE PROJECT

The Project was initiated in May 1982. Since then, the number of displaced persons in El Salvador has increased substantially — by 63% — or almost 10% of the population. There is a need, therefore, to expand the original emergency program as well as provide for new services which address the special problems pointed out in the recent AID/State evaluation.

The current program provides displaced persons with food, health care services and supplemental income through a jobs program. This amendment will expand the program to accommodate an ever increasing number of persons, as well as fund three major expansions of service: 1) an increased food basket as well as new feeding programs to aid the most vulnerable segments of the displaced population; 2) a pilot relocation program to assist those who wish to resettle; and 3) and a new program, in cooperation with CARITAS, to provide food and health services to the dispersed and unregistered displaced.

This project will increase from \$12,525,000 in 1982-1984 to approximately \$72,525 in 1984-87.

III. IMPACT IDENTIFICATION AND EVALUATION

Impact Areas and Sub-Areas

Impact Identification and Evaluation i/

1/ The following symbols have been used:

- | | | | |
|---|--|---|---------------------------------------|
| N | - <u>No</u> environmental impact | U | - <u>Unknown</u> environmental impact |
| L | - <u>Little</u> environmental impact | + | - <u>Beneficial</u> impact |
| M | - <u>Moderate</u> environmental impact | - | - <u>Negative</u> impact |
| H | - <u>High</u> environmental impact | | |

A. LAND USE

1. Changing the character of the land through:

- | | | |
|----|------------------------------|---|
| a. | Increasing the population | L |
| b. | Extracting natural resources | N |
| c. | Land clearing | N |
| d. | Changing soil character | N |

- | | | |
|----|-------------------------------|---|
| 2. | Altering natural defenses | N |
| 3. | Foreclosing important uses | E |
| 4. | Jeopardizing man or his works | N |
| 5. | Other factors | N |

B. WATER QUALITY

- | | | |
|----|--------------------------------|----|
| 1. | Physical state of water | M+ |
| 2. | Chemical and biological states | N |
| 3. | Ecological balance | E |
| 4. | Other factors | N |

C. ATMOSPHERIC

- | | | |
|----|-----------------|---|
| 1. | Air additives | N |
| 2. | Air pollution | N |
| 3. | Noise pollution | N |
| 4. | Other factors | N |

D. NATURAL RESOURCES

- | | | |
|----|---------------------------------------|----|
| 1. | Diversion, altered use of water | M+ |
| 2. | Irreversible, inefficient commitments | E |
| 3. | Other factors | N |

ii. Existence of basic off-site services such as the following:

- Water supply of sufficient volume to be brought to the sub-project site, and adequate water pressure for its distribution throughout the project site;
- A drainage system for handling rain water run-off in an efficient manner.

iii. The following are examples of environmental considerations which will be built into project design for both settlement and public works projects:

- Measures to prevent soil erosion or gullyng if development takes place on steep slopes, crumbly soils, or recently filled land. If possible, construction on such land will be avoided.
- Measures to prevent adverse effects of sedimentation such as the introduction of land fill that plugs water mains and sewer pipes.
- Additional wells dug to satisfy water demands if necessary.
- Wells far enough removed from latrines that water will not be contaminated
- The selection of sites for latrines will be made to minimize other potential adverse environmental impacts as well.
- Storage tanks to secure water supplies, satisfy demands, and offer better water pressure.
- Adequate collector systems to accomodate storm water run-off.
- A program for environmental rehabilitation of water courses adjacent to project sites.

2. Conclusion

The provision of health facilities, water, sanitary sewage facilities, and drainage facilities, will introduce decidedly more favorable environmental impacts than adverse ones for beneficiaries.

In addition, the environmental considerations will be implemented by PLANSABAR, HOPE, Caritas, and the Program Unit to insure environmental soundness in all project designs. Short term technical assistance will be provided by Project HOPE during the life of the project to insure the appropriateness of the project designs in the settlements. In addition, technical advise will be provided by an environmental engineer within PLANSABAR and augmented by a second environmental engineer contracted by AID in the Program Unit to oversee all designs for marginal and urban communities.

- Improvement in general health conditions.
- Correction of problems in sanitation, including hygiene and fly and mosquito borne diseases.
- An increase of the number of jobs provided to displaced persons from 15,000 per month to 18,000 per month.
- Vaccination of an additional 60,000 children and women.
- The building of up to 30 dispensaries in order to serve 117 displaced settlements.
- Increasing the number of calories provided to the displaced each day from 1200 to 1500.
- Providing 15 liters of water per person, per day to all displaced persons in camps and settlements.

Different environmental systems are affected by the proposed project. They include upgrading existing settlements in the major cities by providing basic public services and by improving the existing environment. Under these circumstances, the carrying capacity of the environment to furnish basic resources (such as potable water and building materials) is of crucial importance. In addition, it is necessary to provide a safe environment away from disaster-prone areas.

The various potential sites will be visited so as to furnish an initial understanding of the existing environment. Both the inhabited environment (where upgrading and improvements are to occur) and the natural environment (where new sub-projects are to be built) will be inspected. Basic concerns will include appropriate site selection and development criteria, and sound environmental engineering construction/maintenance procedures.

The following criteria will be applied in measuring the environmental impact of proposed health projects. The conformity of such projects with the following will assist in determining their acceptability from an environmental point of view.

- i. The site must be suitable for settlement as demonstrated by the following considerations:
 - Site is not subject to landslides nor is subject to erosion.
 - Site is not characterized by steep slopes where construction would require costly earth moving.

ii. Existence of basic off-site services such as the following:

- Water supply of sufficient volume to be brought to the sub-project site, and adequate water pressure for its distribution throughout the project site;
- A drainage system for handling rain water run-off in an efficient manner.

iii. The following are examples of environmental considerations which will be built into project design for both settlement and public works projects:

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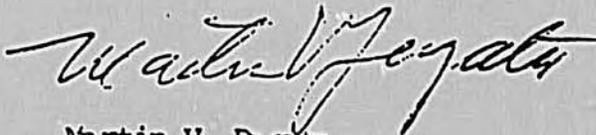
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IV. RECOMMENDATION FOR THRESHOLD DECISION

- USAID/El Salvador finds that this project is not a major action which will have a significant effect on the human environment and therefore is an action for which an Environmental Impact Statement or an Environmental Assessment will not be required. A negative determination is recommended.

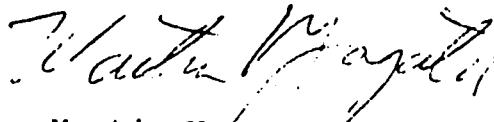


Martin V. Dagata
Director
USAID/El Salvador

5/16/84
late

CERTIFICATION PURSUANT TO SECTION 611(e) OF THE
FOREIGN ASSISTANCE ACT OF 1961, AS AMENDED

I, Martin V. Dagata, as Director of the Agency for International Development Mission to El Salvador, having taken into account, among other things, the maintenance and utilization of projects previously financed by U.S.A.I.D/El Salvador, do hereby certify that in my judgement the Government of El Salvador and the implementing agency have the financial capacity to effectively utilize and maintain proposed third amendment of the Emergency Program: Health and Jobs for Displaced Families Project.



Martin V. Dagata
Director
USAID/El Salvador

5/11/84

Date

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ANNEX F

GOES LETTER OF REQUEST

MINISTERIO DEL INTERIOR

HPN División

RECEIVED
18 MAYO 1984
REQUESTED

San Salvador, Mayo 9 de 1984

Señor Ministro:

El Programa de Emergencia Salud y Empleo para Familias Desplazadas, Proyecto AID 519-0281, fué firmado entre el Gobierno de El Salvador y los Estados Unidos de América, por medio de la Agencia Internacional para el Desarrollo (AID), en fecha 12 de Mayo de 1982.

El proyecto en referencia fué implementado para asistir las urgentes necesidades de la población desplazada, tanto en los aspectos de salud, distribución de alimentos, como en la generación de empleo.

Dado el impacto del proyecto en minimizar la crisis que viven aquellas comunidades que han recibido a la población desplazada, este Ministerio ha solicitado a la USAID, en tres ocasiones anteriores; extensiones de la fecha de terminación del proyecto, estando en proceso de aprobación la última extensión solicitada hasta el 31 de julio de 1984.

Sin embargo, este Ministerio considera que dados los amplios beneficios que implica la continuidad del proyecto y existiendo las posibilidades de obtener de parte de la USAID, un financiamiento más amplio en cuanto a tiempo y monto de la donación, es necesario solicitar oficialmente una extensión del proyecto por un monto de \$60 millones, para un período de 36 meses a partir del 1ro. de agosto de 1984.

Tal extensión puede ser solicitada en base al Ante-Proyecto de Enmienda al Convenio, el cual ha sido analizado y aprobado por este Ministerio, en atención a que la enmienda incluye una serie de acciones en beneficio de las familias desplazadas, tales como:

- a) incremento en el número de empleos generados para familias desplazadas, ampliando la cobertura geográfica del proyecto, a tres departamentos más.

Señor Ministro de Planificación y
Coordinación del Desarrollo
Económico y Social
Licenciado Manuel Antonio Robles
E.S.D.O.

.../2

- b) Mejoramiento de las condiciones sanitarias de los asentamientos de familias desplazadas.
- c) Mejoramiento de los repartos de los alimentos que integran la "Canasta de Alimentos" en cuanto a: frecuencia, cantidad y calidad de los mismos.
- d) Distribución de alimentos como una medida terapeutica para tratar los casos de desnutrición.
- e) Incorporar el programa de alimentación suplementaria para madres embarazadas, lactantes y niños.
- f) Plan piloto de reubicación de familias desplazadas que incluye implementación de proyectos productivos, que beneficien la organización de micro-empresas.
- g) Mejorar las condiciones de salud y de distribución de alimentos a la población desplazada dispersa.

Si el Ministerio a su cargo, comparte nuestra opinión sobre el particular, mucho agradeceríamos solicitar oficialmente al Director de USAID, la aprobación de la referida enmienda.

Sin más sobre el particular y esperando contar con su valiosa ayuda, a fin de continuar el programa en referencia, me es grato reiterarle muestras de mi invariable consideración y estima.

DIOS, UNION Y LIBERTAD,



[Handwritten signature]
 MANUEL ISIDRO LOPEZ SERMEÑO
 Ministro del Interior

CC: Sr. Martín V. Dagata, Director, USAID.

MILS/smv:lm