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DISPLACED PERSONS IN EL SALVADOR
AN ASSESSMENT

Assessment Team

Don Enos, AID - Team Leader
Fred Cuny, AID Consultant
Don Krumm, Refugee Program
Phillip Nieberg, CDC
Gordon Prouty, AID/FFP
Dr. James Sarne, AID
Cam Wickham, AID

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I. EXECUTIVE SUMMARY

From January 16 to February 14, 1984, an AID/State team performed a month long study of displaced persons in El Salvador. The purpose of the study was to lay the groundwork for an ongoing assistance program to displaced persons. The report assessed DP health and nutrition, food assistance programs, the current Jobs Program, DP camp conditions, the status of dispersed DPs, relocation and management and a host of lesser issues.

The principal findings and recommendations of this assessment are:

1. The overall situation regarding displaced persons has changed in several major regards since 1982. First, the number of displaced persons has increased substantially as has the number of displaced persons as a percentage of the total populations of departmental towns. Second, the ability of displaced persons to obtain jobs and other support in several departmental capitals and rural towns is decreasing.
2. Despite extensive efforts on the part of the GOES, AID and many relief agencies, displaced persons continue to have serious problems. There are indications that in certain pockets the health and nutritional status of refugees may be critical. It is noted, however, that relative to marginal, non-displaced populations, the nutritional status of DPs appears to be better. The difference is probably due to WFP food assistance which has been available to registered DPs throughout El Salvador since 1980.
3. Both preventive and curative health measures have been undertaken which have improved the well being of displaced persons. There are currently no epidemic health problems, as some observers have suggested, nor are any anticipated.

The health component of the Jobs and Health Program, through its vaccination program and oral rehydration promotion, is believed to have helped the DPs, although to what extent is unknown. However, diarrhea remains a serious problem for children. More effort must be made to clean up the "hygiene loop" in DP camps and concentrations.

4. The nutritional status of many displaced persons is extremely serious. In camps, supplemental feeding programs will be required. These feeding programs should be established in such a way that they become the focal point for delivering a wide range of services to women and children. These programs should provide a "safety net" for women and children so that if the normal ration is delayed, their nutritional needs can be met until normal supplies are restored.
5. The "food basket" available through general feeding programs to displaced persons is designed to provide less than the daily minimum caloric need. The ration was never intended to fulfill all the nutritional needs of displaced persons. The upcoming AID survey of nutritional status in camps and the INCAP survey of the general DP population will provide information which should be used to reassess food needs and adjust food delivery programs as necessary.
6. The Jobs Program, while not meeting some of its original intended objectives, is viewed on the whole as a valuable service to displaced persons. On the average, it has provided steady employment to approximately 10,000 displaced persons per month. It is recommended that the program service area be expanded to include all displaced persons in need, except those residing in the city of San Salvador, and that the budget be increased to enable more people to participate. Increased emphasis should be given to employment opportunities for women and DPs not living in camps

or large concentrations. It is recommended that a small capital improvements fund be established to facilitate projects in the DP settlements. No adjustments in the wage scale or the current labor-materials formulas for determining projects is suggested.

7. Tighter controls on existing programs should be initiated. Significant delays in delivering food supplies have been noted which could have been prevented with better monitoring. Adjustments in the Jobs and Health Program to meet identified needs cannot be accomplished unless better information gathering and assessment measures are employed.
8. The registration process, whereby displaced persons become eligible for assistance from the GOES, needs to be reconceptualized. It is estimated that half of those displaced by the fighting hesitate to register with the GOES for assistance because they fear that registration will somehow draw unwanted attention to them.
9. In order to meet the increased needs, more sophisticated program management is required. An independent monitoring and coordination unit is recommended that can assess developments in the displaced population and can target USAID, GOES and voluntary agency resources to problem areas.
10. A data collection and analysis system should be installed which can provide advanced warning of relief problems needing attention. The key concept to be applied is information for program action. Plenty of information is now being collected. Not enough is being analyzed for the purpose of adjusting relief programs.

11. Coordination problems among Salvadoran relief organizations are reducing effective response. Coordination objectives and alternative means to improve overall coordination in specific sectors are suggested.
12. The Ministry of Public Health and Human Services (MSPAS) is viewed as the critical agency for delivering health and nutritional services to displaced persons. The strengthening of this ministry through the provision of technical assistance and financial support is recommended as a critical component of improving the overall delivery of services to displaced persons.
13. The need to reduce the number of DPs currently receiving services should be a priority for the GOES. Establishment of an office within CONADES to coordinate efforts to help DPs reestablish normal lives by means of relocation, return to place of origin or transition into the community where they now reside is recommended. Suggestions for helping CONADES develop a relocation plan and the criteria under which the U. S. Government should support relocation and resettlement activities are included.
14. Adoption of basic minimum standards for the supply of goods and services is recommended. These standards should serve as the basis for monitoring the overall program.
15. An expansion of voluntary agency services to the DPs is needed. This need can be met by improving the capabilities of some local voluntary agencies, assigning responsibility to voluntary agencies for certain services to the DPs, and by seeking to involve qualified international agencies in the assistance program. Voluntary agencies should be

assigned specific tasks but should not be asked to assume overall control of the assistance program.

16. The technical capability of the AID Program Unit should be upgraded as should the capability of many PVOs now providing relief to displaced persons. Resources for training and improving specific technical skills are included in the report.

17. Protection remains a critical issue, particularly for non-registered displaced persons. Whether the threat is real or perceived, there is evidence that displaced persons feel sufficiently intimidated by "the situation" that they hesitate to play leadership roles in the relief effort. Development of indigenous leadership is a principal component of successful relief operations throughout the world. For similar reasons, some private voluntary organizations hesitate to become involved in relief efforts.

EL SALVADOR DISPLACED PERSONS ASSESSMENT

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II. INTRODUCTION

BACKGROUND

By late 1981, almost 1,000,000 persons had been displaced by the civil war in El Salvador.* Approximately 160,000** persons had registered for some form of assistance with CONADES, a commission of the Salvadoran Government formed to coordinate services for displaced persons.

In December 1981, a consultant team from the U.S. Office of Foreign Disaster Assistance (AID) conducted an extensive analysis of the situation and designed an innovative new program to provide assistance to displaced persons. This program, called Health and Jobs for Displaced Families, defined the following objectives:

1. To provide cash employment to members of displaced families through the provision of community improvement and environmental sanitation projects.
2. To protect the health of displaced families and their host communities through the immunization of all children most vulnerable to the principal communicable diseases.
3. To provide specific curative health services and health supplies to displaced families, with highest priority to those residing in camps and concentrated living areas.

* Source: Background briefing to the 1981 assessment of the DP situation by the OFDA consultant team.

** Unless otherwise noted, all figures are from CONADES

The Program Agreement recognized the need for food and established procedures and operating policies for U.S. - supplied food assistance programs designed to benefit the displaced person population, though the coordination of food assistance remained outside the scope of the Health and Jobs Program.

The major emphasis of the Program was on the creation of jobs and employment opportunities for displaced families to "give them the chance to earn the means through which they can address their own emergency needs".^{*} This indirect approach to meeting emergency needs was predicated on a determination that the vast majority of DPs were dispersed throughout the population and not

living in camps or camp-like concentrations; thus the majority had access to and to some extent participated in, the surrounding economy. It was felt that the majority of the people could meet their basic needs if employment opportunities were provided to augment the partial assistance they received from their extended families, from sporadic employment, and from food assistance being furnished through CONADES or other sources.

The Health component of the Program was designed primarily to address the problems of camps and large concentrations of persons in areas outside the capital. The objective was to strengthen curative health services in sites that contained "large concentrations of displaced persons" in order to prevent the spread of communicable diseases both within the displaced population and in the host community.

After nearly two years of operation, the Program can demonstrate many accomplishments. In the single month of January 1984, almost 13,000 persons were working in the Jobs Program; all the planned

* Program Agreement

doses of vaccine (400,000) had been given to displaced persons and persons in the surrounding communities; 12 CONADES nurses were working in communities with large populations of DPs in camp or camp-like situations; and the project was properly executed with only minor exceptions according to the criteria and controls established by USAID and the Government of El Salvador (GOES) under the Program Agreement.

The civil war in El Salvador, however, has not abated and many more families have joined the ranks of the displaced. There is a demonstrated need to continue the Program and even to expand it to provide coverage to a greater number of persons. It is the nature of this expansion, and the quality and range of services provided, that is the subject of this evaluation.

Terms of Reference

The terms of reference for the evaluation were:

1. To assess conditions and problems of displaced persons, including those registered and unregistered in settlements and disbursed among the general population.
2. To emphasize changes since the inception of the project using the pre-project reports as a base line and observations and reports by subsequent technical teams.
3. To study the present coverage of all assistance to DP's and the geographic impact area of the project and recommend any necessary changes.
4. To assess the management capabilities and interests of PVO's and government agencies currently working with displaced persons.

5. To determine to what extent activities are being coordinated and recommend means to strengthen coordination mechanisms. Regarding CONADES to make specific recommendations to improve its effectiveness in coordinating and evaluating aid to the displaced population.
6. To recommend to USAID/El Salvador and to the GOES a strategy for addressing employment, health, food supply, resettlement and other problems of displaced persons such that conditions in DP settlements be tolerable, but not more attractive than resettlement, including recommendations regarding which groups of DP's should be provided with U.S. Government resources and appropriate mechanisms for such assistance.

SPECIFIC WORK TASKS

As part of the assessment, the evaluation team was to carry out the following specific tasks:

- 1.. To assess the effectiveness of the employment generation and works component of the program, in relation to the objectives of: a) providing displaced families with disposable income to purchase necessities, b) improving social/economic conditions in areas of large displaced persons concentrations. This was to include analysis of the current and projected scope of this component, a cost/benefit analysis at the micro and macro level, effectiveness of this mechanism in addressing the range of DP needs through buying power, estimated need/demand for additional number and type of subprojects and cost benefit effects of changes in wage rates.
2. To analyze and recommend changes in the present curative and preventive health delivery system, as well as in health education and environmental sanitation programs for displaced

persons. The assessment team was to consult with Project HOPE regarding their analysis of the situation with respect to registered displaced persons in settlements. The team was directed to go beyond the scope of the Project HOPE assessment to make recommendations regarding health needs for the dispersed DP population, taking into account the existing Ministry of Health health care system.

3. To develop a list of projects and attendant costs which will better the living conditions of displaced persons in camps, camp-like situations and in unstructured situations. The activities of PVO's presently providing assistance to the DP population were to be evaluated and proposed strategies for further USAID and RP support to PVOs for project implementation were to be developed.
4. To assess the food supply needs of the DP population and determine if food distribution responsibilities now carried out by CONADES should be transferred to another well qualified organization.
5. To develop a model relocation/resettlement plan which could serve as the basis for more detailed project planning in the future, including recommending a plan and methodology for periodic surveys to elicit attitudes of DP's towards resettling and to determine approximate numbers of people willing to relocate.

CONSIDERATIONS

The evaluation of assistance to displaced persons borrows from, and follows, the general procedures established for the evaluation of services to refugees.

It is recognized that there are many differences between displaced persons and refugees, the primary difference being that displaced persons continue to have fairly unrestricted access to the general economy. At a certain point, however, as the numbers of desplazados increase and become a significant portion of the entire population, their ability to participate lessens because they are competing with other economically disadvantaged groups in the economy. In addition, the movement of displaced persons to communities with already limited resources to provide for the needs of their inhabitants, can create conditions that serve to further marginalize their existence and, in many cases, reduce the economic opportunities of other poor people in the society. Thus, a primary concern of the evaluation team was the overall status of displaced persons who, by unofficial estimates, may comprise as much as 20% of the total population in an economy where the unemployment rate has been officially estimated at 40%.

Experience in other situations indicates that the majority of displaced persons move from pressures caused by a deteriorating or disrupted economy, a fear for personal safety, and because of peer pressures rather than direct experience with violence. The majority of these people move before they are directly affected by the conflict and, because the decision is made without immediate threat of harm, they generally have time to make choices about where they are going to locate. Such persons will usually have sufficient access to jobs or assistance from family or friends that they are less

likely to register as DPs unless the overall economy deteriorates to a point where they cannot be supported by the extended family system.*

The population of greatest concern are those people who have been directly affected by the violence. These are people who were living in areas controlled by insurgents, persons who were witness to, or victims of, violence in their own communities, or persons who were panicked into leaving by the flight of friends or neighbors. These persons generally leave with only short notice and are unable to take many of their personal belongings. Because the decision to move is motivated by concern for security and is made with haste, decisions about where they will go are often determined by such factors as available escape routes, the location of areas they feel are secure and locations of assistance and alternative means of support.

In August 1983, a report of the Program Unit of USAID, El Salvador, estimated that there were approximately 526,560 displaced persons receiving assistance from the GOES or other assisting agencies.** In December, some 270,000 persons were registered with CONADES for food and other services. The fact that these persons are registered or are receiving assistance from an agency indicates that they are in the second category and are therefore in more acute need of service than the majority of displaced persons.

The total number of displaced persons has fluctuated during the past two years, but the general trend has been an increase of

*The entry of DPs into the assistance system two or more years after their original move is a key indicator of the economic impact of DPs on the host economy.

**Criterios para Estimar la Poblacion Desplazada de El Salvador, Agosto 1983, Pg. 7. Estimates on the basis of food distribution and other forms of assistance.

approximately 50%. CONADES estimates that this is a net figure and points out that some people who were registered in 1981 have either returned to their place of origin or have permanently resettled and are no longer in need of services, though the actual number of people who have been taken off the list is small. (exact figures unavailable).

During the analysis carried out in 1981, it was estimated that only 15% of the displaced population lived in camps or camp-like situations. Today that percent has only changed slightly, but in several of the towns where displaced persons have congregated, the numbers of DPs living in camps or camp-like situations have increased significantly. The town of San Francisco Gotera provides an illustration. In 1981 approximately 20% of the town were displaced persons. In December 1983, 50% of the total population were DPs. However, the number of people living in the town had increased from approximately 10,000 to over 21,000, representing more than a 100% gross increase in population! In communities this severely impacted it may be necessary to consider assistance to the non-DP poor to prevent their further marginalization.

METHODOLOGY

This evaluation follows general procedures established for the evaluation of services to refugees.

The standard method of evaluating programs of assistance to refugees and DPs focuses on end results, primarily on the status of the beneficiaries. If the people are in generally good condition and their health and nutritional status is near normal (as determined by certain indicators and standards), the emphasis of the evaluation can then focus on programmatic issues and cost-efficiency considerations. However, if the status of the people is poor, or if malnutrition is widespread and death rates are high, the evaluation focuses on the delivery of goods and services and on the overall conceptualization of the project.

The beginning point of an evaluation of refugees or DPs is an examination of the health status of "vulnerable groups." Vulnerable groups include children under five years of age, pregnant and lactating women, and certain other high risk groups. An analysis of the condition of these people is important because:

1. Their needs for food and nutrition are higher than for other groups in the displaced or refugee populations;
2. They are less able to provide for themselves; young children are dependent upon their mothers in order to survive, and women with dependent children are less able to leave the home to work;
3. Deaths and illness affect these groups first; thus their health and nutritional status is considered to be a reliable indicator and an "early warning" of problems affecting the entire DP population.

4. Not only are young children at risk from disease, they are unfortunately subject to cruel decisions that must be made by their families for survival. In a society where families are large and fertility rates are high, parents are often forced to make decisions regarding survivability. Numerous studies have shown that, in refugee situations, families preferentially support working-age males and children who have reached five years of age, an age where their chances of survival are statistically much greater and an age when they can begin to share productive family activities such as taking care of younger children and participating in the family's efforts to obtain a livelihood.

To determine the status of vulnerable groups, an analysis is made of nutritional status, mortality (live birth rates and deaths), and morbidity (the incidence of disease). Standard survey techniques have been used to rapidly assess the status of vulnerable groups. First the arm circumference (AC) of all children under five in randomly selected families is measured. Arm circumference is a recognized technique used for rapid assessment. Although this method is limited, and more accurate height-for-weight measuring procedures should be used to verify the assessment, rates of severe malnutrition can be estimated.

A brief questionnaire on family health history is used to develop data about mortality, morbidity and to note diarrhea. Mortality and disease are epidemiological indicators that reflect both health and socio-economic status; diarrhea indicates problems in the food basket and environmental deficiencies in water, sanitation and personal hygiene.

Environmental concerns are evaluated by examination of the facilities in the living environment. Of special interest are water quality and quantity; type, availability and average use of sanitary

facilities (latrines); water portage and storage hygiene of the families; food storage and preparation hygiene; and personal hygiene and cleaning routines. Contamination anywhere in this "hygiene loop" can cause diarrhea which will in turn, affect health and nutritional status.

The food supplies and consumption levels are then assessed. If food supplies reaching the affected population are adequate, problems of diarrhea and disease become the highest priority. If the food supplies are inadequate in quality or quantity, they become the focal point of concern. It must be recognized that the major causes of death in refugee and displaced person populations are related to malnutrition. Furthermore, persons who are malnourished are more susceptible to the diseases of concern in refugee and displaced person populations such as measles, diarrhea, etc. Thus, the most appropriate indicator of health risk may not be number of immunizations that have been delivered, but rather the nutritional status of the vulnerable groups.

The methodology outlined above conforms to recognized procedures and practice as established by the Centers for Disease Control (CDC), the Ross Institute of the London School of Tropical Medicine & Hygiene, the Center for Epidemiology in Emergencies of the Catholic University of Louvain (Belgium), the Emergency Preparedness Unit of the Pan American Health Organization, and the International Society of Disaster Medicine.

STUDIES CARRIED OUT AS PART OF THIS EVALUATION

Vulnerable group assessments were carried out using arm circumference techniques in selected communities of displaced persons. A control community of urban poor living in a marginal settlement with characteristics similar to many DP camps was selected to provide baseline data against which the status of the DPs could be examined. Sample surveys were conducted in each of the types of DP camps identified by the survey team and in communities where DPs were living in concentrations among other-non DP urban poor and in a community where DPs were scattered throughout the population and not in a camp environment. (The specific data collected in each survey and the overall survey methodology are included in the technical appendices, and the general data collected is utilized throughout the report.)

Visual inspection of the environmental facilities of 22 of the DP settlements was also carried out. Statistical data on camp facilities was generously supplied by CONADES, not only for camps visited by the evaluation team but also for all settlements currently receiving assistance from CONADES. Additional data on water and sanitation was obtained from the excellent technical report on this subject prepared by Project HOPE. To verify this information and to collect information not kept by CONADES, a questionnaire identifying the various systems and the maintenance routines was prepared. The two engineers of the Program Unit completed the surveys for each camp in their areas of responsibility. A copy of the survey form is included in the technical annex of this report.

Information on the delivery of curative health services to DPs under the activities of the program agreement was carried out by the ATD Medical Officer assigned to this project. The methodology

included interviews with CONADES and Program Unit staff, and collection and analysis of statistical data kept by CONADES and the Program Unit. In addition, a site visit to one of the DP communities in San Salvador and one of the concentrations in Ilobasco was conducted.

An assessment of food aid logistics was undertaken by a representative of the Food-for-Peace Program. The integrity of the logistics system and identification of reasons for stoppages and delays were the primary focus of that investigation.

In addition to the methodologies outlined above, the evaluation team made a comprehensive list of all criticisms and complaints levied against the Program in the last two years including inquiries or comments made by Congressional delegations, comments and reports made by news media during recent months, and comments, criticisms and questions provided by the staff. Attempts have been made throughout this evaluation to answer these criticisms and comments in a fair and objective manner.

Any evaluation of a relief program during a conflict will necessarily be incomplete. Much of the data collected is subjective and cannot be verified. The evaluation team recognizes the limitations imposed by the situation and, in many cases, has made value judgments and determined the validity of information on the basis of its similarity to patterns observed in other situations. It is recognized that these findings may be subject to other interpretations and that the Salvдорan context is unique. Nonetheless, the evaluation team feels that the findings in this report represent as accurate a picture as is currently possible and, if the recommendations outlined herein are carried out, the majority of the problems of providing assistance to DPs can be corrected.

E. Humanitarian Concerns and Humanitarian Aid

Humanitarian assistance programs to assist desplazados must be neutral if they are to be effective. An important concern of the Evaluation Team was whether or not the program established by the Program Agreement is being conducted in such a manner that it qualifies as humanitarian under internationally recognized principles and practice.

The principles of humanitarian aid are well established in practice by international organizations (e.g. the International Committee of the Red Cross). Humanitarian aid is not defined by its quality, quantity or even to whom it is provided. It is the manner in which it is provided that qualifies aid as humanitarian. Humanitarian aid must be provided on the basis of need and not on the basis of affiliation. Aid which is provided to one group while other groups with similar or greater needs in the same community are denied support does not qualify as humanitarian. Aid which is controlled by or directly beneficial to military or para-military forces on either side of a conflict or which is used as a means of furthering political or military objectives of one side of the conflict is not humanitarian.

Thus an evaluation of whether aid is humanitarian can be determined by noting which organizations explicitly or implicitly participate in providing the aid, the objectives of the aid, and the beneficiaries.

Although the ethical aspects of this issue are important, another crucial aspect is how U.S. Government-supported humanitarian aid is seen by others. The ability to interest other agencies in

working in El Salvador would be influenced not only by those agencies' perceptions of the political aims of the aid, but also by the risk to their staff. It is vitally important to the success of the program that assistance to displaced persons continue to be strictly humanitarian in nature.

F. Principles of Humanitarian Aid

The provision of aid to displaced persons must follow certain guiding principles. They are:

1. The legitimate security concerns of displaced persons must be recognized at all times. All assistance programs must recognize that humanitarian actions may create situations of increased vulnerability for the displaced persons, for relief workers and for the local institutions that may be supporting or providing sanctuary to those persons. Therefore, the overriding principle of all humanitarian assistance must be the recognition that ultimate accountability is to the displaced persons and not to the government, the donors or other benefactors of the humanitarian assistance programs.
2. All humanitarian activities should be strictly separated from military and security actions, plans and programs.
3. There should be strict observance of impartiality in the disbursement of aid to non-combatants regardless of political affiliation, location of residence and/or ethnic origin.
4. Assistance must be disbursed on the basis of need.
5. All relocation must be strictly on a voluntary basis, and organizations participating in the relocation of displaced persons must accept verification by a recognized third party neutral of the displaced persons' willingness to voluntarily resettle.

6. Humanitarian assistance, especially food; should be delivered to displaced persons where they are located and should not be used as an inducement to encourage displaced persons to participate in relocation programs or in political, military or other activities that may put them in a zone of conflict.
7. Non-governmental relief organizations which work with displaced persons, whether those persons are registered or non-registered with the appropriate government authorities, must be free from intimidation by the military, police or other security forces of either party in the conflict.
8. Registration with the national government should not be a formal requirement for receiving assistance. However, since it is recognized that registration is a legitimate concern of the government, DPs may be required to register with other designated agencies, who in turn may be required to provide gross, anonymous registration figures (but only through third party representation such as the International Committee of the Red Cross) to the designated humanitarian assistance agency of the government.
9. The integrity and confidentiality of records kept by relief organization(s) assisting displaced persons must be respected by the government and by each agency supporting the displaced persons.

A vigorous effort must be made to keep this program independent of political considerations.

While we recognize that incidents beyond the control of the program staff may occur from time to time the Evaluation Team is satisfied that it is the intent of USAID/ES that the Health and Jobs

Program conform to these principles and that A.I.D. will continue to provide assistance in this manner.

We concur with the concerns of USAID, as expressed in the original program agreement, that assistance provided under this program shall be used only for humanitarian purposes. In particular, we commend the Program Unit for its sensitivity to this issue in its day-to-day administration of the Jobs Program.

IV. ASSESSMENT OF HEALTH AND NUTRITION

GENERAL NUTRITION SITUATION IN EL SALVADOR

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 are described below and shown in annex 9:

1. In a survey performed between 1965 and 1967, INCAP (Instituto de Nutricion de Centroamerica y Panama) found that only 16% of the people in the rural population recognized the relationship between nutritional disease and dietary inadequacies. Although many mothers believed that milk was the most important food in early life, many more had no opinion on the subject.
2. White corn meal tortillas prepared with lime water were a 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.
3. Urban diets were found to be better than rural diets in the same survey. (This was at a time before urbanization had begun in earnest.)
4. 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 adults were most affected. [As of 1983, there were no more recent data on iodine or goiter to replace these 1965 - 67 data quoted above.]

5. 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.
6. Using weight-for-height criteria, 26.7% of Salvadoran children under 5 were below the international standards in 1976.
7. The most recent information on moderate malnutrition (1980) suggests that, in rural areas approximately 20.5% of children have grade 2 or grade 3 malnutrition (low weight for age), while in urban areas the number is 12.1%. The country-wide total was just over 15%.
8. 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.
9. 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.
10. 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. (Annex 13)

11. According to the nutrition program of the Maternal and Infant Division of MSPAS, 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 mal-nourished by GOMEZ criteria. 60% of these were referred to supplementary feeding program and 71% actually attended. (Annex 5)

12. Major causes of mortality in El Salvador are shown in Annex 14.

13. There are three primary streams of relief food available to desplazado communities: (1) World Food Program (WFP) food, available primarily to approximately 300,000 registered displaced persons, consisting of cornmeal, milk and vegetable oil (2) European Community (EC) food, available primarily to non-registered displaced persons and (3) Program Unit Emergency Food, intended as a supplement only for workers to replace calories expended on projects under the Jobs Program.

NUTRITION AND HEALTH SITUATION AMONG DESPLAZADOS

1. In the 1982 situation assessment, the OFDA team stated that they found no shortages of food, clothing, etc. in the markets in any of 10 villages. They were not able to find cases of severe malnutrition (although anthropometric measurements were apparently not made) so they could not justify the need for imported food. They felt that any nutrition problem that existed was due to lack of buying power.

They also discussed some other data which this team has not yet been able to verify; that of the desplazados at that time, 20% were getting regular food aid, 60% were getting irregular food aid, and 20% were getting no food aid.

2. The intended daily ration under the CONADES program (Annex 6) is said to include the following: corn meal-200 gr., dry skim milk40gr., vegetable oil-2-gr., red beans-30 gr., sugar-3-gr., salt7-gr., rice-4-gr., (and since the time of Prouty's review in late 1982, the rice was not available). For the last year the supply of beans, sugar, and salt have been irregular, and often not provided at all. Budgetary constraints prevented CONADES from regularly purchasing these last three commodities during the last year. 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. As pointed out by Prouty in a 1982 evaluation (while the beans were still on from the diet), "caloric intake is below normal."

3. Various transfer authorizations contain language suggesting that these foods have been considered to be a dietary supplement rather than a food basket: "When deemed necessary, to provide free distribution for the first 15 days of each month to hardship families suffering from chronic under nourishment and initially unable, for acceptable reasons, to participate in the activity programs."
4. The nutrition unit of MSPAS does not have information or programs specific to desplazados. The staff in that unit were aware that CONADES was providing a "food basket" to desplazados.
5. CONADES does not currently have available any information on nutritional status of desplazado children.
6. As part of the program evaluation, a major survey of nutrition in five desplazado camps is being planned by the Program Unit for February 1984. When completed, this will provide further information useful for managing the program. The team has suggested in a memorandum (Annex 8) several simple questions for the survey in order to enhance its management value.
7. In a background paper written for project HOPE, Alice Meyer, R.N., public health and community nursing consultant describes some of her findings in the desplazado population in December of 1983, "by the general state of malnutrition that seems to exist, it is obvious that the normal diet is deficient in both calories and protein."

"A large number of children and adults show obvious signs of malnutrition; they have bleached and streaked hair, are extremely thin and frequently their growth appears to be stunted; this is especially true among children. The need for a supplementary nutrition program is obvious."

8. In a 1982 study, CONADES found that the mortality rate among desplazados was 22.4 per 1000 in the year prior to the survey. This mortality rate was 3.4 times as high as that of the general population (6.5 per thousand). Respiratory and gastrointestinal diseases caused 17.3% and 11.6% of the deaths respectively. Malnutrition was the cause of 2.6%. Nearly 2/3 of the deaths were among children under five years of age.

9. Data from the surveys carried out by the team in various camps are presented at the end of this section. A summary of the information presented in these tables is as follows:

The current rates of malnutrition, as measured by arm circumference less than 13.5 cm., vary in the rural areas from 10% to 43% with a mean of 20%. Malnutrition rates in three urban camps vary from 8% to 10% with a mean of 9%. The numbers of children sampled are sufficient for us to consider the urban-rural difference to be significant.

In addition, health and nutritional status of urban desplazados appears to be better than that of marginal zone inhabitants.

Child mortality rates, a surrogate for nutritional and general socio-economic status, were somewhat higher in rural camps than in urban camps; however, because of a difference in the way some of the questions were asked in the early surveys, one is less certain about the magnitude of differences in infant mortality rates between urban and rural areas.

The worst camp visited in terms of mortality malnutrition was Totolco in Chalatenango. Of nine children born in the last four years to the four women we spoke with, two (22%) had died and three (43%) of the seven survivors were malnourished by arm circumference.

The best camp by these same criteria appeared to be San Roque where there were no deaths among 25 children born in the last four years to the mothers we interviewed; two (20%) of the 20 who were available for measurement were malnourished.

Because of time and security constraints, the number of families questioned and the number of children measured were small in all these camps. Thus the possible statistical variation is large. Nevertheless, these urban-rural trends appear important.

One other interesting finding was that families which had three or more children within the last four years were more likely to have higher death rates and higher rates of malnutrition. These differences, which were true both within the urban group and within the rural group, are not surprising if one considers that problems in child spacing, loading as they do to early weaning and to less food to be shared by the family, has been shown in a number of situations to be associated with higher rates of malnutrition and death.

C. Current and Ongoing Nutrition Information Needs

The following nutrition-related information would be useful for program management:

1. Under-four or less than five mortality rates and malnutrition in other desplazado populations (registered but not in camp, non-registered in camp, non-registered not in camp)
2. A more extensive survey to confirm and extend the current findings so that we would have some information on which to base risk factors. That is, it would be helpful to know if characteristics such as whether the father is living in the home, whether one or both of the parents are employed, number of siblings, any particular age group, housing characteristics, the agency supplying food, maternal education, living with relatives, etc., are associated with higher or lower risk of either malnutrition or child mortality. The large nutrition survey being planned by the Program Unit of USAID for February 1984 will help provide much of this information.
3. A better description of how the desplazados population compares with the remainder of the population of El Salvador. That is, how much does being a desplazado add to or subtract from a child's risk of mortality or malnutrition? A major survey of nutritional status of the general population of El Salvador is being planned to begin in March by INCAP (Instituto de Nutricion de Centroamerica y Panama). This should help provide much of the needed comparative information. We have suggested inclusion of questions which would enable separate analysis of desplazado data.

4. The amount of food families are actually receiving from various sources. Since the food basket currently supplied by various agencies is seriously deficient in calories, one might wish to know the sources and amounts of additional calories the family consumes.

5. The amount and types of foods children are actually eating. This type of survey can and should be designed and carried out under the supervision of an experienced nutritionist.

Child Mortality and Acute (Recent) Malnutrition
Among Displaced and Marginal Populations in El Salvador
January - February 1984

Background

As part of our assessment of the health and nutritional status of desplazados, the team carried out a series of surveys within a number of the camps and population groups which were visited. These surveys were intended to provide health background data for evaluation and subsequent recommendations.

Methods

Simple questionnaires were designed to collect information on the number of births to women within the last four years; the number and causes of deaths of any of the children born during the last four years; the length of time that the family had been displaced; and the nutritional status of children.

The population groups sampled were not random. They were selected to represent a number of geographic areas and types of population concentrations.

Sampling within the populations was done as randomly as possible. In larger populations, every tenth house was chosen; in smaller groups every fourth or fifth house was chosen.

Data on the household, the children, deaths, and nutritional status was aggregated within each of six population groups (Table I) and analyzed by standard techniques including calculation of rates and Chi square tests for significance.

Nutritional status was measured by the standard arm circumference technique (AC). This measurement is grossly independent of age within the age group sampled. It is a surrogate for the measurement of energy stores in the body fat layer; measurements below 13.5 cm have been shown to correlate with increasing rates of child mortality. Arm circumference standards are not different from one ethnic group to the next.

Households with no births within the last four years were omitted from any calculation.

Results

A total of 227 households were sampled (Tables 2, 3); 60 of these were from marginal zones within the city of San Salvador (Table 3). Within these households, 389 children were born during the last four years. Of these children, 49 (12.69%) had died. Of the remaining 319 who were present and eligible for measurements, 45 (14.1%) had AC below 13.5 cm.

Table 4 compares the child mortality and nutrition status of marginal zones with DP population within the city of San Salvador. The mortality rate among marginales (16 %) is more than five times the rate among the desplazado group. It should be noted that the largest number of those groups came from two camps, (22nd of April and Cafetelon) both of which are part marginal and part desplazado (Table 5). The differences between mortality in these two groups is highly statistically significant. Although there is a difference in the malnutrition rate between the two groups, this difference is not statistically significant with the sample sizes the team was able to obtain.

Table 6 compares the mortality and malnutrition rates between desplazado populations inside the city and those in the camps outside the city of San Salvador. There is a higher mortality in the camps. The higher rates of malnutrition in the camps approach but do not reach a significant difference.

Table 7 is a comparison of child mortality and nutritional status of three types of displaced persons outside the city of San Salvador. The dispersed population included a number of families in colonias in San Miguel. Mortality and malnutrition in this group is compared with the previously described camp population. The mortality rate is higher (but not statistically significantly) among the dispersed population while the rates of malnutrition are approximately the same. Mortality among DPs in two non-registered populations was three percent.

Rates of mortality and malnutrition were compared for families with varying numbers of children during the last four years. These data (Table 8) indicated that families with 3 or more births of children under four have higher rates of mortality, and higher rates of malnutrition. (These later data suggest restricted access to food since one would not expect other causes of mortality to be affected to this degree by family size or numbers of small children.) Tables 9 and 10 indicate the numbers of deaths by causes and the numbers of deaths by age at death respectively.

Data provided to the team during a visit to the Salvadoran Refugee camp at Mesa Grande, Honduras indicated that the malnutrition rate measured by two different methods (growth monitoring by weight/height and survey by Gomez scale) was less than three percent. These data confirmed our impression of this camp.

Conclusions and Discussion

The following points seem immediately relevant; desplazado children in the city in families receiving assistance are at a lower risk of mortality and perhaps lower risk of malnutrition than marginal zone children. Since the largest proportion of the children in this comparison come from the same environments (22 April and Cafetelon), the food and services provided by CONADES probably makes the difference.

The same trends are visible when only the population in 22nd of April and Cafetelon, the two camps which contain both desplazados and marginales, are compared. There is a trend toward better nutritional status suggesting that the food may be having an effect. It would take a larger sample to be sure whether an effect exists. On the other hand, there is a significant difference in child mortality, larger than the differences in nutritional status, suggesting that the access to health care provided by the CONADES Jobs Program nurses may have had an effect on mortality. It is perhaps important that three of the deaths among marginal zone children were from measles.

There are a number of potential problems with a study of this type. First, the camps were not randomly chosen but were chosen to provide a sample of various types of camps and types of population concentration. Therefore, the data as collected and analyzed may not be representative of all desplazado populations of that type in El Salvador. Nevertheless, because the sampling within the camps was on a representative basis, the differences that were found between camps do represent true differences between those specific groups.

Another problem is the small samples size(s). Having small sample sizes most often causes problems in terms of falling to detect a difference which really exists. That is, when a statistically significant difference is found, the problem of small sample size can be discounted. When a significant difference is not found, the small sample size may have contributed to the inability to find a difference. One possible example of this can be seen in Table III where the rate of malnutrition in the marginal populations (13 of 89) is nearly twice as high as malnutrition rate in the desplazado population (7 of 91). Despite this apparent striking difference in malnutrition rates, such a difference is not statistically significant. Nevertheless, it is reasonable to suppose that with a larger samples size, i.e., twice the number of households, a statistically significant difference might be found.

With these caveats in mind, it is possible to draw the following conclusions:

1. Within the city of San Salvador, the mortality rate is higher among marginal zone populations than among desplazados. A similar trend may also be present in the malnutrition rate but a larger sample is needed to confirm or refute this.
2. The child mortality rate in desplazado camps outside the city of San Salvador is higher than the rate among desplazados within the city. The rate of malnutrition is higher but, again, this small sample size prevents the differences from being statistically significant.
3. Outside of San Salvador, the mortality rate is higher among the dispersed population, as represented by San Miguel, than among the camp population. This difference is not yet

statistically significant. The rates of malnutrition are similar in these two populations. Mortality among a small sample of non-registered DPs in two camps was relatively lower than among the dispersed population.

4. The malnutrition and mortality rates are significantly higher in families which have had three or more children during the last four years than in smaller families. Families that have had only one child have the lowest mortality and malnutrition rate.
5. Numbers of deaths were similar in each year of age during the entire pre-school period, suggesting that environmental problems such as diarrhea and vaccine-preventable diseases were having an effect. This is important because these are preventable diseases.
6. The nutritional status of Salvadoran children in refugee camps in Honduras is at least as good as that seen among the better off DP populations within El Salvador.

TABLE 1

CATEGORIES OF STUDY POPULATIONS
EL SALVADOR, JAN. - FEB. 1984

1. Urban Marginal Zone Populations: Soyapango, 22 de Abril, Cafetelon.
2. Urban Desplazado Populations: 22 de Abril, Cafetelon, San Roque.
3. Desplazado Populations in camps outside City of San Salvador: San Francisco de Gotera, Berlin, San Vicente, Chalatenango.
4. Desplazado Populations Dispersed in San Miguel.
5. Unregistered Desplazado Populations.
6. Salvadoran Refugees in Honduras.

TABLE 2

Summary Data, Reported Mortality and Malnutrition
Among Desplazado and Marginal Zone Children by Survey Site,
El Salvador

Metropolitan San Salvador

<u>Site</u>	<u>Households</u>	<u>Children</u>		<u>Deaths</u>		<u>Malnutrition</u>	
		<u>Under 4</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	
San Roque	11	25	0	0	2/20	10	
22 de Abril	20	28	1	4	1/26	4	
Cafetelon	<u>30</u>	<u>52</u>	<u>2</u>	<u>4</u>	<u>4/45</u>	<u>9</u>	
	61	105	3	5	7/91	8	

Outside City of San Salvador

Dispersed Population

<u>Site</u>	<u>Households</u>	<u>Children</u>		<u>Deaths</u>		<u>Malnutrition</u>	
		<u>Under 4</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	
San Miguel	36	62	15	24	9/47	19%	
Totolco Chalatenango	6	9	2	22%	3/7	43%	
Morazan	9	12	2	17%	1/10	10%	
Morazan	4	7	1	14%	0/5	---	
Berlin	9	14	1	7%	2/13	16%	
San Vicente-Caritas	30	50	4	8%	7/39	18%	
San Vicente-Ferrocarril	10	17	4	24%	2/13	16%	
Ilobasco	<u>2</u>	<u>5</u>	<u>0</u>	<u>---</u>	<u>1/5</u>	<u>20%</u>	
	70	114	14	12%	16/92	17%	
All DP's	167	281	32	11%	32/230	14%	

TABLE 3

Summary Data, Reported Mortality and Malnutrition
Samples of 3 Marginal Zone Populations,
San Salvador January, 1984

<u>Site</u>	<u>Households</u>	<u>Children</u>		<u>Deaths</u>		<u>Malnutrition</u>	
		<u>Under 4</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	
22 de Abril	20	37	7	19%	4/30	13%	
Cafetelon	10	21	4	19%	1/17	6%	
Soyapango	<u>30</u>	<u>50</u>	<u>6</u>	<u>12%</u>	<u>8/42</u>	<u>19%</u>	
	60	108	17	16%	13/89	15%	

TABLE 4

COMPARISON OF CHILD MORTALITY AND NUTRITIONAL STATUS
OF MARGINAL ZONE AND DP POPULATIONS
INSIDE SAN SALVADOR (CITY)

<u>Site</u>	<u>Households</u>	<u>Children in</u>		<u>Deaths</u>		<u>Malnutrition</u>	
		<u>Last 4 Years</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	
Marginal	60	108	17	16%	13/89	15%	
Desplazados	61	105	3	3%	7/91	8%	

* probability, less than 0.005 - SIGNIFICANT

** not a significant difference with this size sample

TABLE 5

COMPARISON OF CHILD MORTALITY AND NUTRITIONAL STATUS
OF MARGINAL ZONE AND DP POPULATIONS
IN TWO MIXED POPULATIONS, CITY OF SAN SALVADOR
JANUARY - 1984

<u>Populations</u>	<u>Households</u>	<u>Children in Last 4 Years</u>	<u>Deaths No. %</u>	<u>Malnutrition %</u>
Marginal Zone	30	58	11 19%	11%
Displaced	50	80	3 4%	7%

*probability less than 0.01 - SIGNIFICANT

**difference not statistically significant

TABLE 6

COMPARISON OF CHILD MORTALITY AND NUTRITIONAL STATUS
OF DESPLAZADO POPULATION
INSIDE AND OUTSIDE (in camps), SAN SALVADOR (CITY)

<u>Populations</u>	<u>Households</u>	<u>Children in Last 4 Years</u>	<u>Deaths No. %</u>	<u>Malnutrition** %</u>
Camps-outside	70	114	14 12%	17%
City DP's	61	105	3 3%	8%

*probability less than 0.05 - SIGNIFICANT

**difference not statistically significant

TABLE 7

COMPARISON OF CHILD MORTALITY AND NUTRITIONAL STATUS
OF DISPERSED AND CAMP DP'S
OUTSIDE SAN SALVADOR (CITY)

<u>Populations</u>	<u>Households</u>	<u>Children in Last 4 Years</u>	<u>Deaths No. %</u>	<u>Malnutrition** %</u>
Dispersed	36	62	15 24%	19%
Camps	70	114	14 12%	17%
Nonregistered*	40	61	3 3%	--

**not a significant difference

*data collected through the courtesy of Cruz Verde

TABLE 8

COMPARISON OF CHILD MORTALITY
AND MALNUTRITIONAL RATES BY NUMBER OF
CHILDREN BORN TO MOTHER IN LAST 4 YEARS
DESPLAZADOS AND MARGINAL ZONE POPULATIONS
El SALVADOR, JAN. - FEB. 1984

<u>NUMBERS OF</u> <u>CHILDREN BORN</u> <u>IN LAST 4 YRS.</u>	<u>NO. OF</u> <u>FAMILIES</u>	<u>CHILDREN</u> <u>UNDER 4</u>	<u>DEATHS</u> <u>No. %</u>	<u>AC BELOW 13.5 cm.</u> <u>%</u>
3 or more	31	99	24 24%	25%
2	100	200	29 14%	17%
1	96	96	5 5%	3%

TABLE 9

CAUSES OF REPORTED EARLY CHILDHOOD MORTALITY
AMONG DESPLAZADO POPULATIONS,
EL SALVADOR, JAN. 1984 SURVEY

<u>CAUSE</u>	<u>NUMBER OF DEATH</u>	<u>PERCENT OF DEATH OF KNOWN CAUSE</u>
Unknown	6	-
Diarrhea	12	46
Fever	2	8
Respiratory	7	27
Measles	2	8
Congenital Anomaly	1	4
Other	<u>2</u>	<u>8</u>
	32	

TABLE 10

SAMPLE OF
AGES AT DEATH OF DESPLAZADO CHILDREN
EL SALVADOR - 1980-84

<u>AGE</u> <u>(MONTHS)</u>	<u>NUMBER</u>	<u>% OF DEATHS</u> <u>OF KNOWN AGE</u>
Unknown	2	--
1	2	9%
1-11	4	17%
12-23	5	22%
24-35	7	30%
<u>36-47</u>	<u>5</u>	<u>22%</u>
All	25	

NUTRITION BIBLIOGRAPHY

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2. Office of the United Nations High Commissioner for Refugees. Handbook for Emergencies, Geneva, UNHCR, 1982

CONCLUSIONS

Enough information is available on DP children to be concerned about the nutritional status of young children and, by implication, other vulnerable groups. Acute malnutrition is present in the camps and in other DP populations, and the "food basket" provided by CONADES is deficient in calories (see point 2 under previous discussion on nutrition and health situation among desplazados). The Program Unit survey in February 1984 should provide information on a far larger sample of families, enough to solidify these conclusions.

The finding of a major nutritional problem in this situation is not surprising since it has been the experience of most agencies that refugees or displaced persons (by whatever name) with little or no access to income and living in camp situations almost invariably have malnutrition among their vulnerable sub-groups.

In the presence of data about malnutrition in the registered camps and in the absence of information to the contrary about the other groups, there is reason for concern that nutritional status among the vulnerable groups in those other situations might be similar to or worse than what we have begun to document in the camps containing registered desplazados. (One might hypothesize several reasons that the situation among the other groups would be worse than registered camps; alternatively one might hypothesize reasons that situations might be better.) In the absence of any conclusive data, however, the minimum prudent public health approach would be to recommend further data collection in those settings and in additional registered populations.

E. Recommendations

1. To increase the food basket to the population in the camps of registered desplazados outside of San Salvador to bring it up to a level compatible with long-term survival, at least until one can be sure that sufficient other jobs, other income, or other food sources are available (Annex 1).
2. To set up supplementary feeding programs in all camps where more than a handful of children or other vulnerable people exist. A detailed discussion of supplementary feeding programs is included elsewhere.
3. To continue to expand the Jobs Program with its attendant food-for-work program. (Any program to increase the buying power of desplazados should be useful).
4. To thoroughly analyze the results of the Program Unit nutrition survey of this month and the INCAP nutrition survey to begin in March to obtain clues about other segments of the population and about risk factors that might be used to better target food aid.
5. To solicit data from registered DPs who do not live in camps. A draft proposal for a survey to obtain these data is included below (Recommendation for a nutrition survey of non-registered displaced persons.).
6. To continue to collect more data by:
 - a. Obtaining arm circumferences of new arrivals at current camps; (See Annex 4)
 - b. Obtaining arm circumferences in other DP populations where it has not been done, and by;

- c. Beginning regular surveillance in both supplementary feeding programs and, as part of general camp surveillance, for nutrition-related deaths and hospitalizations.
7. See comprehensive recommendations in the following section.

NUTRITION PLANNING OVERVIEW

Malnutrition is a long-standing and major problem for children and other vulnerable groups in El Salvador. Based on experience elsewhere, evidence of malnutrition might be expected to be greater in camps of unemployed displaced persons than among displaced persons dispersed throughout the general population. In fact, the limited data collected by the evaluation team suggests that the nutritional status of the vulnerable groups among the DPs in San Salvador is somewhat better than that of the marginal zone population in the city. In addition, the nutritional problem of greatest concern among desplazados is not the chronic malnutrition characteristic of all developing country populations (although they too suffer from that problem). Rather, the concern at this time is acute and ongoing malnutrition which may be more common among desplazados than among the general population of El Salvador. This latter form of malnutrition is associated with increased risk of mortality and permanent damage. For these reasons, a comprehensive nutrition program is proposed, made up of several components centered around a Supplementary Feeding Program in each camp.

This nutrition program is composed of the following elements:

1. The "Food Basket": This includes the composition and delivery (to the family) of the food which makes up the basic ration for the population. Improvements in the quality and quantity of the current basic ration are recommended.
2. A Supplementary Feeding Program (SFP): An SFP is aimed at the vulnerable members of the population who have greater energy needs than are generally met by the "food basket." These groups are children under 5 years of age; pregnant women; lactating women; persons recovering from serious

illnesses; and participants in the Jobs Program. The SFP, which could serve as the foundation of a comprehensive maternal-child health program, is the focal point of a comprehensive nutrition and health program. For instance, it will serve as a site and vehicle for providing vaccinations, anti-parasite treatment and education, family planning education and materials, nutrition education, etc.

3. A Therapeutic Feeding Program: This is intended as a treatment program for those children who are found to be more severely malnourished, either because they have not yet been entered into a supplementary feeding program or because of some other difficulty in their receiving appropriate supplementary feeding. Criteria for entering this program will be either anthropometric (body measurement) cutoffs or a clinical diagnosis of malnutrition. This program, which need not necessarily be hospital based, provides frequent feedings of food of high calorie content, the single most important treatment for malnutrition, and is based on the involvement of the mother in the treatment regimen.

4. Nutrition Education: This component, perhaps the one that has the most potential for having a lasting effect, consists of, but is not limited to, the teaching of mothers about such items as: appropriate foods for weaning, the importance of using clean water for food preparation; the relationship between feeding and malnutrition; nutritional needs during pregnancy; etc.

5. Growth Monitoring: This aspect, which consists of regular measurements of the height and weight of children, is an integral part of both supplementary feeding programs and nutrition education. Repeated measurements of a child's

growth process provides a way for both the health worker and the mother to assess normal development

6. A Nutrition Surveillance System: This system, based on some of the same data available from growth monitoring, is intended to be an important component of an overall health and nutrition surveillance system within the population. By providing data on the frequency of malnutrition (i.e., abnormal measurements of nutrition-related diseases) among the populations being fed, this system becomes a tool for ongoing evaluation of the various feeding programs. Through more intensive investigation of nutrition-related deaths and hospitalizations, and through investigations of clusters of malnourished children, it will also provide a mechanism to target improvements in the feeding programs.

7. Home Gardening: Home gardens will provide an opportunity for desplazados to put some of their nutrition education to use while at the same time supplementing the diet of their families.

THE NUTRITION PIPELINE FOR DESPLAZADO CAMPS

<u>Activity Decision</u>	<u>Desired Outcome</u>	<u>Current Responsibility</u>	<u>Indicators</u>	<u>Current Status</u>
Choice of Foods	Food Basket	USAID/CONADES WFP	Nutritional Adequacy	No lime water, No iron, insufficient mix
Amount of Foods	Growth/Health Status	USAID/CONADES	Malnutrition Growth	Inadequate
Importation	Sufficient Supplies to Meet Needs and Contingencies	GOES, WFP, USAID	Stock Levels In-Out Flow	OK
Protected Storage	No Loss or Spoilage	CONADES	Amount of Loss or Spoilage	OK
Distribution to Feeding Agencies	Adequate Stocks	CONADES	Waybills, Receipts	
Delivery to Distribution Center	Adequate Supplies to Meet all Needs with Minimal Reserves	CONADES, Church, CONARA, Military	Waybills, Receipts	Delays, Deficiencies (local)
Storage at Distribution Center	No Loss or Spoilage	Municipalities, Churches	Visual Inspection	OK
Distribution to Families	Adequate Family Supplies	Municipalities, Churches	Receipts	Monthly Deliveries Irregular (local) Inadequate Amts.
Storage in Homes	Adequate Stocks with Minimal Spoilage	Mothers	Nutritional Status	Niacin Malnutrition
Proper Preparation	All Available Nourishment	Mothers	Nutritional Deficiency Diseases	Niacin Deficiency
Provision of Adequate Amounts to Children	Satiety, Good Health	Mothers	No Acute Malnutrition	N/A
*Activities, decision and groups on which nutrition education could have an impact				

GENERAL FEEDING PROGRAM

The Food Basket

The term "food basket" refers to the basic ration supplied to displaced persons residing in camps or camp-like situations. This implies regular provision of adequate amounts of a nutritionally balanced diet. The food basket should be a mix of foods designed to provide the necessary balance of calories, nutritional value, vitamins, minerals, etc., for a basic healthy diet. As conditions permit, the food in the basket should be periodically changed to provide for variety and to ensure that all nutritional needs are met.

The following are some basic principles of a general feeding program food basket:

1. Calculation of the ration is best made on the basis of at least 1800 kcal per person per day, regardless of age.
2. The food basket should correspond to the nutritional needs and food habits of the population (e.g., maize, frijoles, rice, oil, milk).
3. Foods should be as few in number as possible but should be available to the population in sufficient quantities.
4. Items such as salt, sugar, tea, coffee, etc., should be available to the population as part of the ration of those who are entirely dependent upon the food basket.
5. Provision of information to people about the schedule and content of (and any changes in) the relief program is important. Each family should be aware of the amount it is supposed to receive.

6. Distribution no less often than every two weeks (versus monthly) is recommended because of the difficulties in economizing food among hungry people. In addition, more frequent food distribution helps alleviate problems of food storage.

The Current Food Basket

Displaced persons in some camps have alleged that food deliveries had not been made for several months. AID officials completed a thorough investigation of these allegations while the assessment team was in country and found them to be incorrect.

Even if food delivery problems are completely disregarded, there yet remain serious questions about the adequacy and the balance of the current food basket for displaced persons. At the present time, each displaced family is supposed to receive a monthly allotment of yellow cornmeal, vegetable oil and dried skim milk. Annex 6 indicates the amount per person and the relative nutritional value of each commodity provided. These commodities are supplied from 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. Annex 7 indicates the quantities provided and the relative nutritional values. Foods for this workers' supplement 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 supports 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.180 Title II commodities.

The central problem in foods being supplied to displaced persons is the poor basic diet of the displaced persons residing in the camps supported only by CONADES. The diet (Annex 6) 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. However, a check of the corn being used by most families in the camps in Chalatenango and Ilobasco 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 is 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 probably bacteriologically contaminated; therefore, the milk becomes contaminated in solution. Contaminated water and foods made with this water are probably major contributors to the diarrhea in the camps.

The provision of a partial food basket in this situation was apparently based on the belief that sources of income available to displaced persons would enable them to supplement their diets appropriately and sufficiently; that is, through employment opportunities, the displaced persons would be able to purchase the foods that they need for a balanced diet.

In the original investigations carried out in 1981 leading to the program document, the consultants pointed out that adequate food supplies existed in the areas where large concentrations of displaced persons were residing. Furthermore, the displaced persons indicated that their top priority was employment opportunity. Therefore, the primary emphasis of the program was to focus on providing the employment opportunities that would indirectly supply the necessary food to both the adult and child population.

As far as persons in camps are concerned, the thesis that the Jobs Program could supply enough cash to enable people to buy the foods they need and have positive impact on the nutritional status has not been borne out. This was one of the goals in the design stage of the Jobs Program which simply could not be achieved due to inadequate funding availability. One cannot demonstrate either a significant improvement in overall nutritional status or that the Jobs Program has provided enough cash to offset the deficiency in the basic food ration.

In addition, without extensive nutrition education programs in the camps, it is uncertain that parents would purchase the correct foods to provide for the nutritional needs within the displaced persons camp setting. (A study in El Salvador in 1967 indicated that only 16% of mothers understood the relationship between dietary deficiencies and signs of malnutrition.)

Furthermore, most heads of households in the displaced persons camps are women. While women are not excluded from the Jobs Program, in practice only about 20% of the participants are women. This is because they cannot leave their young children alone while they are working, as well as for cultural and other reasons which militate against women in this society taking jobs normally carried out by men. In households headed by women, therefore, the opportunity for obtaining the cash necessary to have an impact on family food

supply is greatly reduced with the current mix of employment available through the jobs program.

Jobs are offered on a rotational basis for two-week blocks of time. In many cases, the workers are allowed to work for a subsequent time block, but the program attempts to provide equal opportunities for all adult displaced persons to work at least several weeks each year. Given the fact that the wage earner is earning only half the minimum wage, it is unlikely that the amount of money earned could support the total additional food needs of the family for a significant period. (Although the maximum total number of persons employed at any one time in the Jobs Program is approximately 11,000, there are 270,000 displaced persons, representing 50-60,000 families, registered with CONADES alone).

Recommendations

Because other sources of work and income for displaced persons are the exception rather than the rule in El Salvador, with its government-estimated unemployment rate of 40%, increased intervention in the DPs diet must be recognized as a high priority. This intervention must take place at two levels.

First, the food basket must be designed and supplied to the displaced persons to provide a larger proportion of the nutritional needs of the population. Second, a supplementary feeding program (SFP) must be designed and implemented to provide services to the vulnerable groups (see section on supplementary feeding).

Two options are available for the first intervention. The first is to upgrade the CONADES capacity to provide an enlarged food basket by requiring them to meet the appropriate standards of food basket provision and evaluation (Annex 1).

A second option for the food basket is to seek the services of an organization which has staff who are experienced in food distribution in situations of this kind. This might be an existing agency or one which is created by several others in order to assist in this specific situation. The importance of experienced staff for this role cannot be overemphasized.

Several reasons have been stated for not providing the entire food supply for otherwise dependent persons. Nevertheless, the food supplied by feeding agencies must more accurately reflect the realities of employment-related income and the realities of other food sources.

As other options, such as expanded employment opportunities, school feeding programs, etc. come into play, the food basket can be adjusted accordingly. In the meantime, the food basket should be a basic, rather than a supplementary, ration.

Methods of Evaluation

In addition to the techniques usually used to monitor the flow of commodities in a feeding program, evaluation of this program should include outcome data such as recipients perceptions and, most important, nutritional evaluation of the pre-school children of those recipients.

SUPPLEMENTARY FEEDING PROGRAM

In refugee feeding situations, a supplementary feeding program (SFP) is often the most important nutrition-related component because it provides nutritional support to those vulnerable persons in the population whose diet might otherwise be deficient. Vulnerable persons are those whose calorie 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.

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

Registration and Attendance

In a situation such as that existing in most DP camps and concentrations in El Salvador, registration cards are not needed for SFPs. The simplest way to check attendance is by a posted list which is 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. Since regular attendance is important, a well-run SFP must have an outreach program to seek out any registrants who miss more than one day of supplementary feeding. The goal should be 100% registration and 100% attendance of eligible persons.

Responsible Agency

The organization and running of a supplementary feeding center should be handled by an agency experienced in supplementary feeding. Since the Nutrition Area of the Maternal-Child Division of MSPAS has recent extensive experience in supplementary feeding programs (Annex 5), they should be intimately involved in the organization and ongoing evaluation of SFPs in DP camps.

Feeding Center Staff

Trained and experienced staff are needed to organize, supervise and initially run supplementary feeding centers. However, the principles of the feeding programs are simple enough so that desplazado staff should themselves be expected to rapidly learn and run the programs. These workers should be included in the current Jobs Program but should be encouraged to remain on the job for 2-3 months (plus an extra 2-3 weeks to overlap with replacements during their orientation and training).

Entry Criteria

Entry criteria for supplementary feeding vary according to the situation. Generally, however, in situations where the basic ration is as low as is currently provided (no more than 1800 calories), 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 later group may be excluded from camp feeding if they continue to receive their additional food rations through the Jobs Program.)

Program Size

Supplementary feeding programs are most efficient if they have fewer than 500 recipients per feeding center. Camps with more than 500 SFP recipients should have more than one center.

For smaller population groups, a decision on a basic approach will have to be made. One option is for people who are near a town or a larger camp with an SFP to travel to that program. A second option is for a mobile feeding unit to visit several smaller camps at specified times during each day. Local circumstances can be allowed to dictate this choice and the related logistic decisions.

Search for Recipients

Publicity and registration for a supplementary feeding program should include an active search to ensure that all eligible persons are attending. Programs that do not use active searches often fail to reach those most in need of the program.

Meal Composition

Meals are usually served in liquid or porridge form and should be designed to provide 350-400 kcal and approximately 15-18 grams of protein per person per day. A number of formulations are available in standard references.

Commodity Needs

A feeding program of this size generally requires approximately 3 metric tons of food per thousand people per month.

Feeding Center Facilities

Since the goal of supplementary feeding is the provision of an "on-site" meal, a feeding center requires 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 is required. Other supplies include stoves, fuel, utensils, water, adequate drainage, garbage disposal, and space for food storage. Finally, a classroom or classrooms are required for the preventive health programs which will be linked to supplementary feeding. The construction of facilities for the SFPs can be included in projects for the Jobs Program.

Use of Donated Foods

SFPs 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.

No Bottle Feeding

Bottle feeding of infants should not be allowed in SFPs; on the contrary, as part of good nutritional practice and appropriate nutrition education, the concept and practice of breast feeding should be promoted in as many ways as possible. Appropriate weaning techniques should also be taught.

Program Termination

SFPs should continue until there is a certainty that other adequate rations are available to the entire population.

Problems

All the problems of supplying food to large numbers of people (adequate quality, adequate quantity, adequate storage and adequate hygiene) are also potential problems in supplementary feeding centers. Close monitoring by the responsible organizations is required to maintain standards.

Methods of Evaluation

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

1. Registration coverage: The number of registrants should be compared to the number of people in each vulnerable group to determine the percent of coverage. Coverage should approach 100% in each group, especially in camps as small as the DP camps in El Salvador. The camp census and ante-natal registration should provide 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 showing up each day should be compared to the number who are registered. At least 95% of the people should show up each day; no registrant should miss 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

is 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 3000 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 can 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 should approach 100%.
6. A Salter scale (or equivalent hanging spring balance) and a height/length measuring board must be used for weighing and measuring children at monthly intervals. Larger camps should have these easily available so that new registrants can be weighed and measured at registration.
7. Attendance records (including monthly measurement data) should be maintained in the feeding center and evaluated for all recipients.
8. Growth parameters of all children in supplementary feeding should 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 should be provided to those who are running nutrition surveillance for the camp.
9. All children in SFPs must be fully vaccinated for their age or should be in the process of "catch-up" vaccination. Pregnant

women must be given their tetanus (or diphtheria-tetanus) vaccinations if late enough in their pregnancy. Feeding centers where staff are lax with vaccination policy can be the sites of spread of serious or potentially fatal illnesses such as measles.

10. Specific recommendations and further details of supplementary feeding programs can be found in the two books listed in the Bibliography (Section 9)

THERAPEUTIC FEEDING PROGRAMS

Acknowledgement of malnutrition among children of desplazados comes from a number of sources including the Project HOPE background paper, conversations with the Ministerio de Salud Publica y Asistencia Social (MSPAS), earlier references to nutrition in El Salvador, and the team's observations in camps.

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. The following principles apply to therapeutic (or intensive) feeding programs (TFPs):

1. Any of several criteria can be used for admission to a therapeutic feeding program. Weight-for-height less than 70% of the mean or arm circumference (AC) less than 12 cm. are reasonable cutoffs; clinical criteria (marasmus or kwashiorkor) can be used as well.
2. Although reduced feeding may be needed in the first few days, the important parameter is the frequent provision of foods of high nutritional value. Successful therapeutic feeding requires provision of 150-200 kcal and 2-3 grams of protein per kilogram per day.
3. Nutrition authorities agree that food is the specific intervention to be used to treat protein-energy malnutrition (PEM).
4. Hospitals may not be the best place for malnourished children because of the need for frequent feeding and for education and participation of the mothers. Information and impressions gathered during brief visits to several hospitals suggest that

therapeutic feeding programs using the relatively strict criteria described in this section are not currently available to most patient populations in El Salvador. Several hospitals we visited do not allow mothers to stay around-the-clock unless the child is still breastfed.

5. Initial feeding of children should be under the close supervision of personnel qualified and experienced in nutritional rehabilitation, but should include teaching of the mothers. Within several days to a week, feeding can be given by the mothers under the supervision of auxiliary personnel.
6. Initial feeding of seriously malnourished children should be in liquid form. This is most easily done on a milk-based diet (dried skim milk, sugar, oil and water). At the beginning, this should be given in small amounts (based on weight) but frequently (every three to four hours) around the clock. Liquid preparations should not be kept for more than 6 to 8 hours.
7. Therapeutic feeding facilities should be equipped with scales and height boards. Children should be weighed on admission and daily thereafter for the first 7 to 10 days; after that time, weekly weights (until recovery is complete) are essential.
8. Only essential medicines should be given. Efforts directed toward appropriate feeding are usually much more important.
9. Within the constraints of the vaccine cold chain, measles vaccine should be given as soon as possible after admission to any child who has not previously received it.
10. Children who fail to gain weight in an appropriate TFP should be further investigated for occult diseases such as tuberculosis.

Options for Meeting the Need

One option is to set up therapeutic feeding centers as components of supplementary feeding programs. Thus, a voluntary organization which is running an SFP might also consider creating a TFP nearby. One drawback of this option is that the small size of most camps would mean that few children would be treated within any one center; thus many resources would be used to treat few children. Also, personnel would not gain experience as rapidly as if larger centers were used.

A second option is to work through the Nutrition Unit of the Ministerio de Salud Publica y Asistencia Social (MSPAS) to train hospital and health center nursing and medical staff to do intensive feeding. This would mean dealing with at least two current major obstacles. One is the set of rules in most hospitals preventing non-lactating mothers from staying with their children. A second and related problem is that the treatment model currently used in hospitals and health centers for malnutrition appears to be a medical one with emphasis on intravenous fluids. Medical staff would need to be educated about the importance of frequent small feedings and other principles as described above.

Recommendations

Because of the utility of a ripple effect of this program to the non-displaced-person population of El Salvador, it is recommended that a combination of these two approaches be tried. Optimally, an experienced feeding agency could come in and work with the Nutrition Unit of MSPAS to set up supplementary feeding programs and to train both MSPAS and their own nursing staff in principles of supplementary and therapeutic feeding. These MSPAS nurses, having thus been trained in nutrition, could subsequently act as trainers for nursing staff in hospitals and in-patient health centers in the rest of El Salvador.

Thus, although the first priority of the program would be the displaced persons (at least in part because their nutritional status is arguably worse than that of most other population subgroups within the country), such a program would measurably add to the capabilities and staff of the nutrition component of the Ministry of Public Health in a way that would ultimately benefit many other Salvadoran children.

Methods of Evaluation

Evaluation of the therapeutic feeding programs within the camps should be done on the basis of the usual outcome criteria of nutrition-related deaths (see "Nutrition Surveillance").

NUTRITION SURVEILLANCE SYSTEM

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.

Options for Meeting the Need

There are several options for meeting the need for nutrition-related data. The first is 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 desplazados). 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 March 1984 (Annex 11) could be used as a springboard for this effort.

A second option might be regular (yearly?) surveys of the population combined with interim data collection based on supplementary feeding programs.

A third alternative would be a system based on the growth monitoring of the at-risk population if the population coverage of SFPs were high enough.

A fourth option is a focused investigation of high-risk occurrences, that is, collection of simple data on nutrition-related deaths and nutrition-related hospitalizations (Annex 3) and collection of birth weight information on children born in the camps. These data would provide information which would have immediate utility in terms of improving programs.

Recommendations

A combination of the SFP-based growth monitoring and the investigation of nutrition-related disease and death is recommended. As the MSPAS 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 can gradually be switched over to (and perhaps become the model for) a standard national nutrition surveillance program.

Although much of the initial data collection must be done by staff of organizations outside MSPAS, it is essential that the nutrition staff of the Maternal-Child Health Division of the MSPAS be involved in the design and evaluation of this system.

GROWTH MONITORING

The need to monitor the growth of children during early childhood has been identified by many authorities and, most recently, by UNICEF as the growth monitoring aspect of their GOBI initiative. As mentioned in the sections on supplementary feeding and nutrition education, growth monitoring provides a way by which a health worker and a mother can observe the growth of the child and compare the observation(s) to an expected rate of growth. This is usually done by use of "Road-to-Health" cards, (available from UNICEF) or other growth charts. These cards, which also function as immunization records for children, are kept by the family. The child's growth, intended to be measured approximately monthly, is plotted on the growth chart.

Recommendation

It is recommended that this relatively simple and inexpensive program (including distribution of cards and education of mothers) be included within the context of nutrition education and SFPs. This is a recommendation that might also be considered by the MSPAS and by other GOES agencies as part of the UNICEF GOBI initiative.

Methods of Evaluation

A growth monitoring program could easily be evaluated during immunization or other surveys by counting the proportion of families which have growth monitoring information for their children. An alternative would be a simple questionnaire of the mothers within the supplementary feeding program to obtain some sense of the level of understanding of growth monitoring.

BREAST FEEDING PROMOTION

Again, this particular project was identified as part of the UNICEF GOBI initiative. It similarly fits in with the concept of support of breast feeding which is inherent in the provision of supplementary foods to breast-feeding women by the supplementary feeding programs.

In developing countries such as El Salvador and in other situations of poor sanitation, breast feeding assumes a crucial role in protection against life-threatening infections (which is in addition to its role as the optimal source of nutrition during infancy).

Recommendation

Options include both targeted education using standard techniques and a supplementary feeding program for lactating women.

These actions are recommended as part of the adoption of a local version of the UNICEF GOBI program.

Method of Evaluation

This project can be evaluated on the basis of baseline and follow-up breast-feeding rates at various ages in a population; such data are to be collected as an integral part of any nutrition surveillance program.

NUTRITION SURVEY OF NON - CAMP DISPLACED PERSONS

Background

There is currently a limited amount of data on the nutritional status of desplazados who are not living in camps or camp-like situations. Improvement of this data base is needed for rational decision making on future food and other aid for this group of people. Although the planned INCAP nutrition survey may provide some information in this regard, the specific need is still for nutritional status data on children of registered desplazado families who are living among urban populations. In order to meet this need, it is recommended that a survey be conducted of nutritional status of randomly selected desplazado families and nearby "control" families.

Sampling

A randomly-selected list of names can be compiled from the CONADES DP registration lists which are kept in the various alcaldes' offices in urban and suburban San Salvador. (Selection of alcaldes or areas should be done on a random basis as well.) Once the selection has been done, the home can be visited, a brief questionnaire filled out and nutritional measurements on children from 6 months to 5 years (height-weight-age-arm circumference) taken.

Information on the questionnaire would include length of time in the current location, number of people in the family, whether the father of the children is living in the household, current occupational status (fully employed, partly employed or unemployed), whether the family has received food aid within the last month, whether there had been recent deaths in the family and, if so, what was the age and cause.

Sample Selection

A sample of 100 DP families and 100 control families should be sufficient to more precisely define nutritional status of registered desplazados in the San Salvador area.

Control families may be obtained by having the interviewers go to the house next to the DP family and then to each subsequent house/chempa until family is found which is not a registered DP. That family will be a control family. The same questionnaire and measurements should be done for each control family. The questionnaire should clearly note which families are registered desplazados and which are controls.

Data Analysis

The major points of interest are the proportion of children who are malnourished (by the usual measurement criteria) and the number of deaths that have recently occurred in the households. Comparisons can be both between desplazados and controls and within the desplazado group itself.

For this latter comparison, one might consider looking at the number of deaths of malnourished children as a function of whether someone in the family is employed or as a function of how long the family has been living in San Salvador. One may also look for a relationship between presence of the father in the home and malnutrition (or recent mortality). A number of other analyses are possible.

The purpose of these analyses would be to identify "risk factors" within families which indicate high risk of malnutrition or infant mortality. In such a way, target groups for programs such as supplementary feeding or improvement of the general food basket can be more clearly identified.

CURATIVE HEALTH

ONGOING VACCINATION PROGRAM

There is an international consensus that programs of vaccination against polio, measles, diphtheria, pertussis (whooping cough) and tetanus are needed for all children (and, in the case of neo-natal tetanus, for pregnant women). In addition, the need for neo-natal BCG is generally recognized. These have been acknowledged by UNICEF (as part of the GOBI Program), World Health Organization (as part of their Expanded Program on Immunization), and by virtually every other recognized international authority. The need for these vaccines exists even in the absence of reliable data on the incidence of these illnesses because, wherever data have been sought, these diseases have universally been found to be major sources of illness, disability and death for children. Vaccination programs may, in fact, be the single most effective public health measure that one can organize.

The vaccination program using the combined resources of MSPAS, CONADES and the USAID Program Unit has recently completed a program in many of the DP camps. Remaining components are being turned over to MSPAS.

Evaluation of the Program

Evaluation of the program was done in terms of numbers of doses purchased, distributed and given to children. In two post-campaign surveys, vaccine coverage was determined but results were disappointing.

Over the past two years, a number of comprehensive evaluations of the vaccination program have been done and their findings

Survey Team

There are several possibilities for composition of the survey team. One is the various food distribution inspectors whom USAID may be proposing to hire. This survey would provide some simple nutrition training for them and would orient them to the situation of desplazados not in camps. A second possibility is a team composed of staff funded by USAID^{*} and trained by staff of the nutrition unit at MSPAS.

Survey Design

A statistician and nutritionist should be involved in the sample selection and survey questionnaire design.

* (As previously noted, Mr. E. Valle, a current embassy employee has experience as a CDC-trained nutrition survey team supervisor.)

suggested that, although there are difficulties with components of the program, particularly vaccine transports and storage (the "cold chain") managed by MSPAS, large numbers of these DP children who would not otherwise have received vaccine were vaccinated.

The evaluation team's analysis of survey data was inconclusive in terms of outcome of the vaccination program. However, based on small numbers of measles cases, there is a suggestion that, at least in recent years, fewer measles deaths may have occurred among DP children than among marginal zone inhabitants. Similarly, there is a trend toward fewer measles deaths this year as compared to previous years. Not surprisingly, the number of cases found in our small surveys is insufficient for this trend to reach statistical significance.

Our consensus on the vaccination program component is that the effort was useful within the constraints caused by an inadequate cold chain and the need to coordinate efforts with the understaffed and underfunded MSPAS.

Recommendations for vaccine-related activities have been provided in several previous reports by CDC Consultants to USAID/El Salvador and will not be repeated in detail here. A summary of recommendations is attached. In terms of priorities among the recommendations, one would obviously have to start with the "cold chain", a continuing problem in El Salvador. For support of not only the DP population but also other children in the country, USAID should collaborate with the Pan American Health Organization/OPS in continuing to aggressively encourage the MSPAS to improve vaccination program capabilities.

The development of a simple surveillance system among these DP populations would allow an additional opportunity for USAID to provide strong recommendations to MSPAS. The occurrence and

documentation of death or hospitalization from any of the vaccine-preventable diseases among supposedly vaccinated DP populations should be an occasion for investigation (see sample investigation form - Annex 15). If disease occurs in an unvaccinated person, the investigation and follow-up response should focus on the reason that 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 should 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 MSPAS. This type of evaluation and feedback loop is particularly appropriate since the ultimate goal of vaccinations programs is to reduce unnecessary mortality and serious morbidity. They also imply that surveillance of these diseases needs to receive high priority in even a simple surveillance system.

Finally, although the vaccination program is about to become the responsibility of MSPAS, the Program Unit of USAID is encouraged to continue taking a constructive leadership role in seeing that the appropriate vaccination reaches DP and other needy populations. For a variety of reasons, USAID appears to be in a unique position to act as a broker for technical assistance for MSPAS.

Options for Meeting the Need

One alternative for meeting the ongoing need for these vaccinations is by strengthening the MSPAS vaccination programs. The system for transporting and storing vaccines in such a way that their biological activity is preserved ("cold chain") still appears to be a major problem for MSPAS, and efforts to improve the MSPAS

capabilities in this area would enhance not only the health of desplazados but also the health of other children in El Salvador.

A supplementary proposal is for the provision of vaccines and a cold chain to support vaccine distribution to organizations, such as Cruz Verde and ICRC, which have access to populations in disputed areas.

An additional option is that provision of vaccines could most effectively be carried out through SFPs where these facilities exist. This includes not only facilities for desplazados, 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; on the contrary, it is intended to make sure that all children have appropriate documented vaccinations.

At this time, as vaccination resources are in the process of being transferred from the AID Program Unit to MSPAS, the improvement of the MSPAS vaccination program is of great importance. We suggest that appropriate staff at USAID, the Pan American Health Organization (PAHO) and MSPAS 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 or, if recently done, to begin implementation of recommendations to provide training and other upgrading of the vaccination program. Areas for consideration include cold chain improvements, staff training, staffing, collaboration with other agencies for vaccination of desplazados, development of an ongoing evaluation program, etc. Such a technical advisor, if assigned, should be assigned specifically to MSPAS rather than to USAID or to PAHO. Prior to such an assignment, however, there must be an explicit commitment by USAID or some other

agency to provide funding for needed capital improvements and there must be an explicit agreement for MSPAS to act on the staffing, training and cold chain recommendations.

Several specific recommendations to MSPAS for improving the vaccine cold chain include:

1. Order vaccines only twice each year.
2. Eliminate the aspect of airport storage
3. Impose a 3-4 month life for vaccines sent to the regional levels. (The San Vicente warehouse had DTP vaccines two hours past their expiration date)
4. Discard reconstituted vaccines after one day. If refrigerated, polio vaccine can be kept for 3 or 4 days.
5. Connect vaccine storage freezers and refrigerators to reliable emergency power plants in all regions.

One additional useful recommendation recently being emphasized by the World Health Organization program is that children should be vaccinated even if they have mild illnesses. Vaccines are effective in mildly ill children.

Methods of Evaluation

The simplest form of evaluation would be a once-a-year coverage survey which could be done at different times in different parts of the country. Thus, permanent teams could be created whose only job would be to do surveys in various parts of the country. This type of survey could easily be combined with, or become a component of, a nutrition survey.

An additional form of evaluation is a count of the number of cases, hospitalizations or deaths from these various diseases, along

with a simple investigation to determine if the child was in fact vaccinated and, if not, why not. By identifying program deficiencies in this way (Annex 15), such simple investigations would act to ensure universal vaccination in future years for the Salvadoran population.

ORAL REHYDRATION PROGRAM

The need for an oral rehydration program is based on experiences in many developing countries including El Salvador. Diarrhea is a major cause of illness and death in this country and an oral rehydration program is a potentially critical factor in prevention of mortality.

Further Recommendations

It is recommended that the oral rehydration program of the MSPAS be augmented in terms of funding and staff with an understanding that the Ministry initially will give high priority to camp desplazado populations.

It is important that the oral rehydration salts continue to be purchased at the lowest cost (so the greatest number of people can be served) and that the salts fit the standard for oral rehydration. The ORS used in the AID project meet this standard.

This program of ORS distribution should continue to have an educational component, teaching both inexperienced health workers and mothers the proper use of these salts and other appropriate measures such as the need to continue breast feeding for their children who are not yet weaned and the ability to recognize impending dehydration.

Methods of Evaluation

Evaluation of this program should compare local formulation and costs of the oral rehydration solution versus the UNICEF packets as the standard, the number of packets distributed, the number of diarrhea deaths, whether any children who died were given oral

rehydration solutions, the number of hospitalizations for diarrhea, and whether the hospitalized children were given oral rehydration solutions prior to admission.

Oral Rehydration Salts

Current evaluation techniques for the Oral Rehydration Salts (ORS) component of the Jobs Program are process rather than outcome oriented. Given the current lack of comprehensive surveillance information available to the program staff (or to the MSPAS), reliance on such evaluation mechanisms are understandable. In addition, there have been numerous failed attempts to design an evaluation program for oral rehydration salts in field settings. Thus far, although they are known to work in a laboratory or investigative situations, success in the field has not been completely documented.

Three items for evaluation of the oral rehydration component can be suggested:

1. Once a simple surveillance system has been put in place to record, among other things, numbers and causes of hospitalizations and numbers and causes of deaths, program administrators -- and field staff -- would be in position to begin evaluation based on "system failures"; that is, simple data sheets to collect information on children who either die with diarrhea or are hospitalized with diarrhea can be designed and put into use (Annex 2). Such information as age, duration of diarrhea before hospitalization or death, whether ORS was given and for how long, any weights recorded, any information as to specific cause of diarrhea, can be collected. At the same time, field staff who distribute oral rehydration salts should start collecting simple information on recipients such as age, duration of diarrhea before referral for oral rehydration, and case outcome. Program staff will

then be in position to calculate such indicators as coverage overall 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 action taken.

2. Cost and Composition of Oral Rehydration Salts.

The UNICEF ORS packet costs approximately US 0.08 and represents the standard and internationally accepted formulation for the salts. One of the brands of rehydration salts manufactured in El Salvador is said to cost nearly three times this much and is formulated without sodium bicarbonate -- an important component. Based on these standards (cost and composition), the program may be evaluated in terms of the costs of packages versus the available initial packets and what percent of packets given out conform to the internationally accepted rehydration formula.

3. Parents Knowledge.

Using standard but simple assessments techniques, the knowledge, attitudes and practices of mothers who received the ORS packets and instructions for their use can be tested. Specific goals for percentage of correct answers on various sections of the assessments can be set and, based on the results, field instructions for use of the salts can be modified accordingly. The practice and value of providing oral rehydration salts in the field situation, although not yet documented satisfactorily, is accepted by consensus. This (ORS) aspect of the program should be continued and should be evaluated more carefully as other health and nutrition services for DP's are being put into place. In addition, much of the maternal education in the use of ORS can be done within the context of

Supplementary Feeding Program, as discussed in detail elsewhere in this report.

PREVENTION OF RESPIRATORY DISEASES

Studies from at least two developing countries have suggested that persons who live in houses where cooking occurs with inadequate ventilation have higher incidences of respiratory disease than those who live in other types of housing.

Although the team had no opportunity to collect data to support this contention in El Salvador, there are clearly many champitas with smokey interiors housing displaced persons.

Options for Meeting the Need

1. Improve ventilation of houses. Obviously some of this improvement would have to be built into general housing improvements.
2. Introduce use of appropriate technology (Lorena or other) stoves which burn fuel more efficiently.

Recommendation

It is recommended that action on this need be coordinated with actions taken on the housing needs.

Evaluation

The ongoing surveillance system will permit evaluation of respiratory disease-related death and hospitalization before and after the improvements in stove and ventilation arrangements.

HEALTH EDUCATION FOR MOTHERS

In this context, health education includes nutrition education as well as education on personal hygiene issues, hand-washing and diarrhea prevention, need for vaccinations, family planning education, and prevention of parasitic infestations. USAID/El Salvador is currently evaluating the potential for a large education program (to include a health and nutrition component) aimed at desplazado and cooperativa populations.

Recommendation

One common way for an education program to be run is through SFPs; that is, supplementary feeding-related education might include at any one time both a health education topic and a nutrition education topic. Within this program, topics could be rotated so that, over a six-month period, all would be covered.

Such a program be included in the proposed supplementary feeding. One might consider, for example, involving the local providers of vaccines in this vaccination aspect of health education and similar collaborations for other aspects. Relevant USAID staff should be involved in early discussions on this crucial component of the health and nutrition program.

Method of Evaluation

Evaluation of this component would be by standard health education evaluation techniques, i.e. questionnaires and other tests of knowledge.

INTESTINAL PARASITE DISEASE TREATMENT AND PREVENTION

Intestinal parasites are commonly reported illnesses in El Salvador and, as such, may contribute to some of the nutritional deficiencies in the population. Parasite Control Programs using two days of oral mebendazole are currently being done by curative staff of CONADES. These campaigns are relatively inexpensive (\$8,000.00, or about US \$.46 per person.) However, programs of parasite treatment or prevention based only on drugs have not been shown to be successful over the long term, i.e., to have any lasting effect either on the parasite burden or on nutritional status.

Parenthetically, it should be noted that the MSPAS had its own anti-parasite campaigns prior to the current conflict; these have now been terminated or reduced in scope.

Options for Meeting Needs

1. Regular anti-parasite campaigns, as currently run, using mebendazole.
2. Education of population about parasites, including how they are spread.
3. Improvements in sanitation.
4. Provision of education about use of shoes or rubber sandals.
5. Increase in the food supply.

Recommendation

A combined program using all these options is worthwhile. The

current program of anti-parasite drugs is already funded and funding will presumably continue. Improvements in sanitation are recommended as are health and sanitation education aimed specifically at parasites. This should also include education about wearing shoes. (Shoes or sandals are an item which one might suggest for those organizations from the United States who wish to donate either money or material assistance.) Alternatively, the production of rubber sandals is something that might be considered within DP communities and is an activity which might help fill this particular need, while at the same time providing income.

It should be pointed out that the importance of an increased food supply is that, even in the face of infections with either hookworm (which causes blood loss and subsequent iron deficiency anemia) or ascariasis (which will cause some malabsorption of nutrients through several mechanisms), an adequate diet, along with some supplementation in iron, will result in a normal nutrient status. That is, a well-fed person can be normally nourished even if they have either or both these infections. These infections are problematic mostly because they aggravate preexisting deficiency states or border-line states.

Evaluation

Parasite surveys are not recommended at this time, because the recommended course of action will not change no matter what a survey finds. After a comprehensive program (including all above items) has been in place for some time, then, perhaps, an assessment should be done. However, this latter is a low priority need.

UNICEF GOBI PROGRAM

A UNICEF Program to improve the health of children is called GOBI. This acronym is composed of the following elements:

Growth Monitoring;
Oral Rehydration;
Breast Feeding; and
Immunization (Vaccination).

Each of these components is included in this set of recommendations for health and nutrition programs for displaced persons. These activities, as they are taken on, could easily be coordinated within the context and structure of a GOBI Program, were the MSPAS and UNICEF to agree to begin one in El Salvador.

Recommendation

It is recommended that the possible utility of a UNICEF GOBI Program be discussed with GOES officials and, if acceptable to them, with UNICEF. In this way, UNICEF could help extend the GOBI aspects of the program to larger segments of the Salvadoran population. Involvement of USAID in pushing for a GOBI program (beyond such conversation) is not recommended at this time.

HOSPITALIZATION SURVEILLANCE

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

Options for Meeting Need

The strategy for meeting this need includes collection of basic epidemiologic information on desplazado patients hospitalized (age, sex, cause, numbers of days in hospital, outcome). A simple system of this type can be set up based on monthly data collection from the hospital or health center to which patients are usually referred (Annex 2). The staff person involved in surveillance would be responsible for this data collection process.

The team recommends a system of this sort be set up once surveillance workers are identified. (See related issue under "Mortality Surveillance")

Evaluation

Once each year, at the time of a nutrition or vaccination survey, information on hospitalizations could be collected from households and compared with the hospitalization surveillance system data. Sources of major discrepancies should be identified and corrected.

MORTALITY SURVEILLANCE DATA

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

Options for Meeting Need

The simplest option for this need is to count each death within the DP population and to conduct a simple investigation. The system must 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 this system is a problem of hospital referral follow-up if the referral is not a near by facility.

Although this data can be acted on most easily and effectively at the camps where preventable mortality is occurring, there should be some central site for collection and analysis of data for as many desplazado populations as can be placed into a surveillance system.

It is recommended that a simple mortality surveillance system based on information on a simple data sheet (Annex 2) be implemented as part of an overall disease and nutrition surveillance system. A highly trained person is not needed; an auxiliary health worker who is careful and thorough is sufficient.

With the census data available for each camp, this mortality data will allow the calculation of age-specific, sex-specific, and cause-specific mortality rates. The age groups most useful

for these calculation are the following functional ones: less than 1 month (neonatal mortality), less than one year (infant 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.

Evaluation

The simplest way to evaluate the thoroughness of this system is through collection of information on recent mortality at the time of the subsequent nutrition or vaccination survey and to compare these data with the information collected over the intervening time.

COMMUNICABLE DISEASE SURVEILLANCE DATA

These data are useful for some illnesses in order to institute control programs. Because the MSPAS has an ongoing disease surveillance system, infectious disease surveillance efforts for displaced persons should be compatible with and, insofar as possible, supportive of that system.

Options for Meeting Need

The preferred option for communicable disease surveillance is to work through MSPAS. One option that may be tried is for USAID to provide funding for training of MSPAS workers at the regional level, part of whose responsibility would be collection of data from desplazado camps or population concentrations. Alternatively, consideration might be given to modifying the surveillance form to collect desplazado-specific data (i.e., is this person a desplazado?).

Another option might be for USAID to support training of several computer staffers once the MSPAS computer system is installed.

A third option is training of auxiliary-level health workers to do simple epidemiology. These persons might collect information on the various data systems described in the surveillance, collate it at regular (monthly?) intervals and forward it to the MSPAS Regional Office and to whatever central office is collecting information on desplazados.

In negotiation with the MSPAS on the system, it should be kept in mind that those interested in desplazado health may be collecting information on more items than the MSPAS system will be interested in.

Recommendations

It is recommended that USAID fund the salaries and training of auxiliary-level or mid-level epidemiology workers who will be employees of the Epidemiology Unit of MSPAS. An understanding of the special needs of desplazado camps would have to be agreed upon with MSPAS in terms of the workers' needs to collect information on malnutrition, mortality, etc.

In addition, at some point in the future, it would be worth supporting the visit to MSPAS of a consultant experienced in both communicable disease surveillance and computer usage. This person could help design an efficient computer-compatible surveillance system for the Epidemiology Unit of MSPAS and make recommendations for staff training for the optimal use for such a system. Presumably, some of this activity will be programmed into the Health Revitalization Project.

DENTAL CARE

A great need for dental care, especially for children, was noted in all the inspection team field trips.

Options for Meeting Need

Three options should be considered to resolve the need for dental care for displaced persons:

1. Expand the services of MSPAS in this sector. Additional funds could be provided to the MSPAS to provide for dental care specifically focused on the displaced persons. This could be part of the Health Systems Revitalization project or could be through specific funds provided by AID/RP to MSPAS.
2. Assign responsibility to a voluntary agency. A voluntary agency with experience in providing dental services could be requested to provide these services to displaced persons both in the camps and in the heavily-impacted departmental towns. One advantage of such a program is that portions of the costs would be borne by the voluntary agency.
3. People-to-people programs. Many of the people-to-people programs supported by AID (such as Partners of the Americas, Sister Cities, etc.) could be requested to consider sending dental teams to service specific settlements on a periodic basis. Again, one advantage would be that a portion of the costs would be met by the people-to-people program.

V. ASSESSMENT OF FOOD SITUATION

DESCRIPTION OF FOOD DELIVERY SYSTEMS

TITLE II PROGRAMS

U.S. government Title II Food Donations in El Salvador are carried out through three on-going programs. They are: a) the Catholic Relief Services and its local counterpart, CARITAS; b) a government to government urban food-for-work emergency project, now in its third year of operation; and c) the World Food Program, an affiliate of FAO/UNO based in Rome. Since all three programs are to varying degrees affect the nutritional well being of displaced persons, a brief description of each is given.

1. Catholic Relief Services - CARITAS. This is the oldest Title II program in El Salvador and the only U.S. based PVO distributing U.S. Title II food. CRS operates nationwide through CARITAS, its local distribution counterpart. CARITAS is the Charitable Arm of the National College of Catholic Bishops. CRS operates a Maternal Child institutional feeding in all of El Salvador's 14 departments through 379 "Nutritional Centers." Currently there are approximately 105,000 beneficiaries. Of these, some 90,000 are children under five years of age. The remainder are pregnant and nursing mothers. Until 1981 the CRS program operated largely through the MSPAS public centers; this program has been progressively transferred to the World Food Program. Today the typical CRS center operates out of a private home or church-diocese center. Internally, the execution of the program is through CARITAS which, through annual agreement with CRS, establishes ration sizes, program scope, beneficiary listings, reporting and accountability. CARITAS in turn works through the Catholic Church Diocesan structure. These form the central units for food distribution and are located in key cities maintaining

storage points. From here distribution is made mostly at the "canton" or rural village centers. CARITAS maintains technical supervision of food distribution including registration criteria through its Central Office "promoters"; however, its verification and accountability system is under the field monitors operating out of the Diocesan Regions.

The program is presented for annual renewal to AID/W through the AID Mission and is based on standard criteria governed by USAID field advises and operational Handbooks. The FY84 program authorized 6106 MT commodities (cornmeal, NFDM, rice and veg-oil) with a value of \$1.6 million. In addition to its current ceiling of 110,000 recipients, there is a small category of 5,000 persons who may be included for rations who are not "displaced" but who "due to hostilities" have been deprived of their local livelihood.

CRS rations are supplemental only, based on clinical measurement. Ideally, each center should have accurate weighing scales and individual (Gomez curve) progress charts. Unfortunately, many lack scales, due to problems of funding. The basic daily individual ration is approximately 600 calories and 36 grams of protein.

Normally CRS Title II food is not directly related to displaced persons, except where local borrowing of CRS food is made to CONADES or CONARA, both GOES agencies. However, in certain areas, DP families have been permitted to register at local centers and receive regular rations for MCH needs. This is the case, for example, in Berlin and Santiago de Maria.

Independently, CRS is further involved with the DPs through an arrangement with the European Economic Community to distribute EEC food rations. The universe of EEC-DP recipients is approximately 70,000 persons. In large part these are located near or in San

Salvador department. However, it must be noted that the total EEC food commitment in CY 83 was only 790 MT, made up of (MT) NFDM, 400; butter oil, 100; rolled oats, 290. Shipments have been delayed due to EEC's slow tendering (procurements) process. The CY84 commodity commitment is approximately the same as last year's.

The records of CRS performance reflect a good accounting control system from port to health center. However, lack of funding has meant infrequent checks and a weak administrative overview, especially in remote and hostile areas. A private consulting firm last year observed that registration lists in many localities were often incomplete, in many cases due to sloppy record keeping at the centers. More personnel are needed for monitoring; the training of employees in the field is insufficient and there is a lack of vehicles. Turnover of (low paid) checkers is far too high.

As a U.S. voluntary agency, with a non-emergency Title II program, CRS can apply to AID/W for "Outreach Funds" of up to \$500,000 annually to improve these shortcomings. But after drawing up a plan last year with AID/W and Mission assistance, CRS/NY has declined to submit it. The reason given is a reluctance to enter into a "phase in" agreement with the GOES which is mandatory in all outreach plans of 2 or 3 years tenure. CRS has indicated it does not wish to be so involved with such a GOES agreement at this time.

2. Government Urban Emergency FFW Program

This program was initiated as a first response to the socio-economic consequences of the present emergency. Designed by AID in early 1980, its key objectives have been: a) to bring stability and community improvements to the ware affected urban neighborhood communities within the largest cities and b) to provide a nutritional supplement to needy unemployed families. In addition, an innovation was added. Strawbosses of the various work activities

are selected from quality projects to receive, through a credit arrangement, small personal loans to develop self-enterprise activities. These have included tailor shops, shoe repair facilities, carpentry activities shops and small stores such as clothing sales outlets. To date, loans total 42 and all have been repaid.

During the first two years nearly 18,000 families were aided in the three largest cities: San Salvador, San Miguel and Santa Ana. During the past year (CY 1983) 790 distinct projects involving Food for Work have been carried out. They are classified as: Productive (196) including handicrafts, gardens, small industries, etc.; Educational (394) including literacy courses, family planning; and Infrastructural (200) including water systems, building improvements, paving streets and sidewalks, access roads, latrine construction, retention walls and drainage systems. These projects include over 12,000 women participating in handicraft and cottage industries.

The basic agreement covers a twelve month period. Once signed by USAID and the GOES, it serves as an international agreement invoking direct shipment of commodities to the GOES consignee. This agency (DIDECO) is part of the Ministry of Interior and is the GOES organ concerned with community development. The current agreement (TA 3611) provides for 6805 metric tons of varied commodities (cornmeal, rice, NFDH, and vegetable oil.) The criteria for registered families remains constant: eligibility is given to poor, undernourished population segments whose well-being and living standards have worsened through unstable political-economic conditions.

The per capita daily ration for each family member is adequate, consisting of 2,080 calories and 62.4 grams of protein. New families in the program may be given up to 15 days of gratis rations

each month for persons who suffer special hardships such as severe undernourishment, or who are unable to participate initially in an activities project. The DIDECO goal is progressively to reduce this component. They have made some progress. In June 1981, activity rations outnumbered gratis feeding 3 to 2; in June 1983, the ratio was 4 to 1.

Development of the projects is made through DIDECO promoters who organize and work through local community councils (Juntas Directivas.) For women participants, classes are offered in nutrition, health and hygiene, literacy, handicrafts and vocational trades. This Title II program is linked to the DPs in four ways, quite aside from a broad potential for including former DPs matriculating to a rehabilitation status. These are:

- a. On Spot Commodity Loans. CONADES and DIDECO local loans are common and in most cases essential. For example, in the first four months of operating (1980), DIDECO operated entirely with borrowed foods from WFP which expedited the project's implementation.

This prospect is enhanced by the expansion of the DIDECO program this year to small cities with large DP populations, including Chalatenango, La Union, La Liberated, San Vicente and Usulután.

- b. DP Workers Ration. This year's agreement provides for a special ration to DP workers in the CONADES employment generation project. Reserved in the agreement is 1390 MT of rice, cornmeal, and NRDM to provide each DP worker additional energy. The individual ration consists of 1534 calories, more than double the regular DP ration. The field agent for this distribution is the local Caja de Credito which also administers worker cash payments.

- c. Resettlement Ration. TA 3611 also provides a total of 919 MT of rice, cornmeal and vegoil to be utilized by CONARA for the restoration and rehabilitation of localities designated by the GOES as free of violence. The CONARA program started with the village of San Lorenzo in San Vicente in June 83, and is expected to grow.

The DIDECO system of food logistics and control developed by AID, now three years into implementation, is considered sound and well executed.

DIDECO's frequent problem has been a lack of funding which has resulted in too few field promoters. This has presently been corrected. The promoters receive a good grounding in nutrition, hygiene, and food logistics. Repeated operational assessments indicate sound programming.

The DIDECO program's expansion to nine cities could be further expanded and further serve a post-DP rehabilitation effort; however, this would require funding for additional personnel and vehicles.

3. The World Food Program/GOES Displaced Persons Program

The World Food Program's (WFP) assistance to the displaced persons now provides food aid to approximately 206,000 recipients. The present distribution system has evolved through the creation of the GOES co-sponsor, CONADES, in November 1981. Prior to that, WFP food emergency aid dates back to late 1980 when borrowed commodities from other WFP on-going projects were diverted. At that time, 70,000 persons were identified as homeless and uprooted as a consequence of civil strife. WFP was assisted by three other organizations -- DIDECO; the National Red Cross and Action Civica Militar, the military civic assistance arm. All participated in

distributing WFP rations. Progressive expansion of the program continued through additional private organizations, including the International Red Cross, the Evangelical Church (CESAD), the Green Cross, and Caritas. These earlier distributions utilized in large part Title II food originally destined for various other WFP projects in El Salvador.

WFP/CONADES distributions have followed a basic per capita ration as noted below. Title II inputs are ordered through Rome and consist of whole grain, corn, non-fat dry milk (NFDN) and veg-oil. In accordance with WFP/Rome emergency food aid procedures, distribution agreements have been subject to renewal every four months. The present agreement, by which WFP distributes food to approximately 165,000 DPs in government controlled areas and to 40,000 DPs in contested areas, terminates on 22 March 1984. A close re-examination of CONADES' accounting system and control of Title II food flows port-to-distribution point confirms that the system is sound and functioning reasonably well. The need for a better surveillance of food distribution follows.

Under a pending proposal to USAID, WFP would continue to provide commodities to CONADES over an exceptional six month period. Under present procurement schedules of Title II U.S. shipments, these commodities, including 14,040 metric tons of milk, vegoil, and corn grain, should arrive in El Salvador during May-June and suffice until December 31, 1984.

The agreement states that this will be the last food tranche under the current displaced persons food distribution (WFP/CONADES) formula. What new arrangements will evolve are under study. Two factors appear to influence this decision. They are:

a) to divest in part the present CONADES overall mandate. CONADES is presently the executive agency of the entire DP

operation. This covers many facets including the coordination of various private as well as GOES organizations. Other inputs include building material, clothing, personal items and socio-health necessities as well as organization of the community working committees (CLA). The plan now is to create more of a servicing role for CONADES rather than its present executive position

b) the GOES is increasingly concerned with the permanent characteristics of DP assistance. Preliminary planning calls for re-classifying the DP population by a process of matriculation from that of total "Wards of the State" to one of job opportunity, greater self help and a return to self reliance.

It seems certain, however, that whatever changes occur after January 1985, Title II assistance to the DPs will be required. Meanwhile the present priority is for an adequate food basket with increased concern for the vulnerable groups as stressed in other sections of this report.

Here one must consider the frailties of the current CONADES daily ration. The Title II components and their food value are in grams: cornmeal 200; NFDm 40; veg oil 20; for a total of 1010 calories and 30.2 grams of protein. The additional components, furnished by the GOES, consist of 30 grams each of red beans and sugar and 7 grams of salt. The total ration is supposed to be 1227 calories and 36 grams of protein.

In fact, however, CONADES resources for providing the beans, sugar and salt have fallen far short of reaching even a minority of DPs with any regularity. Presently, as of February 10, all of the 270,000 DPs are receiving these components, but only periodically. The FY84 AID support budget to CONADES allocates 2.3 million colones for local food purchases. This is insufficient, since it will provide for only 71,000 persons.

It should be noted that even with the GOES component (as taken up elsewhere) the caloric intake of the ration is inadequate for most children over 12 years and all adults assuming light to moderate activity of healthy individuals. Even if the ration is to remain as a basic supplementary additive for the DPs (in contrast to needed increases for others) it is essential for CONADES to have the resources to provide these basic components to the DP diet.

CONADES funds are derived principally through sources from the Title I agreement. Funds for food purchases made available in CY83 tallied approximately 2.5 million colones, where in fact approximately 9 million colones (at present prices) were needed. This matter should be of key concern to the Mission. If the ultimate solution to the DP nutritional problem is to be in large part the responsibility of the GOES, this channel of food sources should be encouraged rather than met with indifference.

RECOMMENDATIONS

From the foregoing it may be noted that while all three agencies (CRS-CARITAS, DIDECO and CONADES) have distinct category targets, all, owing in part to a common geography in meeting nutritional needs, are closely inter-related. This is augmented not only by the sharing of certain field warehouses and occasional commodity loans and swaps, but by circumstantial interlacing of the three distribution programs. In certain localities DP pre-school children may register for CRS MCH services. CRS also distributes EEC rations directly to DP recipients in some camps. In certain localities DIDECO FFW projects should have an increasing role in the rehabilitation of post-displaced persons programs. In the DP work generation programs, DIDECO furnishes the Caja de Credito with the workers' rations, and also provides the resettlement rations for CONARA. The flexibility and interchange has further potential because the CONADES local committees and the CONARA local committees are essentially comprised of the same people. Finally, WFP 2317 (Maternal Child) and planned project No. 2690 (initiated this year as a designated national school program) can conceivably provide two additional nutritional resources potentially beneficial to DPs. All together they augur a distribution pattern progressively more complex locally and potentially duplicative, unless closely guided.

The following recommendations should insure effective food distribution:

1. A monitoring corps is needed. Its workscope, developed with concurrence of all parties, would assure a total community distribution overview rather than the present system of parochial checkers of one program. The corps (a full time cadre of 12 trained monitors is suggested) should be identified by CONADES, DIDECO, and CRS-CARITAS as food

aid "constables"; they should have the mandate to take up issues locally with any agency. Their reporting should be systematic; their function, to promote and work toward the maximum benefits of Title II rations, and to achieve the minimum level possible of petty diversion and food mis-uses. The corps would require a home office, a coordinator and adequate logistical support. Their findings as periodically appropriate would be freely shared by a fully active food-aid council to be chaired by AID. A key advantage would be a constant vigilance which is now totally lacking; but additionally a reporting mechanism which places the Mission first in line on events which are vital to food aid success.

2. Priorities should be established for:

- a. Producing a Standard Individual Control Card. The CONADES card is standard for CONADES supported DPs but does not include other donors. The amount of food aid to each family is calculable only if recipients of two or more food donors present all cards to the monitor. This should be avoided. Further, colored cards could be used to indicate exceptional food rations such as special supplements, etc. (See also "Registration")

- b. Determining Feasibility of Commodity Loans. Loans of food among the donors to cover short term shortages at the local level are often essential. But given the fact that the CONADES and CONARA local groups are often comprised of the same persons, the monitor should be central to such transactions. Further, the trade off aspects of the loan should be made known to the food aid coordinator at the time of occurrence.

3. Additional Priorities should be developed for:

a. Determining Nutritional Need. As other sections of the report note, increasing importance will be given to classifying DPs in terms of comparative nutritional need. The monitor, assisted by selected DP checkers, should be essential in this process.

b. Transferring DPs to other Food Programs. The transfer of recipients from DP status to other on-going food aid programs, i.e. DIDECO, CRS or newly organized Rehabilitation/Unemployment Title II projects should be formulated with strong input from the food aid monitor.

4. A coordinator position should be established. This position, assisted as necessary by a person knowledgeable in nutrition, should be the direct personal liaison between the Mission and GOES food aid officials. Whether a qualified PVO candidate or a regular Food For Peace officer is selected, a comprehensive knowledge of PL-480 is desirable. There are and will continue to be new avenues for providing donated food under both humanitarian and development objectives. The present use of surplus dairy products under AID administration could have a special role in El Salvador. There are also new criteria for Title II Section 206 for localized sales. Also pending is the possible monetization authority for Section 416 products. These possibilities may be enhanced further with the considerable experience gained through use of Title II foods elsewhere. These might include a combination of minimum wages and food rations, the latter to be made available at centralized "food banks" using food chits (used in Brazil and Chile);
or the formation of large

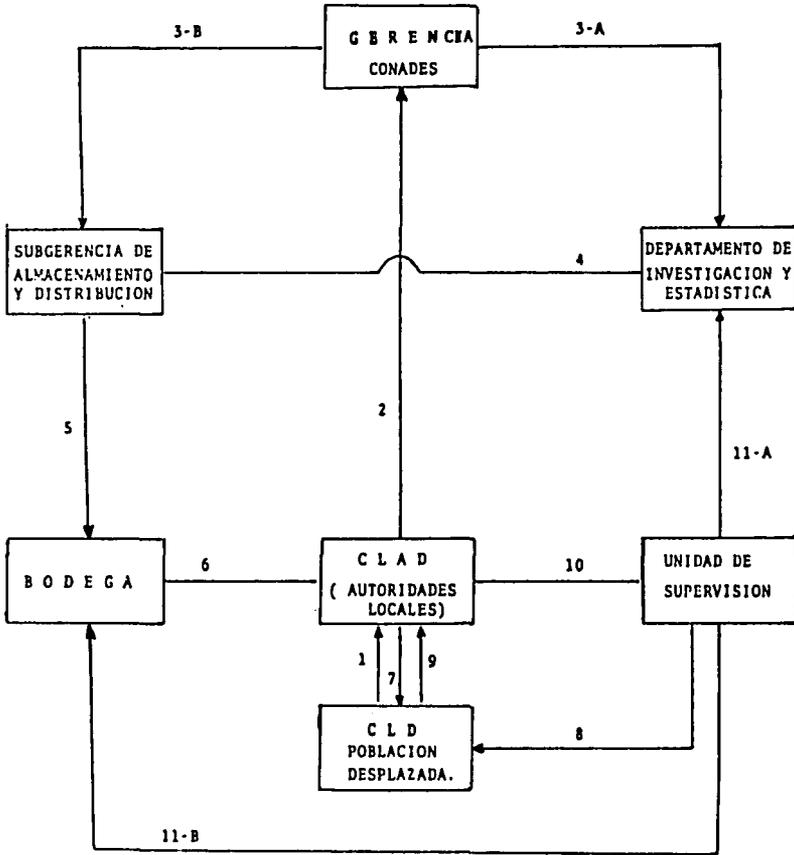
consumer cooperatives with subsidized Title II sales (used in Indonesia and India).

Summary of Food AID. In comparative terms, the food aid situation in El Salvador is fortunate in having essentially a sound, well-proven logistical administrative system from dock to the point of distribution. At present the performance is good, but closer focus at the receiving/consumption level is needed. The recommendations herein are directed toward that improvement; they should be instituted as soon as possible.

METRIC TONS FY 1984

PROGRAMS	CORN MEAL	RICE	MILK NFD	OIL	WHEAT BULGUR	CORN GRAIN	WHEAT FLOUR	CORN MILK CSM	CANNED FISH	PULSES	TOTAL
Food for Work GOES/AID 3611	3,200	2,695	652	258							6,805
Maternal Child AID/CRS/Caritas	2,432		1,229	608	1,837						6,106
Sect. 206 IRA 3612			8,300								8,300
WFP 1239 Displaced Persons			2,160	1,080		10,800					14,040
WFP 776 Food for Work			218	201			1,077	226	X	X	1,722
WFP 2146 Basic Grain FFW			265	275			1,600	315	X		2,455
WFP 2317 Maternal Child			280	216		1,440					1,936
WFP 2690 School Feeding			?								
TOTAL	5,632	2,695	13,104	2,638	1,837	12,240	2,677	541	?	?	41,364
RECAP:											
Title II-Donations	5,632	2,695	1,881	866	1,837						12,911
Title II-Sales			8,300								8,300
Title II-World Food Program			<u>2,923</u>	<u>1,772</u>		<u>12,240</u>	<u>2,677</u>	<u>541</u>			<u>20,153</u>
TOTAL	5,632	2,695	13,104	2,638	1,837	12,240	2,677	541			41,364

PROCESOGRAMA DE LA ATENCION DE LAS SOLICITUDES DE ALIMENTOS



VI. JOBS PROGRAM ASSESSMENT

INTRODUCTION

The jobs component of the Jobs and Health Program was designed to meet a number of objectives through both direct and indirect approaches.

The direct objectives of the Jobs Program were:

1. To employ displaced persons in order to provide them with cash to use as they saw fit.
2. To improve the living environment in camps in areas where displaced persons had concentrated and in the communities heavily impacted by the influx of displaced persons.

The indirect objectives of the project were:

1. To improve the ability of displaced persons to meet their own emergency needs and to contribute to their own maintenance and health. It was implied that the provision of cash would enable DPs to purchase food from the general market and thus be less dependent on food aid.
2. To improve their health status. This was to be achieved in two ways: First, the projects carried out by the Jobs Program would help improve the living environment in the camps and other concentrations of displaced persons thereby lessening the health risks. Second, with the cash received from the works program, DPs living in areas not served by other health components of the displaced persons assistance

program would be able to pay the health service fees charged by the clinics of the MSPAS.

3. To reduce the adverse impact of large concentrations of displaced persons on the host community. The adverse impact was to be lessened by:
 - a. Permitting the displaced persons to participate in the local economy by providing them with disposable income.
 - b. Providing projects that would improve the environment not only for displaced persons but also for the overall community in general. It was foreseen that this element would lessen the resentment of the host community to having DPs in their midst.
 - c. Carrying out projects to improve health and living conditions in the host community. It was felt that the environmental risks resulting from overcrowding caused by the influx of DPs would be lessened by the Jobs Program works projects, thereby restraining increased incidence of disease which would result in local resentment against DPs.

Financial and Economic Characteristics

General Characteristics

Through October 31, 1983, some 337 projects had been completed. Each project lasted an average of 52 working days. The average number of work positions created per project was 54. For all 337 projects the number of work positions created totaled 337×54 , or 18,198. Assuming that each position was rotated approximately four times during the life of the project,

the number of persons employed on all projects combined could have hypothetically reached slightly over 70,000.

The total cost for all 377 projects reached 8,101,696 colones. The projects ranged in cost from as little as Col 1,000 to as much as Col 110,898. The overall mean average cost per project was Col 24,041.

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 camp or community improvement activities. According to the project paper 519-0281, Category A projects were to receive clear precedence and priority over those of Category B.

As noted in Tables 1B and 1C, there are considerable differences in the implementation rates 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 types of projects were also markedly different. Category A projects cost an average of Col 16,514 each whereas the Category B projects cost average was Col 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 Col 1,651,411, were allocated to Category A projects. The remaining 79.6 percent, or Col 6,450,285, were devoted to Category B projects. Within each of the two categories, project activities are divided in turn into eight different subcategories. These are listed in Table II. In practice, however, projects are heavily

concentrated among a relatively few categories. Based on a representative sample of 35 projects, subcategories A8, B4 and B6 alone account 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.

Unfortunately, time did not permit a detailed analysis of how the composition of projects has evolved through time. 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 mud-holes. Once these were finished, additional requests were then 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.

Socio-Economic Characteristics of the Target Group

Based on questionnaires submitted to the Caja de Credito personnel who administer the projects within the various departments, 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 displaced persons camps. Most of the remainder are

also displaced persons who rent housing or reside with relatives or friends. In some instances, employment also is given to local residents who are not displaced, but who have been chronically unemployed. These cases amount to less than 10 percent of all of those provided employment by the projects.

One important indicator of the workers' 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, worker 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 El Salvador's eastern departments has resulted in numerous school closures. 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 Caja estimates, approximately 12.5 percent of all workers fall in the 14 to 16 year old age range.

Given the fairly large average size of households in El Salvador i.e. 5.7 in the 1970 census, it is not surprising that those who obtain work under the Jobs Program has a number of others who are financially dependent upon them. Indeed, project officials estimate that each employee on the average supports 4.8 persons. If one assumes one 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.

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 at least several times. Caja officials estimate that overall, each position is rotated an average of nearly four times. Theoretically, then, if no worker was ever reemployed, a total of $18,198 \times 4$, or 72,792 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 regional Caja de Credito. The number varied widely from region to region, with a mean average of 91 days per worker.

According to Caja 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.

Economic Considerations

Examination of project records disclosed conclusively that information important for the paper operation of the AID Program Unit's functions is either not collected at all, or is very late in arriving in San Salvador. Examples were abundant. Perhaps the inability to determine who works and for how long is the principal shortcoming of present data collection activities.

Sufficient information should be obtained from each worker to permit the local Caja to determine how much they have already worked and how much they have been paid.

Similarly, there are no data pertaining to such important areas as whether or not the workers reside in camps, their age, sex and marital status, or the amount and sources of their income. Estimates of these phenomena by Caja personnel, while useful, are only estimates. Firm data on these subjects could be collected by Caja personnel on questionnaires randomly administered to workers and other project beneficiaries. Investigation of the process by which prospective projects are evaluated and assigned priorities also disclosed that there is no conscious or systematic effort to include economic considerations in their analyses. In all fairness, the projects are already severely constrained by considerations such as which activities are permitted, their costs, the necessity of being labor intensive and the requirement that they be in the immediate vicinity of the displaced persons. Nonetheless, it should be possible to employ elementary benefit cost analysis to determine the potential economic returns for projects in at least some sub-categories. These would include reforestation and the repair and construction of rural roads.

Lastly, project officers and the USAID staff in general have made no attempt to examine the projects' cost effectiveness. This is a technique for justifying a project on economic grounds when benefit/cost analysis cannot be performed. It operates by demonstrating that the project's objectives cannot be achieved by any practicable alternative means at less expense than with the project in question as designed.

In the present case, and after considerable discussion, the evaluation team was unable to identify any practicable alternative at less cost. This was due primarily to the unique way in which the projects activities dovetail to achieve the stated purpose. Namely, while the work activities are means for providing employment opportunities and income for the displaced, they also result in an improved health environment which supports another objective of maintaining and in some respects improving the refugees health status. Given the existing and prospective near term security situation, as well as the inability to identify possible sites, the alternative of resettlement was not considered to be practicable at this time. In addition, it was by no means clear that it would be a less expensive alternative means for dealing with the existing situation other than in the very long run.

Table 1A. Aggregate Expenditure By Cost Category

7 Agencies - 337 Projects

	<u>Approved Budget for Projects</u>	<u>Executed Expenditures for Projects</u>	<u>Difference</u>
Labor	6,158,970.32	5,770,633.25	388,337.07
Field Admin.	879,366.50	893,039.25	-13,672.75
Materials	1,003,153.35	1,031,202.91	-28,049.56
Tools	523,713.75	351,467.87	172,245.88
Transportation	57,536.00	22,208.47	35,327.53
Contingencies	832,630.41	33,144.45	799,485.96
TOTAL	9,455,370.01	8,101,696.20	1,353,673.81

Average Project Cost Col 24,041.

Table 1B. Expenditures for Category A Projects Only

7 Agencies - 100 Projects

	<u>Approved Budget for Projects</u>	<u>Executed Expenditures for Projects</u>	<u>Difference</u>
Labor	1,179,126.00	1,072,213.75	106,812.25
Field Admin.	175,473.00	169,290.63	6,182.37
Materials	324,589.79	330,941.97	-6,352.18
Tools	104,409.85	66,307.11	38,102.74
Transportation	7,416.00	4,636.57	2,779.43
Contingencies	174,951.43	7,921.00	167,030.43
TOTAL	1,965,965.75	1,651,411.03	314,554.72

Average Project Cost Col 16,514.

Table 1C. Expenditures for Category B Projects Only

7 Agencies - 227 Projects

	<u>Approved Budget for Projects</u>	<u>Executed Expenditures for Projects</u>	<u>Difference</u>
Labor	4,979,844.32	4,698,319.50	281,524.82
Field Admin.	703,893.50	723,748.62	-19,855.12
Materials	678,563.56	700,260.94	-21,697.38
Tools	419,303.90	285,160.76	134,143.14
Transportation	50,120.00	17,571.90	32,548.10
Contingencies	657,578.98	25,223.45	632,455.53
TOTAL	7,489,404.26	6,450,285.17	1,039,119.09

Average Project Cost Col 27,216.

Table 2

Types of Projects

<u>Category A</u>	<u>Category B</u>
1. Drainage	1. Curb Leveling
2. Latrines	2. Reforestation
3. Garbage Disposal	3. Conservation
4. Potable Water Maintenance	4. Street Cobblestoning
5. Stagnant Water Maintenance	5. Drainage Construction
6. Served Water Maintenance	6. Road Widening
7. Sanitation of Surrounding Areas	7. Opening of Roads

Analysis of Indirect Objectives

The first of the indirect objectives was to improve the ability of DPs to contribute to their own maintenance. While thousands of persons have been employed by the Jobs Program the overall impact that the income would have on each family's ability to help support themselves is difficult to measure. If health and nutrition statistics are a measure, no significant impact can be seen. It may be possible to conduct a household survey of persons who have participated in the Jobs Program to determine how they used the money. However, such a survey is unlikely to provide reliable information. From past experience in refugee situations where persons have access to minimal amounts of money, cash is usually saved for emergency needs or spent on small luxury items. People who are saving the money are unlikely to be willing to tell an investigator they are keeping the money for fear that it might later be stolen.

If this is the pattern, the program staff may wish to consider the development of methods for helping DPs save money safely. For example, since all the DPs participating in the program are dealing with a caja de credito, it may be possible to establish an emergency savings system through the cajas to enable the DPs to put their money into savings accounts.

Other measures of the way in which the income is used would be to determine the types of purchases made by DPs in the local markets. This information would also be unreliable, however, because the workers also receive food when they receive their pay and therefore the expenditures may not be immediately visible in the market place.

A cursory examination of the food supplies among households in DP camps did not reveal that vegetables, chicken or other products

had been purchased by families with one or more participants in the Jobs Program but this survey is inconclusive. At the same time, as noted in the nutrition section, few families are aware of proper nutritional balance and diet and since food is provided through other sources in the relief program, the income obtained from the works program will probably be expended for commodities other than food except in extreme emergency situations.

The second indirect objective was to improve health through environmental improvement projects and by giving families cash to pay clinical fees. Though many environmental improvement projects have been carried out in both the camps and towns, the impact that these projects have had on improving health is inconclusive. In several of the camps, the critical installations of water and sanitation have only recently been installed. Furthermore, the installation of new facilities has not kept pace with the increased numbers of DPs in certain locations. Therefore, there has been no measurable decrease in the incidence of child diarrhea. The nutritional status in many areas, of which diarrhea is one component, remains poor. If improvements are to be made in the "hygiene loop," increased projects in camps and other DP living environments must be carried out.

The use of the earned income to pay for clinical services cannot be determined. For persons living in camps, an alternative system has been provided. For dispersed DPs, however, there is little evidence that there has been an increase in the use of public health facilities as a result of having more income. While the number of people has definitely increased and all the health facilities in heavily impacted communities report increased services, many of the DPs using the facilities have obtained money for the fees through other sources. Medical staff in the facilities have indicated that if it were an emergency case, fees would not be an obstacle for either the family or the health facility.

Of far greater concern is the lack of awareness among DPs about the importance of various health indicators. Many of the minor problems that could be corrected in the health facilities are not brought to the attention of medical personnel because of people's reluctance to ask for help until a situation is critical. If expanded health and hygiene awareness programs are instigated, more people may be encouraged to use health services and the access to additional income to pay for these services could be an important factor.

The third indirect objective of the Jobs Program was to reduce the adverse impact of large displaced persons concentrations on the host community. This appears to be one of the most significant achievements of the Jobs Program. By giving DPs work, they are viewed by the host communities as making a contribution rather than simply being a problem. Several of the works projects have been used to remove trash and debris, long a complaint of local residents. Roads have been paved, streams have been channelized, bridges and culverts improved and other minor neighborhood grievances have been resolved. This, along with improvements to water and sewer lines, have all served to reduce tensions between DPs and the regular residents of the host communities. Furthermore, the projects are reportedly popular with municipal officials who are presently having difficulty obtaining funds for their own public works programs.

Whether or not these programs have contributed to lessening the environmental risks caused by overcrowding cannot be determined. However, the improvements in trash collection and in water supply and sanitation, while not measurable in the context of this assessment, have undoubtedly had a positive impact overall to both DPs and the host community alike.

Wage Scale

At the present time, the workers in the Jobs Program receive a wage equivalent to half the minimum wage permitted by law. Several persons have suggested that the wage scale be increased to give the families more income. They point out that since workers are limited to part-time employment and that since only one member of the family can work at one time, a greater wage would be justified.

The evaluation team, however, recommends that the existing wage scale be maintained for two reasons. First, it is believed that the people save the wage or use it for luxury items rather than use it to contribute to their own maintenance. Even if the wage were doubled, as long as employment is sporadic and uncertain, it is doubtful that the expenditure patterns would change. Second, the number of people applying to work in the program is a measure of the wage scale itself. If the amount of money were determined by the desplazados to be insufficient and not worth the effort, participation in the program would be reduced. However, at the present time this is not the case. The cajas report that there is no trouble getting workers once the projects are developed. The program staff, however, should monitor the willingness of people to work as well as the inflation rate. If the number of people willing to participate in the program declines, the wage scale should be adjusted upward.

Access of Dispersed DPs to the Program

In the economic analysis of the Jobs Program the cajas de credito reported that approximately 42% of the workers, during the period measured, were residents of DP camps. This pattern of employment, if correct, and if indicative of the employment pattern throughout the period, is disconcerting. Persons living in camps make up less than 15% of the total displaced population and

therefore a greater percentage of dispersed DPs should be receiving jobs.

This employment pattern may be the result of several factors. First, most of the cajas de credito are headquartered in towns with large DP settlements. In places such as San Francisco de Gotera, Berlin and San Vicente, persons living in camps comprise between 30 to 45% of the total population. Thus, in these towns it is not unreasonable that the percentage of workers would reflect the distribution of the two groups. However, there are many towns and villages where the Jobs Program should be carrying out projects where no DP settlements exist. Desplazados in these communities should have equal access to projects and employment.

A second reason why the numbers may be disproportionate is that emphasis has been placed on improving environmental conditions in camps and around large concentrations of DPs. It would make sense that persons living in camps be given the jobs to improve the camps. Since this is an area of priority, one cannot fault the program if this is the reason. Furthermore, most of the more serious environmental consequences resulting from a concentration of dispersed DPs would be found in the larger towns where DPs also reside in camps.

The program staff should more closely monitor the distribution of jobs between those DPs living in camps and those dispersed throughout the country.

Summary

On the whole many people have clearly received some economic benefit from the project. However, the limited amount of money received by the workers could not have made people self sufficient to the point where they could support themselves or even have enough

cash to significantly improve their families' diets or living status. The most significant impact of the program, however, cannot be measured in economic terms. By giving people an ability to earn a livelihood and to participate in the local economy, a strong measure of dignity has been provided to the DPs. The fact that the Jobs Program is popular, not only among the DPs themselves, but also with the host communities, is the major reason why it should be continued and expanded. If the other services recommended in this report are established, e.g. health and hygiene education and improved food supply programs for persons in camps, the DPs will be able to use their cash in many of the ways originally foreseen in the project document and will come closer to the overall objective of permitting the DPs to contribute more fully to their own maintenance.

Recommendations

The following actions should be taken to improve the employment component of the program.

1. The restriction of employing persons only from seven specified departments should be removed. It is recommended that the program be permitted to expand as necessary to meet the needs of displaced persons throughout the country with the exception of displaced persons residing in the city of San Salvador. San Salvador is excluded because DPs there are in better shape and have access to the local economy. Also relief supplies are distributed in San Salvador on a more regular basis.

2. It is recommended that the budget for the Jobs Program be expanded by 50%. This expansion is needed for three reasons:
 - a. The number of displaced persons has increased (according to CONADES figures) by over 50%.
 - b. There is an increased need to provide water, sanitation and other health facilities in the expanding DP settlements.
 - c. Increased opportunities need to be provided to women head of households to give them cash on an equal basis as men.

3. It is recommended that a portion of the expanded budget be set aside in a separate capital improvements fund for purchasing materials and paying transportation costs needed to continue to improve the conditions in DP settlements. By establishing this fund, the majority of money will still go to the DPs for wages but the money necessary to extend facilities such as municipal water lines to settlements outside the service area of the municipal system, can be accomplished without taking funds from the wages of the desplazados. It is felt that this would be a much more flexible way of providing installations and employment than the current "50-50" guideline. The capital improvements fund would be used for improvements in DP camps only and could also be used as a contingency fund to provide water and sanitation facilities to new influxes of displaced persons on an emergency basis. It is recommended that the capital improvements fund be initially established with Seven Hundred and Fifty Thousand U.S. Dollars (\$750,000).

4. It is recommended that jobs and employment opportunities for women be expanded as recommended in the following section.

5. It is recommended that the cajas de credito be provided with a standard information reporting form and that, upon completion of each project, they report on social and economic characteristics of the workers. This information is necessary to evaluate the program and to determine whether or not it is meeting the goals of rotation, women's employment and service to both dispersed and concentrated DPs. The information should be analyzed quarterly and adjustments made to the program as necessary.

JOBS AND EMPLOYMENT FOR WOMEN

Women comprise 53% of the adult displaced persons, and 67% of the households are headed by women.* All but a few of these women have children that must be cared for; therefore, it is difficult for them to participate in the Works Program. Recent checks indicate that approximately 20% of the women have been employed by the project. In order to bring the benefits of the employment program to the families headed by women, jobs and income-generating opportunities must be developed for displaced women.

Options for Resolving Need

The success of any employment program for women will be measured not only in terms of the amount of income provided for women, but also whether or not it facilitates participation by women who find it difficult to leave their homes. In a camp situation, it may be possible to arrange for day care facilities on a full or part-time basis to allow women to work, or to work in the proposed supplemental feeding centers. But for women in dispersed populations, the provision of such facilities is not as practical.

* These are country wide figures, i.e. with San Salvador included. In rural areas the percentage is higher. Therefore, income-generating opportunities must of necessity be focused on providing work for women in their homes.

Three types of work projects could be explored. They are:

1. Stimulation of cottage industries: By providing technical

assistance and materials, small cottage industries could be instituted that would provide women with opportunities to make articles that could be sold in the general marketplace and provide some income for the family. In the cottage industry approach, a variety of micro-enterprises would have to be established; a portion of these should be focused on meeting the specific needs of the displaced person population. For example, seamstresses could help displaced persons to replace or repair clothing. Sandal-making operations could provide children with sandals that would help protect against worms.

2. Handicrafts: Handicrafts that could be marketed either in-country or exported abroad could be identified. With proper technical assistance and organization, handicraft production cooperatives could be established and could provide work for large groups of people.

3. Home gardening: Small, intensive home or box gardens could be established and maintained by the women in or near the homes. A number of refugee gardening techniques have been successfully initiated in refugee camps throughout the world, and, in some cases, even in extremely dense refugee populations, enough additional food has been grown so that a small surplus has been available for marketing. Gardening schemes such as these have the advantage of providing the family with the option of consuming the vegetables and improving their diet or marketing the produce and using the proceeds to improve their diet or to purchase other necessities.

Home gardening projects have proven successful not only in refugee camp environment but even more so in populations where the persons are dispersed in rural or semi-urban environments where more land would be available for planting.

Recommendations

1. Several voluntary agencies have extensive experience with women in development programs. One of the most qualified agencies in this field is Save the Children (U.S.). SCF is currently working in El Salvador and has periodically provided assistance to displaced persons. It is recommended that SCF be asked to look at the problem of women in the camps and to help develop specific recommendations for income-generating programs for women.
2. Ways should be explored to increase the number of women employed by the Jobs and Health Program by expanding the number of eligible projects. One specific means to provide employment would be through the proposed supplemental feeding program.
3. The home gardening programs are an important consideration which should be vigorously pursued. One of the most experienced organizations in refugee garden projects is the Mennonite Central Committee (MCC). MCC is currently operating in El Salvador and should be requested to help identify specific programs and projects that could be carried out both in the displaced persons camps and with women residing in the dispersed population.

VII. ASSESSMENT OF THE DP CAMPS

OVERVIEW AND TYPOLOGY

The term "displaced persons camps" is a misnomer for it conjures up an image of refugee camps in other situations where large groups of people live in orderly shelters supported by one or more relief agencies providing shelter, food and medical supplies. In the case of the Salvadoran DP settlements, however, few are organized camps or settlements. Most are ad hoc concentrations of people sporadically served by various agencies and many are distinguishable from the squatter settlements in the same area only by the generally higher density and poorer condition of the shelters.

Few camps are supported by an organization that takes responsibility for providing all services. Neither the government nor the Red Cross run camps per se, and very few receive comprehensive support. The vast majority receive only minimal assistance from PVOs such as CARITAS or the Green Cross. The only commodity supplied on a regular basis by CONADES is food. Installation of water and sanitation facilities is generally the responsibility of the municipality, although CONADES has assisted in some cases, and the jobs component of the Jobs & Health Program has installed water and sanitation in a number of the settlements.

The construction of shelter is generally the responsibility of the individual family and, while CONADES has distributed various construction materials including USAID-supplied plastic sheets, most of the units are self-made from local materials. Neither CONADES nor the U.S. Government runs or provides administrative assistance to the camps.

Types of Camps

There are five types of DP camps. They are:

1. **Designated camps:** Designated camps are those which were planned as DP settlements. The size varies greatly with the largest, 2,072 persons at El Tiangué in San Francisco Gotera, and the smallest, several multi-family shelters erected by CONADES buildings in the San Isidro section of San Salvador with 226 residents. Designated camps usually have water and sanitation and, because the sites expansion contingencies and needs were considered, there is usually room to upgrade and expand the camps.
2. **Ad hoc settlements:** The ad hoc settlements are areas where groups of DPs have settled in groups and where relief agencies are distributing relief supplies. The ad hoc settlements also vary in size and shape. Many are linear, i.e., the shelters are situated along roads, railroads and in alleys. In many of the departmental centers where extensive fighting has occurred, linear settlements can be found along the roads leading from the towns. The ad hoc settlements, especially those which are linear, are difficult to upgrade. Some services, such as water, would be easy to provide, but sanitation and other facilities will be more difficult because space is limited. It will be especially to difficult to provide latrines within walking distance of individual shelters without acquiring private lands adjacent to the camps or providing individual, rather than group, latrines.
3. **Concentrations of DPs in colonias:** In many cases, groups of DPs have moved into areas adjacent to towns or squatter settlements and have become an extension of these marginal areas. In the rural towns, these are generally the best living environment for

the DPs. The housing plots are usually larger, and there is a small amount of land for gardens, individual family latrines and some outdoor area where children can play. In these settlements, the shelters are usually more substantial, with many made of bajareque^{*} or adobe.

In San Salvador and the target urban areas, many desplazados have located in, or adjacent to, existing squatter settlements and live in a symbiotic relationship with these communities. While the situations of people living in these settlements is certainly marginal at best, the nutritional and mortality studies show that the urban D.P.s are slightly better off than their rural counterparts living in ad hoc and designated camps.

Colonias in the smaller towns are fairly easy to upgrade, and self-help initiatives can be very successful. In the urban colonias, upgrading should be limited to providing water, sanitation and building materials to improve the shelters.

4. Occupied buildings: In some situations, large abandoned buildings have been occupied by the desplazados. The Tololco camp in Chalatenango is a good example. A small granary was abandoned and the equipment removed by the owners; shortly thereafter, approximately 292 desplazados occupied the grounds and have taken over the three buildings on the site. In one of the buildings, people simply share open-air facilities, partitioning them at night with clothes, towels and sheets. A smaller building nearby has been subdivided by constructing mud walls to divide the area. In the second building, the desplazados have occupied individual stalls of the former hog shed using sheets and mats to screen individual living areas. All water and utilities were cut off when the granary was closed; today water is obtained from a polluted stream that flows near the site, and people

use the stream and nearby fields for excretion. CONADES did install two pit latrines with cement covers, but neither latrine is used.

*A local form of earthen construction.

In order to upgrade conditions in camps such as these, emphasis must be placed on hygiene and organization. Without extensive education and community organization, latrine facilities and other installations will have little effect.

5. Sanctuaries: Many desplazados concerned for their personal safety have taken refuge in church buildings where they are provided protection and sanctuary. Groups of people ranging from 150 to 1300 receive a variety of services from the churches. These sanctuaries are discussed in a special section of this report.

Settlement Data

It is estimated that approximately 15% of all displaced persons reside in settlements as defined above. Of principle concern to the U.S. Government are the settlements listed by CONADES, where the majority of persons residing on the sites are eligible to receive food and other services because they are registered with CONADES (a list of all camps and their populations is included in the technical appendices.

Considerations for Upgrading D.P. Settlements

DP settlements should be viewed as a collection of interrelated systems. In order to obtain significant improvements in one sector or another, it is important to understand the interrelationship between the various systems and how they contribute to the overall health or environmental status of the camps.

In planning or upgrading a DP settlements, three design principles should be considered. They are:

1. Design for health: Health in a DP settlement is dependent upon

good water, good sanitation, good personal and group hygiene practices, and environmentally-sound shelters. Camps are usually designed around a sanitation and hygiene plan. Water facilities are installed in support of that plan and shelters are upgraded in such a way that food and water can be stored and prepared hygienically within the shelter units.

2. Design for security: The physical layout and design of the camps, and arrangement, design, and construction of shelters are important considerations in promoting internal security and providing an environment that promotes hygiene and cleanliness. Planners have generally found that grid layouts, long linear camps, and large-scale multi-family buildings inhibit security and social organization while community units i.e. clusters of inward facing shelters around a small common ground, and the use of one-or two-family shelters, promotes security and a higher standard of hygiene and cleanliness.

3. Design for long-term occupancy: Despite both DP and GOES desires that they return home, or be resettled and integrated into the general society as soon as possible, the reality is that most DP camps can be expected to exist for years. Therefore, planners and relief agencies should plan to install facilities and promote activities that will keep the people active and engaged in enterprises which promote their self-respect. Home gardening, cottage industries, and cooperative activities all play an important part in helping people maintain their dignity in these adverse situations. It is especially important in planning new camps that these considerations be incorporated into the layout plans. There are two analogies that are often helpful in conceptualizing assistance to DP camps. When a thousand or more people are living in a large camp, they are in fact a small village or suburb and need all the amenities and facilities that would

normally be provided to a human settlement. Small camps of several hundred or less are like large apartment complexes. They require the basic installations such as water, sanitation and light, but generally their economic and social activities will be focused outside the camps' environment.

Other Considerations

Before examining the status of camp systems, several points should be addressed. There is an attitude prevalent in some quarters that DPs "have it too good" in the camps. There is a myth that they are receiving ample supplies of free food, clothing and medical care. This is not the case. Food supplies are inadequate, and very few people are able to supplement their diet adequately from the sporadic employment that they receive either from the Jobs Program, or the odd jobs that they are able to obtain in an economy where officially 40% of the people are unemployed. The statistics gathered by this team on malnutrition and infant mortality in sample communities throughout the country should provide ample evidence of the poor status of people in these camps.

There is also a prevailing attitude that, if the camps are improved to a basic minimum standard, DPs will flock into the camps for "the good life." Even under the best of circumstances, DP camps will be sub-marginal settlements. Density levels are higher than in the marginal settlements, and the conditions of shelters are generally far worse. Furthermore, due to uncertainties relating to the length of time the people will be in the settlements, there is a reluctance to invest any money or efforts into upgrading the shelters to make them more livable. This will result in higher than average hygienic problems and increased health risks. There is extensive information on motivations of people for moving into refugee camps and, by extrapolation, DP camps. The primary reason people go to camps is for security. Camps are usually a last

choice, taken only when other options have been foreclosed. The level of camp services needed to "draw" desplazados into camps is far above the level that any relief agency can provide.

There is, however, one reality that should be recognized; many of the people who have moved from the rural areas to the towns, or to San Salvador, will never return to their former homes. The longer the people remain in the various camps or colonias, the more they will adapt to their new surroundings. Many will find job opportunities and other means of coping that may be stronger reasons to stay than safety will be an incentive to return. In the larger planned camps, the ad hoc camps along roads or railroads, and especially in the concentrations of DPs in colonias, only a minimal number of people will return to their place of origin. On the other hand, almost no one will want to remain in the multi-family shelters, occupied buildings or sanctuaries and, as soon as safety permits, they can be expected to want to return or relocate. These trends should be kept in mind by relocation planners, for they can indicate where persons most willing to relocate may be found. It also provides general principles for planning new settlements and determining their size.

SHELTER

The types of shelter used by displaced persons in each camp vary considerably, not only among the different camps but also within camps.

The problem of shelter in the displaced persons camps goes beyond the provision of an enclosed, safe space for the displaced families. In virtually all the camps, the shelters are environmentally deficient. They provide neither security nor a basic, healthful environment for their occupants.

The principal building systems and associated problems are described below:

1. Self-made cham-pitas: Cham-pitas are small one-room shelters made of scavenged materials such as cardboard, plastic, cane, bamboo and unsawn timber. Most have corrugated metal roofs or plastic-covered wooden roofs.

The environmental conditions inside these shelters contribute to the overall poor physical state of the displaced persons. Dust and dirt easily penetrate the houses and envelop occupants, their belongings, and food and water. Passing vehicles in the linear camps cause dirt and dust to shake off the roof and walls, further contaminating persons and belongings with each passing vehicle. Winds blow dust and debris that contribute to the problem. Cooking inside these facilities is marginal at best, and the walls and ceilings often are covered with soot and creosote caused by the smoke.

2. Wood frame, plastic sheet covered walls with corrugated metal roofs: In various camps, CONADES or other agencies have built wooden frames and used a green woven plastic provided by the Office of U. S. Foreign Disaster Assistance (OFDA) to erect multi-family shelters. In most cases, the shelters have corrugated metal roofs.

These shelters are only slightly better than the self-made champitas because the flexible plastic causes the same problems as the cardboard and leaf walls. Because they are flexible, and not rigid, they constantly eject the dirt and grime accumulated on the walls into the living environment. In most cases the displaced persons have recognized that they cannot cook inside these units; thus, smoke and soot are less of a problem than in the champitas. As a general rule, these units are not popular because the occupants feel that they have no security and must keep someone in the shelter at all times to prevent theft.

3. Earthen casitas with metal or tile roofs: Many displaced persons are building small one or two-room houses made of earthen materials. Two popular building systems -- adobe and bajareque (walls made of mud packed between wooden posts and horizontal guides of bamboo or cane) -- are seen frequently among families that have been in the camps for longer than several months. On those sites where desplazados are living among poor people in the marginal areas, or in colonias at the edge of the provincial centers, more elaborate and permanent structures are being erected, many of adobe and even a few utilizing brick. In the camps, bajareque structures are beginning to predominate, and this trend can be expected to continue the longer that people remain in the camps. In Berlin, many of the new arrivals have already begun to build bajareque structures, because of a greater feeling of security with this type of building. As a general rule, structures made with

bajareque or other earthen materials offer a better potential for maintaining a healthful interior environment. The walls are rigid and therefore do not give off dust, and occupants can more easily design and install measures to vent smoke if stoves are used inside the building.

4. Multi-family shelters in large buildings: In several situations, large numbers of families have occupied abandoned commercial buildings such as warehouses or barns, or have been provided refuge and sanctuary by churches in church buildings. In some cases, the families live openly without partitions; in others, the buildings have been subdivided by installing walls made of plastic, bajareque, cloth or cardboard. Conditions inside these buildings vary greatly, depending upon whether or not they receive support continuously from humanitarian organizations. From the standpoint of cleanliness and hygiene, the shelters supported by the Archdiocese are in excellent condition (with the exception of sanitation in one of the facilities). In the settlements that are supported only by CONADES, the conditions in multi-family shelters are generally poor and the buildings ill-maintained.

Options for Improving Shelter

Shelter conditions in camps must be upgraded in order to promote general improvement in the overall health status of the families in camps. Several options can be considered:

1. Distribution of more permanent materials: Wood for structural components of buildings and metal roofing sheets could be distributed through CONADES, or other assisting agencies, to help improve the structural integrity of the various buildings. Schemes for materials distribution systems could be linked to the Jobs Program, e.g., materials for work or coupons redeemable

at local suppliers for building materials could be issued to workers, or other schemes could be developed.

2. Provision of modular, prefabricated shelter units made of fire resistant fiberboard materials: These shelter units could be designed, prefabricated, and delivered at relatively low cost. Considerable success has been obtained in other areas using designs that provide three walls, a floor and a metal roof. The family occupying the structure is responsible for finishing the front wall, using local material such as bajareque, adobe, brick, wood, or other materials at hand, and finishing the design in a way that expresses some individuality. Units designed in this manner were delivered on-site for approximately \$250 U.S., each, in Thailand in 1980. A simple design for such a shelter unit is on the following page. The advantage of the system is that it provides a rigid building with walls, roof, and floor that is easy to clean and free from dirt. One disadvantage of this system is that it will be difficult to transport these units to the rural areas. Furthermore, the cost of providing these units could be prohibitive on a large scale. On the other hand, they can be relocated with ease.

3. Earthen buildings: Displaced persons could be encouraged to build adobe, bajareque or other forms of earthen buildings and to improve these buildings with materials supplied by an assisting agency. Special attention would be given to helping each family properly ventilate each house, and the materials supplied should enable the family to have a semi-rigid roof, a hard-surfaced floor, and rigid, clean walls.

Recommendations

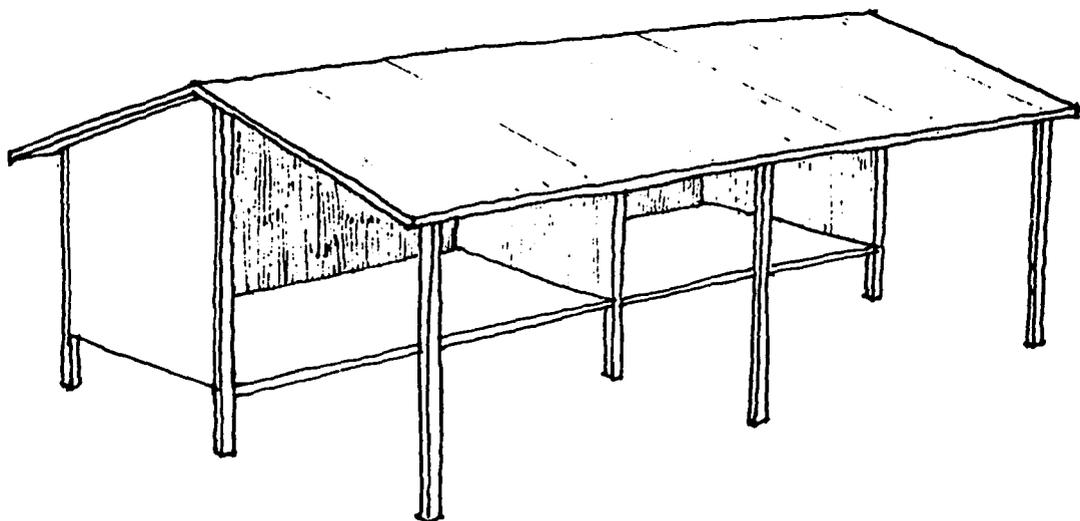
It is recommended that the third alternative be adopted. An assisting agency should provide support to encourage people to build

houses of bajareque. Bajareque is generally not considered to be a permanent house because untreated wooden posts will deteriorate over a period of only 5-7 years and the walls will then have to be replaced. By providing untreated wood of relatively small diameter, shelters with rigid walls could be erected which the occupants would be unlikely to consider permanent. By providing corrugated metal roofing sheets and the wood for a frame to support a metal roof, a rigid roof could be provided to give adequate protection from rain. Once the families had erected the bajareque walls, a 50-kilo bag of lime could be provided to enable the families to put a lime stucco or lime wash over the interior of the buildings. It is type of interior treatment of earthen buildings that makes them hygienic, because the lime is acidic and kills most germs. Furthermore, the walls can be periodically swept and cleanliness can be maintained.

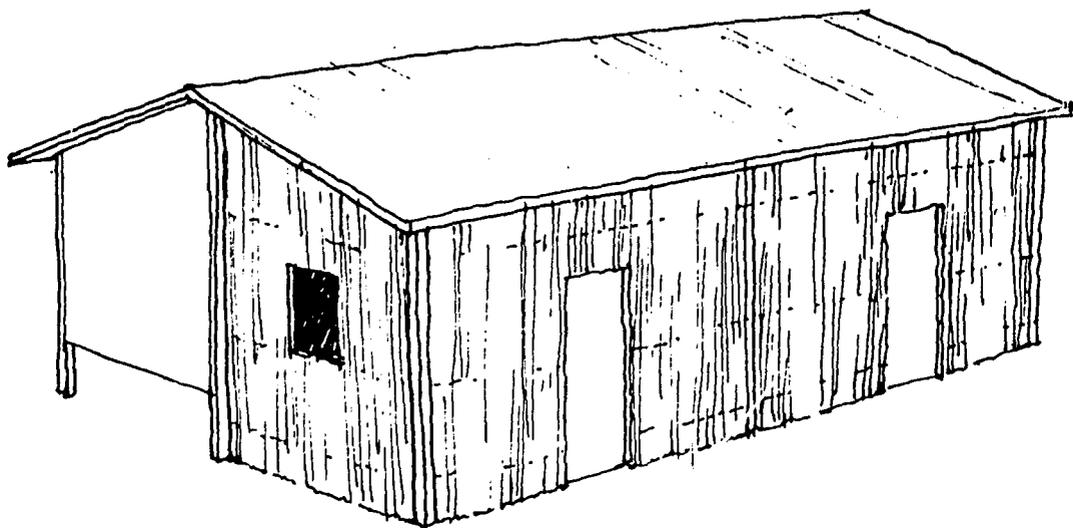
The floors of the shelters should be hard surfaced. A thin layer of cement can provide the needed cleanliness at fairly low cost. In some areas, bricks or cement road panels could also be used, although the costs would be greater than a cement floor.

A further advantage to providing these materials is that, when hostilities cease, and the displaced persons return to their place of origin or resettle to another location, the metal roofing materials can be taken with the families and used to repair their original homes or build new structures (This would also be the advantage of using bricks or paving panels for the floor.)

Typical Prefab Shelter



SHELTER UNIT AS SUPPLIED



SHELTER UNIT AS MODIFIED BY OCCUPANT

WATER SUPPLY

The quantity and quality of water supplied to the camps, as well as the methods of supply, vary greatly from camp to camp. The attached table depicts typical data relative to the water supply situation. In many cases, water is obtained from urban water systems, although in several camps, water is taken from nearby streams or from hand-dug wells. In all cases, by the time the water is consumed by the displaced persons, the quality is poor. Most reports have focused on the problem of improving the water supply. This is only one part of the problem for even if pure water could be supplied the quality badly deteriorates because families store the water in unclean containers and it is distributed for drinking or cooking in unclean receptacles. Therefore, to improve the quality of the water and to reduce the incidence of diarrhea, several measures must be taken simultaneously. First, improvements must be made in the water supply system. In locations where water is drawn from wells or streams piped water should be extended.

Second, the environment at the water point must be protected. Concrete or brick platforms should be installed around all water taps, and adequate drainage should be installed so that water does not stand and accumulate. The installation of these platforms will promote general cleanliness around the water point and will permit sunlight to help suppress bacteria around the tap.

Third, displaced persons living in camps should receive colored containers for storing their water. One system that has proved successful in other situations is to provide large green and red plastic jerry cans. The red jerry can is for obtaining the water and bringing it to the house; the green container is for storing water which has been decontaminated.

Fourth, an extensive public education campaign should be carried out in camps to acquaint people with methods for purifying water and to demonstrate basic hygienic measures for protecting the water source.

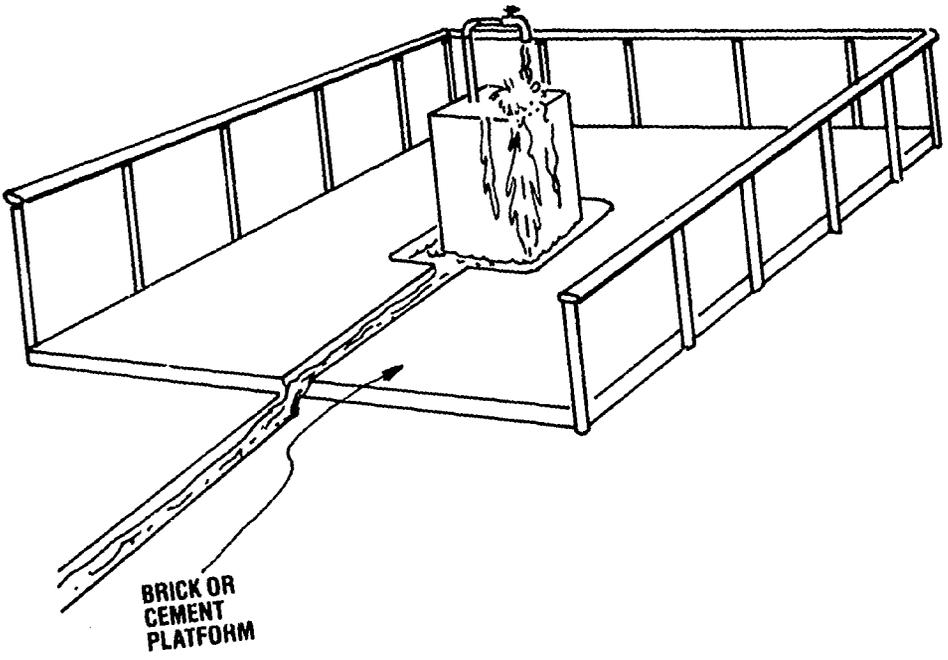
Fifth, a minimum standard of 15 liters of water per person per day should be maintained. Water supply is a function of both the amount of water that can be delivered at the water point and the distance from the a family shelter to the distribution point; i.e., the greater the distance, the less likely it is that sufficient water supplies will be acquired. The 15-liter standard has been adopted on the basis of studies that indicate that, at certain reduced levels, adverse factors occur. For example, if the water supply falls to 11 liters per day, clothing will not be washed as often and scabies may result. At 8 liters per day, eating utensils, pots and pans will not be properly washed. At 5 liters per day, more severe problems occur. (In all camps, adequate supplies of water are available nearby, although in several sites the walking distance effectively reduces the supplies on hand to levels approximating 8 liters per person per day).

Recommendations

The team recommends that piped water be supplied to each specific type of DP settlement. CONADES has developed an inventory of needs for most of the camps where persons registered for CONADES aid reside that may be used to identify specific project needs.

A quantity standard of 15 liters per person per day is recommended.

More detailed standards for water supply can be found in the technical appendices.



1/19/84

POPULATION, NO. OF PUBLIC TAPS, DISTANCE AND CHARGES FOR WATER IN NINE DISPLACED PERSON CAMPS

CAMPS	A POPULATION	B # OF PUBLIC TAPS IN CAMP	C POPULATION WITHIN 100 M. OF TAP	D MEDIAN DISTANCE TO CLOSEST TAP (in meters)	E PERSON METERS = B x D x 1000	F CHARGE FOR 1 JUG OF WATER IN COLONES	G # OF LATRINES
Santa Toca, La Libertad	800	2	0	200	160	0	12
San Marcos, San Salvador	800	0	0	1,000	800	0.11	2
San Isidro	480	0	0	500	240	0.30	4
Berlin #1, Usulután	200	0	0	400	80	0.05	0
Berlin #2, Usulután	900	0	100	400	320	0.05	0
Cacacopán, Morazan	400	0	0	300	120	0.05	0
El Tiangué, Morazan	3,000	3	300	400	1,200	0	10
Caritas, San Vicente	3,000	2	300	400	1,200	0	12
Fenadesa1, San Vicente	1,800	0	0	400	720	0	0
TOTAL	11,280	7	700	4,000	4,840	-	40

Source: Project HOPE proposal

SANITATION

The provision of latrines in DP settlements poses a number of technical as well as social problems. In the linear camps, the provision of common latrine facilities will not resolve the overall problem. Experience in Latin America as well as in other regions indicates that people will not walk farther than about 75 meters to use latrines, no matter what type of latrine or its cleanliness. In all the linear camps that were visited, use of communal latrines was low and evidence of defecation within several meters of all the houses could clearly be seen. In the smaller, concentrated camps as well as the three rectangular camps in Gotera, the level of use was much higher. In part, this is due to the fact that these latrines are flush toilets and are relatively well-maintained. However, in no case was the distance to the latrines greater than 50 meters.

Options for Meeting Need

In the linear camps, individual or small group latrines should be installed. If individual family latrines are chosen, pit latrines with concrete covers and built-in seats can be used. With proper technical assistance, these latrines can serve quite well for an extended period. However, given the density of the population, pit latrines should only be used if piped, running water can be supplied to the camps.

An alternative latrine system for large camps which should be considered is the aqua privy. Several designs have been developed for use by refugees. One disadvantage to the aqua privy is that it requires periodic desludging of the receptacle (although this can be done with a cart and hand-pump) and a steady water supply to the

settlement (not the latrine) in order to work properly. Literature about the aqua privy is attached in the appendices.

Another option to consider is the installation of chemical toilets. Various designs are available, but essentially they are the same type of unit that is used by construction crews in the United States. The chemicals can be acquired commercially; a fiberglass tank could easily be fabricated at low cost in El Salvador; and a design for the enclosure, relying principally on local materials, could easily be prepared. The primary disadvantage to chemical toilets is that they need to be emptied periodically.

Water-sealed toilets have been proposed as a solution for several of the camps. This type of toilet would probably work well in smaller camps where numerous people are living in one large building (such as the Totolco camp in Chalatenango). The primary disadvantage to the water-sealed toilet is that the "goose neck" that maintains the water seal can easily become clogged with paper or other non-dissolving materials. A simple "plumber's helper" can usually clear the blockage, but how long such devices could be kept on hand is questionable. Technical drawings and designs for the water-sealed toilet are attached in the technical appendices.

Composting toilets have been recommended by several appropriate technology specialists and relief agencies working in the country. As a general rule, composting toilets have not proved successful in refugee camp situations, especially if the toilets are used by more than one family. One primary disadvantage is that multiple users fill up the latrine before the composting action can take place and removal of the waste can be an unpleasant experience. Composting toilets, however, could be a successful alternative for displaced persons who are dispersed throughout larger colonias or who are residing in rural areas.

Recommendations

No single latrine option should be considered a universal solution to the sanitation problem. The attached table lists the recommended latrine systems for each type of DP settlement.

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RECOMMENDED LATRINE SYSTEMS

FOR D.P. CAMPS

<u>CAMP TYPE</u>	<u>LATRINE SYSTEMS</u> <u>URBAN AREAS</u>	<u>RURAL OR SEMI-URBAN</u>
<u>Designated Camps</u> Large (500 plus) Small (499 less)	Flush latrines Flush latrines	Water seal toilets Aqua privies
<u>Ad Hoc Camps</u> Small rectangular Linear	Flush latrines Aqua privies	Aqua privies Individual pit
<u>Colonias</u>	Aqua privies	Pit latrines or composting toilets
<u>Occupied Buildings</u>	Flush latrines	Chemical toilets

WASHING FACILITIES

Some of the health problems in the camps can be directly attributed to a lack of hygienic facilities in the camps. Some diarrhea can be attributed to dirty eating utensils, and scabies can be attributed both to prolonged wearing of dirty clothes and infrequent bathing.

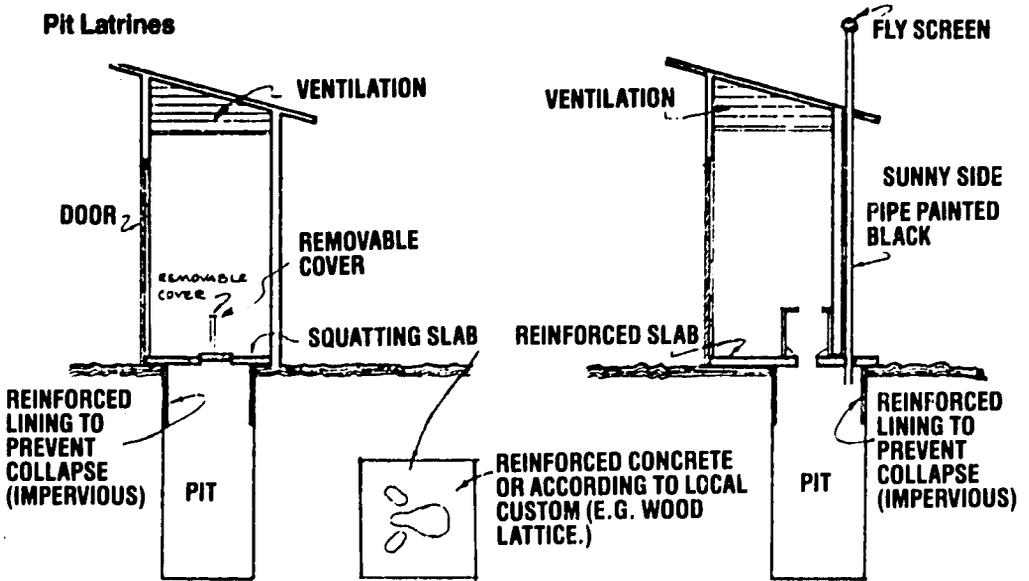
Possible Solutions to the Problem

Three possible solutions can be suggested:

1. In smaller camps, a concrete or brick platform near a water tap could be built. Plastic or local materials could be used to provide a divider so that men and women could have privacy when they are bathing. A portion of the area could be designated for washing the cooking and eating utensils. As a general rule, however, a single platform and tap -- even with adequate drainage -- often proves difficult to keep clean.
2. Various designs exist for an integrated shower house with an adjacent washing area for cooking and eating utensils. While environmentally such facilities are usually sound, in large and linear camps they can become a problem, because at night the facilities become potential sites for crime and assaults on women.
3. A third approach is a multi-purpose washstand. Several designs have been developed for use in refugee camps that could be employed in most of the displaced persons camps in El Salvador.

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LATRINES

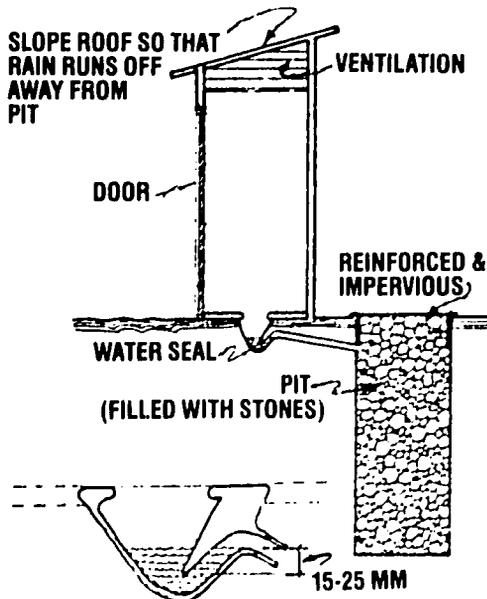
Pit Latrines



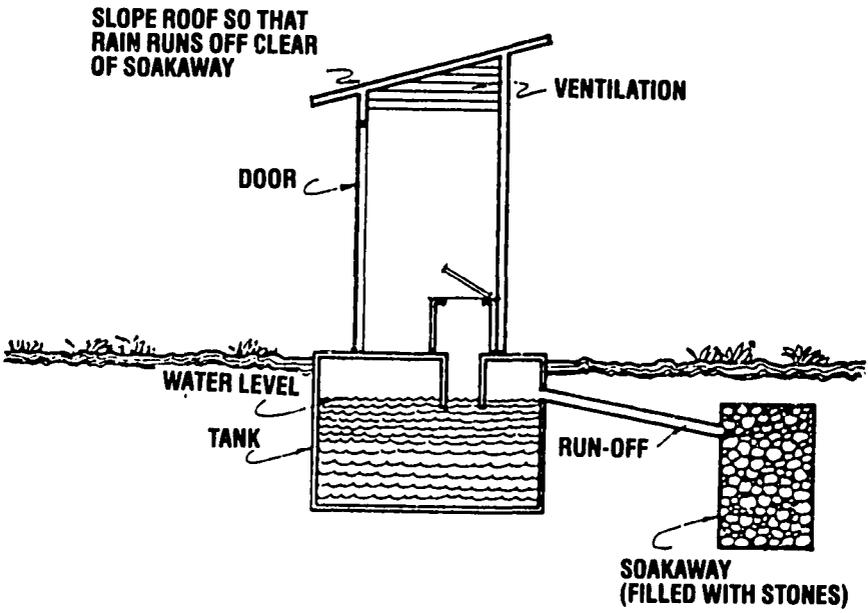
BASIC PIT LATRINE (WITH SQUATTING SLAB)

VENTILATED IMPROVED LATRINE (WITH SEAT)

Water Seal Latrine



WATER SEAL—MAY BE CAST IN ONE UNIT WITH SQUATTING SLAB

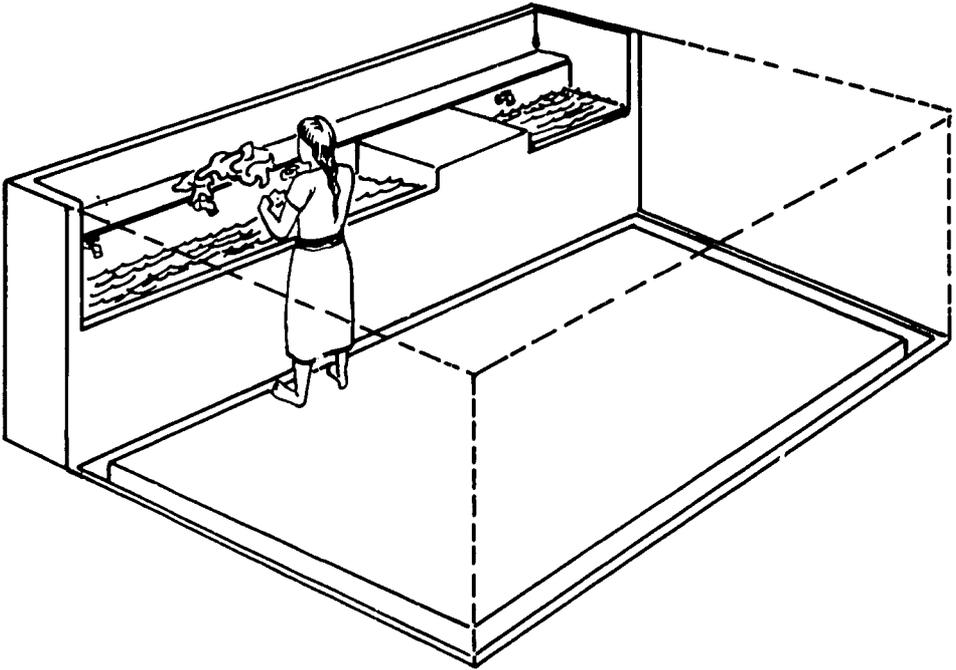
Aqua Privy

RECOMMENDED WASHING FACILITIES

FOR D.P. CAMPS

<u>CAMP TYPE</u>	<u>WASHING FACILITIES</u>
<u>Designated Camps</u>	
Large (500 plus)	Integrated showerhouse with washstands
Small (499 less)	Multi-purpose washstands
<u>Ad hoc Camps</u>	
Small, rectangular	Multi-purpose washstands
Linear	Multi-purpose washstands
<u>Colonias</u>	N.A.
<u>Occupied Buildings</u>	Designated area

Multi-Purpose Washstand



FLY CONTROL

At the present time, flies do not appear to be a major problem in the displaced persons camps. As the numbers of people increase however, and sanitation and hygienic problems become more acute, flies could become a major problem. Furthermore, during the rainy season the fly problem may naturally increase. Therefore, it is important that activities be taken to control flies before they do become a problem.

Options for Addressing the Problem

Several options exist for controlling flies. They include:

1. **Chemical Control:** Insecticides can be acquired and provided to teams in the camps to periodically spray areas that would attract flies. The problem is that chemicals must be rotated periodically; protection must be provided to the workers, and results will not be effective unless widespread spraying is carried out.
2. **Improve refuse collection and hygiene control in the shelter areas:** By collecting refuse and providing families with receptacles for holding wastes until they can be collected, flies can be denied their sources of food and breeding areas. This, coupled with better sanitation systems, can substantially reduce the threat of fly-borne disease, as well as reducing the overall number of flies present in the camps.
3. **Installation of screens:** In recent years, sanitarians working in refugee camps have demonstrated that installation of wire

mesh screens around latrines and garbage storage areas, coupled with a program of active refuse collection, can substantially control flies. This is a relatively low-cost measure.

Recommendations

It is recommended that the Program Unit utilize the Jobs Program to establish refuse collection teams in each of the displaced persons camps. Refuse storage barrels should be provided according to the standards outlined in the technical appendices, and families should be provided with plastic waste bags that can be sealed tight and will hold approximately two week's garbage.

It is recommended that the Jobs Program undertake the construction of screened waste-holding bins where waste bags can be deposited until they can be collected by the municipal authorities. It is also recommended that the Jobs Program install wire mesh screens on all latrines and improve the doors so that flies cannot enter the latrines.

Public education on the importance of fly control should be carried out as part of the overall health education program. Visual aids such as posters, comic books and/or filmstrips can be acquired from PAHO, the International Rescue Committee (IRC) or other internationally-recognized health education specialists.

MALARIA CONTROL

Malaria has been identified as a health program in some of the areas where displaced persons have concentrated.

Options for Malaria Control

Malaria control involves several simultaneous activities. They are:

1. Suppression of mosquitos with insecticides.
2. Removing sources of breeding by improving drainage so that water will not stand close to houses, removing areas where water could stand or accumulate under shade, keeping large water containers covered, and keeping muddy areas from forming by paving locations such as washing areas, water taps, etc.
3. Providing medical treatment with chloroquine to symptomatic non-immune persons. This latter group includes young children and any persons who have recently moved from a non-malarious area to an area with endemic malaria.

Recommendations

1. Given the current conditions, only the second two actions are feasible. Therefore, it is recommended that the Jobs Program ask appropriate staff of MSPAS to identify malarious regions and identify areas where mosquitoes could breed and undertake small projects to eliminate or improve these sites.

2. It is recommended that staff of MSPAS help in developing a questionnaire to identify desplazado families who have recently moved from non-malarious areas to areas endemic for P. falciparum malaria. These persons are without immunity and are at high risk of severe or fatal malaria attacks; they should be counselled and treated accordingly.

3. It is also recommended that the GOES Malaria Control Division be provided with funds, as necessary, to provide appropriate malaria control activities and treatments in the concentrations of displaced persons.

4. It is recommended that careful attention be paid to reports of malaria in desplazados as a stimulus for deciding on priority areas for intervention programs by the MSPAS malaria unit.

COOKING FACILITIES

In each of the camps visited, different types of cooking facilities were observed. Generally, most displaced persons use the traditional earthen stove, built on a table or earthen platform, which uses firewood for fuel. However, in many camps private organizations have demonstrated and/or built the Lorena stove, an earthen stove that uses less than half the normal amounts of firewood, and which can be vented with a simple chimney to take the smoke outside the house (although most Lorena stoves have been built outside rather than inside the house). In those cases where the Lorena stove is not used, both firewood and smoke are major problems.

Options for Meeting the Need

Several options exist for improving cooking facilities and reducing smoke. First, additional technical assistance can easily be provided by existing voluntary agencies to the camps to further encourage people to use Lorena stoves. There does not appear to be any resistance to the use of these stoves, although many people have complained that the stove is too big and takes up too much space.

Second, other designs for fuel-efficient earthen stoves have been developed. In the Dominican Republic, a modified Lorena stove, more comparable to the traditional stoves used in El Salvador, has been designed. This stove is also easy to vent but is less fuel-efficient. The primary advantage is that it is more in line with traditional stoves and takes up much less room.

Third, solar stoves have been proposed by several relief agencies. Solar stoves have generally not proven to be successful

in refugee camp situations in other countries. This is because a solar stove often requires extensive adjustments during the cooking period; the women cannot easily determine the cooking times necessary for basic meals; and the stoves have to be left out in the open in order to collect sunlight. Therefore, in the denser camps where many families are living in one building, they would not be practical. Furthermore, in the rainy season the solar collectors are not as efficient, and meals could not be prepared on schedule.

Fourth, stoves that use other types of fuel could be provided. One type of system that is often proposed is a stove that uses methane gas derived from biodegradation of human and animal wastes. As a general rule, these have not proved successful in refugee camp situations unless a substantial number of animals are kept by the resident population. (Human wastes alone do not provide sufficient biogas for sustained cooking of the type normally found in a camp situation.). Furthermore, the use of biogas would necessitate common cooking facilities, a practice which is not in keeping with traditional social customs in this country. A biogas system, however, could be contemplated in facilities where large numbers of people are living in one building in rural -- not urban -- areas.

Another measure which should be contemplated is the introduction of charcoal as a fuel. Charcoal-making could easily be carried out on most of the camp sites, and the use of this fuel would reduce the amount of wood needed and the amount of smoke produced during burning. Information on charcoal-making is included in the appendices.

Recommendations

Recommendations for stoves and/or cooking facilities for each type of camp is included in the following table.

HYGIENE AWARENESS

Hygiene education is an important part of any health program and is especially critical in an environment such as displaced persons camps where people are living in marginal and unfamiliar conditions. Education regarding sanitation, personal hygiene, water purification, vector control, and even elemental measures such as the necessity for children to wear shoes, all require extensive and public awareness and education efforts.

In recent years, a wealth of literature and visual material has been developed specifically for refugees and persons living in marginal areas; this could easily be adapted to the displaced persons in El Salvador. Many of these materials are already in Spanish, and others could be quickly translated. Without hygiene education, even the most well-intentioned, well-organized and well-supplied relief activities will have only partial success.

Options for Resolving the Need

The primary focus for all health hygiene and nutrition education should be through the supplemental feeding program (see section on nutrition and feeding). Organization of the feeding program and the supply of services through the feeding center provide an opportunity to address a "captive audience" of women who have brought their children to the feeding center. By involving women in the preparation of the foods, nutrition education is provided. By working with the women on a daily basis in bringing their children back to health, other opportunities arise in which education can be presented.

Women are the critical element in hygiene education, for it is they who prepare the food, maintain the drinking water supply, clean the house, bathe the children, wash the clothes and eating utensils, and breast-feed the younger children. In the supplemental feeding program, these women are brought into the centers to get food for the younger children; this provides an opportunity to present them with education on a daily basis. Studies in various refugee operations have shown that, when women's awareness of hygiene rises, the general overall condition of the family will improve.

2. The Ministry of Public Health has extensive experience in health education activities. Unfortunately, these have been disrupted by the conflict and many of the experienced health promoters have been unable to continue their service. As part of the health sector revitalization efforts, the MSPAS should be supported to revitalize its health education component, and funds should be provided to permit the MSPAS to provide specific promotion services to the displaced persons living in camp situations as well as to large concentrations of displaced persons living in identifiable marginal areas.
3. A voluntary agency could be assigned responsibility for health education. Several organizations have proposed a health education component in their overall scope of services. Some of the more experienced agencies, such as IRC, have extensive literature and experience in various aspects of hygiene education and, by utilizing these agencies, the costs would be reduced.
4. The Program Unit could be charged with responsibility for hygiene education in the displaced persons camps. A health promoter could be assigned to work with the nurses already providing services in some of the camps.

Recommendations

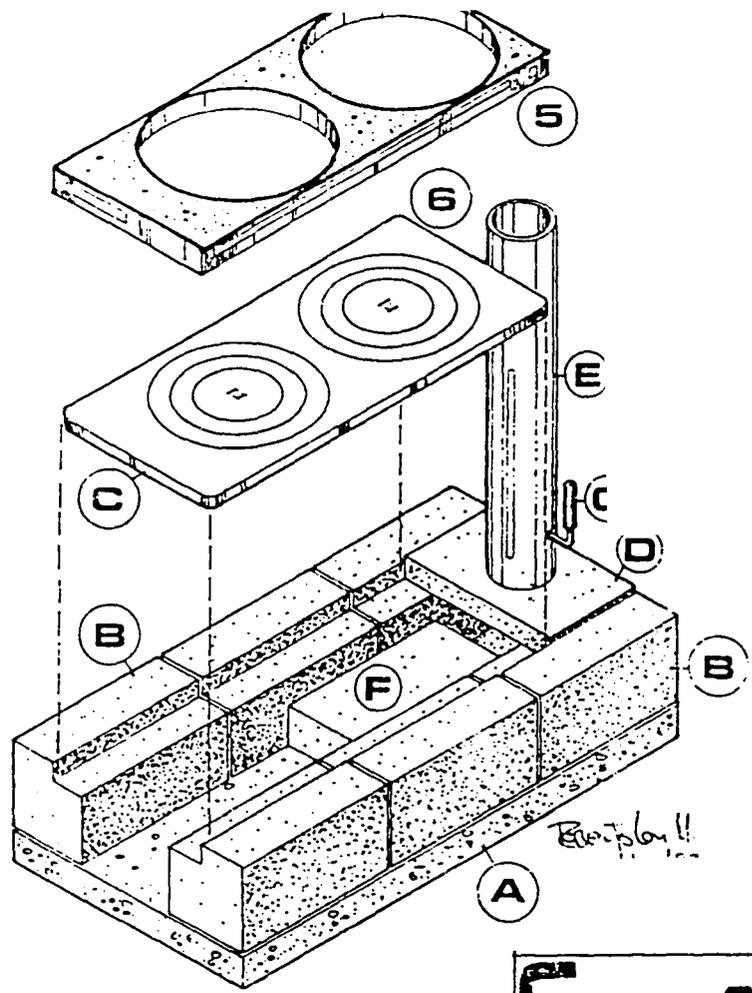
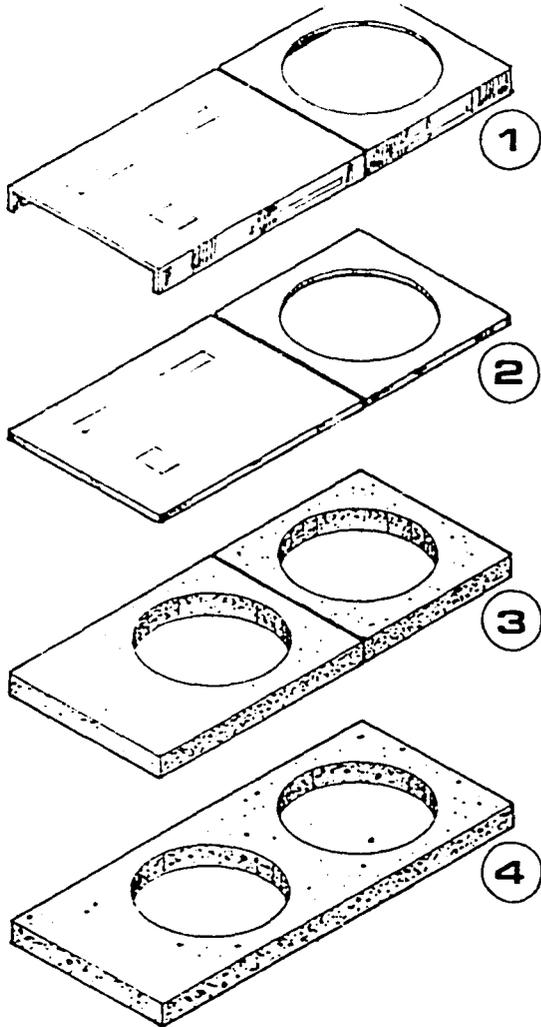
It is recommended that the primary outlet for hygiene education be the supplemental feeding program, but that additional public awareness activities be carried out in all concentrations of displaced persons.

It is recommended that the Ministry of Public Health be assigned overall responsibility for health education. It is also recommended that an experienced voluntary agency be contracted to provide support services to the MSPAS and to serve in areas where the MSPAS cannot work at present.

RECOMMENDED COOKING FACILITIES

FOR D.P. CAMPS

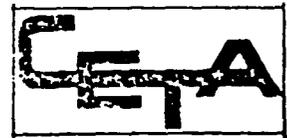
<u>CAMP TYPE</u>	<u>INDIVIDUAL STOVES</u>	<u>STOVES FOR FEEDING CENTERS</u>
<u>Designated Camps</u>		
Large (500 plus)	Lorena or D.R. Stove	Lorena Stoves
Small (499 plus)	Lorena or D.R. Stove	Lorena Stoves
<u>Ad hoc Camps</u>		
Small rectangular	Lorena or D.R. Stove	Lorena or D.R. Stoves
Linear	Lorena or D.R. Stove	Lorena or D.R. Stoves
<u>Colonias</u>	Lorena or D.R. Stove	N.A.
<u>Occupied Buildings</u>	Biogas Stoves	Biogas Stoves



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SISTEMA



SECURITY IN CAMPS RECEIVING ASSISTANCE FROM CONADES

Security -- the physical protection of DPs in camps from crime such as theft, intimidation, rape, murder and other non-military or terrorist violence -- varies greatly from camp to camp. As a general rule, the evaluation team found that most people felt their camps were relatively secure internally. In other words, very few persons residing in the camps would take advantage of, or threaten, other persons in the camp. Furthermore, with only a few exceptions, there were not widespread security problems posed by people from the surrounding communities taking advantage of or preying upon displaced persons. In many cases, persons residing in the camps said that they were well-treated and often helped by persons in the surrounding communities, many of whom are friends and neighbors. In San Francisco de Gotera, residents of one camp reported that they even received representation to the departmental government through their alcaldes (mayors) because the alcaldes were also desplazados living in the town and the government continues to recognize their status even through they have temporarily moved.

There are, however, several reported incidences of women and young girls having been molested by non-regular military forces. The DPs have indicated that these were non-political events; therefore, they are security rather than "protection" issues. It must be emphasized, though, that rape incidents have not been frequent in the camps.

Options for Improving Internal Security in Camps

Normally there are three ways of improving security inside a DP settlement. They are:

1. To design the camp in such a way that intrusions by outsiders are noticed by all and an alarm for protection can quickly be sounded. In most cases this would be difficult to do in the Salvadoran DP camps. Most are too small to rearrange in a design that would promote security; they are linear (i.e., laid out along roads or railroad tracks) and cannot be rearranged due to lack of land; or they are in permanent buildings which cannot be altered due to economic considerations. Several of the larger camps, however, could be rearranged, and some have sufficient land so that newer housing units could be placed in such a way as to provide more internal security. However, in these latter camps security problems have not been noted.
2. To install lights throughout these settlements. This is one of the best measures to promote security. Adequate security lighting and lights around facilities used at night such as latrines, washing stands and water supply areas can greatly reduce security problems. The lighting in all camps could be improved, especially in the linear camps and in the camps in the more rural areas.
3. To assign a police force or vigilance committee to patrol the camps. As a general rule, local security forces should be assigned to protective duties in camps located outside the limits of the towns. Military commanders, however, should take care to ensure that the soldiers assigned to this duty are well-disciplined and that records are kept indicating which soldiers have been assigned during specific watches. As a general rule, vigilance committees made of desplazados should not be encouraged. It is doubtful whether unarmed vigilance groups could deter an attack by an armed intruder and, given the problems with protection, it may be putting more lives in danger than necessary.

Recommendations

It is recommended that increased security lighting be installed in all DP camps, especially around all facilities that would be used at night.

It is recommended that camp desplazados concerned about possible security problems be encouraged to establish an informal alarm system.

It is recommended that CONADES be provided with technical information relating to camp planning so that if new, large DP camps are required, they can be laid out in such a way that internal security can be established.

It should be noted that an increased presence of voluntary agency personnel, especially international staff, in the camps may in itself help reduce incidents.

LAND LEASE FOR DISPLACED FARMERS

Many displaced persons are farmers. One project which could benefit these DPs would be to lease small plots of unused land near the DP settlements so that farmers could plant small gardens for subsistence foods as well as minor marketing. Land Lease Programs for refugees and disaster victims have proven successful in several countries. Land can usually be leased from absentee landlords or can be provided gratis by municipalities and/or churches. Tools and seeds could be provided for both men and women during the appropriate seasons. In some cases nutrition education and gardening instruction can be given together.

There are several voluntary agencies with extensive experience in land lease and refugee gardening programs. These include the Mennonite Central Committee, Church World Service, (whose local counterpart is CESAD), and World Vision.

In order to lease the lands, a special fund should be established which could be administered by the Program Unit. Once lands are identified, a local organization could lease the land for a period of 1 year with an automatic 1 year extension. Once the lease was signed, the works program could provide assistance in clearing the land and making necessary improvements such as terracing or subdividing. Farm families in the DP population could then draw lots to determine which ones would be permitted to work the land. Tools could be provided by the Program Unit and seeds, technical assistance and, if necessary, fertilizers and pesticides, could be provided by the Ministry of Agriculture through a special project agreement.

VIII. STATUS OF DISPLACED PERSONS NOT LIVING IN CAMPS

Over 80% of all displaced persons are not living in a camp environment; rather they are living with friends or relatives or have taken up individual residence in communities in other parts of the country. The "dispersed" character of this population causes a variety of problems for those trying to assess needs as well for relief administrators. The majority of the dispersed population is difficult to identify for many of the reasons stated in the introduction of this report.

However, over 200,000 dispersed DPs have registered with CONADES and CONADES has compiled various statistics regarding their characteristics. This information is included in the annexes to this report.

The objectives of the humanitarian assistance program for displaced persons includes provision of assistance to dispersed desplazados. Furthermore, an objective of both the jobs and health components of the program is to reduce the impact of displaced persons on communities heavily affected by the influx of the DP's. Since most DP's are not living in camps, the importance of estimating this impact and the measures to reduce the impact can be seen.

Health and Nutritional Status

In order to gain a perspective on to the health and nutritional status of the dispersed population, health and nutritional status surveys were conducted. The results of this survey are discussed in detail in the Health and Nutrition section and tables of the survey results are compiled in the technical annexes of this report. In

summary, the surveys suggest that the desplazados living in rural departmental towns are somewhat worse off than DP's living in both San Salvador and in rural towns. Rates of malnutrition among young children of the rural group were higher and there was also a trend toward higher child mortality rates.

IMPACT ON COMMUNITIES

Numerous communities have received large influxes of DP's, most of whom are dispersed throughout the environs of the towns. The degree to which the impact of DPs is felt depends on the number of desplazados, their percent of the total population, the rate of new arrivals, and the number of people who might arrive at any one time. The primary impact of a large concentration of DPs on a small community would be the increased competition for jobs. In some smaller towns there has been a general overloading of the municipalities' ability to provide municipal services such as extension of utilities and refuse collection. In most cases however, the municipalities are adapting well and few cases of serious environmental hazards or problems were noted. Many of the projects carried out under the jobs program have contributed to easing the strain on the communities.

The team could find no overt resentment or hostility towards the displaced persons. In fact, the team was touched by the expressions of charity shown by even the poorest people towards DP's and many DP's reported that they had received help from local churches and civic groups in their communities.

Impact of the Jobs Program on the Dispersed DPs

A premise of the original program agreement was that the extended family system was helping to absorb and supply the majority of DP's. While the burdens today are much greater, sheltering with

family or living individually in a marginal area still appears to be preferable to living in DP settlements. Many DP's are sheltered with friends and relatives who share their resources and food, as well as their homes. For the most part, the DPs living in this situation are the ones who should be best served by the jobs program and there is little doubt that the program makes a significant effort to enroll dispersed DPs in the employment program. From a review of their health and nutritional status, however, little positive impact can be seen.

The program agreement anticipated that the investment of cash into the host community through the jobs program would have an "economic multiplier effect." Unfortunately, this could not be verified. It is believed, however, that only small amounts of the money make it back into the local economy. Since some food and other assistance are available to most persons, the little cash that is earned is probably saved as long as possible. Some amount may be spent on luxury items such as cigarettes and alcohol and some is probably contributed to the extended family's common earnings. However, experience from other refugee situations, as well as their poor nutritional status, would indicate much of the money is being kept for emergencies, not expended for food or other routine purchases in local markets.

It should be pointed out that the Jobs Program is quite popular with local municipal authorities. At a time when the government finds it difficult to implement normal projects, the availability of a DP labor force to augment local staff and execute works projects is viewed as a boon. It is certain that this has kept at least official resentment of the presence of DPs to a minimum and pays off when local governments help pay a part of projects to assist the DP camps.

Communicable Disease in the Dispersed Population

Increased incidence of diseases among the dispersed DP population, or among the host populations has not been reported. It is difficult however, to determine whether or not this is a result of the immunization campaign conducted by the Program Unit, the general immunization campaign conducted by the Ministry of Health, the generally lower density living conditions of the dispersed population or a combination of two or more of the above.

However, it is recommended that the Program Unit and the Ministry of Health continue their efforts to vaccinate persons living in communities with high concentrations of dispersed DP's. (See section on Vaccination program)

DPs Dispersed in Urban Areas

Many DP's have slipped into marginal areas in San Salvador and in the larger departmental centers, such as San Vicente and San Miguel. In San Salvador, a small percentage of the total are living in concentrations among persons in marginal areas. Several of these settlements were visited and surveyed by the evaluation team. At the present time DPs living in San Salvador are not eligible to participate in the Jobs Program, although they are eligible to receive food and services from CONADES. The health and nutrition surveys indicate that DPs in the city are in better condition than other DP groups and people in marginal areas. This is probably due to a better delivery system of food and services in the capital. In discussions with these DPs, it is clear that occasional work can be obtained and to a very limited extent these people participate in the "parallel" economy common in marginal areas throughout the world. Thus, while they certainly are in a low income bracket and

are in need of many basic services, an expansion of the program to the capital city is not recommended.

It is recommended, however, that the basic services now provided by CONADES through the camps in San Salvador be expanded and that efforts be made to identify dispersed DPs and to extend services to them.

Further recommendations regarding the Jobs Program are found in the section analyzing that component of the overall program.

It is the conclusion of the evaluation team that the jobs program is one of the best ways to meet the needs of the disbursed population though some adjustments need to be made to insure that all DP's in need have equal access to the program. The team feels that while the program has not demonstrably met the objective of easing the burden on the extended family system to indirectly keep desplazados from having to move into the camps to receive services, it has provided self-respect and has contributed to many worthwhile social objectives. Furthermore, it has met the objective of reducing the adverse effect of the immigration of large numbers of people in the smaller communities.

In order to meet the needs of the increased number of dispersed DP's it is recommended that the jobs component of the program continue and that increased funding be provided to meet the needs of the increased numbers of DP's dispersed in the smaller towns.

IX. RELOCATION FOR DISPLACED PERSONS

Background

Relocation is one of the three permanent solutions to reintegrating desplazados into normal life (the other two are returning to the place of origin and integration into the host community). Successful relocation plans have been carried out for refugees and DPs in many countries and certain practices and approaches have been worked out over the years. Nonetheless, relocation is always a delicate matter and agencies participating in relocation must do so with the realization that the issue can be extremely sensitive and that relocation assistance can be expensive.

Relocation activities are always open to the criticism that they are forcing people to move against their will. Rumors of forced relocation have been known to set off riots in refugee camps.

Even incentives to move must be handled with caution. If an agency tries to force a move by offering an increased range of goods and services in one area while substantially reducing services in the area where the DPs are living, any support for relocation will quickly be lost.

In short, relocation is far more complicated than it would seem to an inexperienced observer. A full range of services is needed and a lot of ground work is necessary before a relocation plan can be presented to the displaced population. It should be remembered that people are already in a state of uncertainty and are grasping onto the hope that they might have a chance to return to their homes. To offer a further uncertainty regarding relocation means that they will have to make a very profound choice and essentially

give up any hopes they have of returning home. Such a choice cannot be taken lightly by the desplazado nor lightly urged upon them.

Approaches to Relocation

There are three approaches that can be taken to relocate persons. One is an individual and two are group approaches.

Individual Approach

In the individual approach, the relocation agency assigns a case worker to help each family find a place to go. Once the decision to relocate is made, most families know where they want to go. Most will have families or friends in other areas and want to resettle close to them. Others must go where their skills can be used. Farmers will want to find agricultural opportunities, persons with industrial skills or small business experience will likewise need to be relocated where there is a chance for employment. Other people will need special assistance to help them find suitable alternatives to their current status.

Individual relocation requires individual counseling and case work. This requires a degree of sophistication and is more complicated than other approaches. It also requires a longer lead time to get started but once the program is in operation, experience has shown that a higher percentage of success than other methods will result. If relocations are successful, more and more people will begin to apply for assistance.

Individual relocation programs are supported with job counseling and financial assistance in the form of relocation grants and, in some cases, loans for helping people to establish micro-enterprises at their new location.

Group Relocation Approaches

In group relocation plans, the relocation agency identifies and develops enterprises that will employ large groups of displaced persons. In short, they find DPs a place to go and something to do.

Two approaches typify group relocation. In the first, a single new enterprise is established that will employ DP labor. This may be a farm, a factory or a particular long term, public works program such as reforestation, soil conservation, etc. that is set aside especially for DPs.

This approach requires the least support. Once the job positions are open, the persons are simply hired by the new enterprise and the relocation agency provides a small grant to help the family move to the new location and provides a housing allowance to help them get established in the new community.

The second type of group relocation is the most complicated. It involves the establishment of a new, integrated settlement that offers a full range of jobs and services for the relocated families. Many countries have used this approach to establish settlements in sparsely populated areas or to support the development of new industries deemed important to national development plans. For example, several African countries have used DP resettlement schemes to launch cooperative agricultural communities in unpopulated areas. Other countries have relocated DPs to their coast in an effort to develop fishing industries.

The development of new settlements comprised of displaced persons is by far the most complicated method of relocation. Not only must lands be acquired, housing erected, water and sanitation facilities installed and basic enterprises established but the

people themselves must be retrained and provided with a complete network of economic and social services for several years after their relocation.

Order of Per Capita Costs

All relocation plans are expensive. The per capita costs of relocation will depend on the commitment and the range of goods and services made by the relocating agency. The most expensive approach is the establishment of new integrated settlements. The least expensive is usually the establishment of jobs for large numbers of people if those jobs are created by the private sector. If the jobs must be provided by government through public works programs or grants to establish new enterprises, the per capita costs increase substantially.

Individual relocation costs vary considerably depending on the availability of jobs in the relocation areas. If jobs are available, relocation assistance can be minimal. If jobs are not available, loans and grants may have to be provided to help families re-establish themselves in their new location.

No matter which approach is chosen, there will be certain fix costs. Relocation case workers, counselors and clerical staff would be required.

Current Plans

At the present time, CONADES is considering the establishment of a program to help desplazados relocate to safer areas. The approach of this program is integrated resettlement. A review of the tentative plans indicate that they are quite complicated. There are a number of subplans and an elaborate system of cooperation between ministries. Two aspects of the program may be problematic. First,

the program will require extensive inter-ministerial cooperation and coordination and it is not clear how the funds for relocation services provided by different ministries will be handled. If the funds come from a central source to reimburse ministries for their activities, costs should not be a major problem but if each ministry receives funds to participate as needed, costs will increase and cost accounting will be difficult.

Another potential problem that could be both complicated and costly relates to plans to help people adopt new forms of livelihood. Much of the discussion to date has focused on creating new fishing communities along the coast. While only a few of the jobs in these communities will directly relate to fishing, it may be difficult to interest persons from mountain farming communities to establish a new life around commercial fishing. It can be done, but it is far more complicated than the planners now realize.

Many of the approaches proposed by the current relocation planning committee appear to be borrowed from the CONARA plans to assist people returning to pacified areas. It is recognized that the plans are still tentative but it is hoped that once the formal planning begins, a more balanced program will be developed. Experienced relocation planners should be sought to provide technical assistance to CONADES.

Recommendations

U. S. Relocation Policy

It is important that any relocation activities supported by the US Government be as free of controversy as possible. Relocation should be viewed as both a permanent solution to the problem of reintegrating desplazados into the main-stream of the

economy and as a part of the overall human rights equation. The sine qua non is that it be voluntary.

Incentives for relocation may be used but stark disincentives must be avoided.

The evaluation team recommends that the following policies be established and observed in relation to any proposed relocation activities:

1. All relocation activities must be voluntary;
2. Prior to the move, an internationally recognized non-governmental agency should verify that the move is voluntary;
3. No group relocation should be undertaken if the proposed relocation area is in a zone of conflict.
4. If an individual chooses to relocate to a site that is in or near a zone of conflict, financial support for the move should be provided by a third party. Financial assistance for relocation of both individuals and groups to safe areas should be supported by AID.
5. Once relocated, a framework of assistance should be provided to help people make the transition to their new life.
6. Adoption of these recommended relocation policies offers several advantages. Most important is that by having a non-governmental organization certify that any move is

entirely voluntary, charges concerning forced relocations would be avoided.

Recommendations:

--It recommended that the US government support CONADES in the establishment of an Office of Relocation Services. This office could be a sub-office of the Office of Transition Services recommended in the previous section.

--The Office of Relocation Services would be provided sufficient support to enable it to provide individual counseling and undertake the necessary casework to assist individuals and groups in relocation. As a matter of economy, it is recommended that the office be provided with sufficient funds to provide the complete package of loans and grants and other relocation services rather than trying to provide other participating ministries with funds to carry out a part of the relocation activities. USAID and CONADES should jointly explore the mechanism whereby CONADES would implement relocation and establish an appropriate management model.

--It is recommended that the US Government encourage CONADES to place more emphasis on individual and group enterprise approaches to relocation rather than integrated resettlement schemes.

--It is recommended that CONADES be encouraged to establish a program of loans and grants as the primary vehicle for supporting relocation.

--It is recommended that CONADES be encouraged to establish a range of follow-up services to ensure that persons who have been relocated are able to make a smooth transition from their status as displaced persons.

--It is recommended that the relocation activities give initial priority to reducing the population of persons living in DP settlements. Emphasis should be placed on those types of settlements with the greatest likelihood of interest. This would include older settlements where people have been living for two years or longer; settlements that are untenable in the long run, such as buildings that are occupied as multifamily shelters; ad hoc settlements that cannot be upgraded; and designated camps in areas where large concentrations of desplazados reduce employment opportunities.

Relocations of persons living in sanctuaries should also be considered but should be financed under the auspices of voluntary agencies.

--It is recommended that the resettlement "system" be structured to work more or less as follows:

- a. First the relocation agency will inventory the job possibilities in different locations.
- b. Relocation case workers would then establish office hours at a location in or near concentrations of desplazados. Notices regarding relocation opportunities and assistance would be posted or announced in camps and areas of high concentrations of DPs.
- c. Persons who are interested would voluntarily come forth to the relocation office and be assigned to a case worker.
- d. The case worker would provide counselling to try and put the person in one of three tracks. The first track would be individual relocation. Persons could decide where they wanted to go and would receive assistance in the form of a

relocation grant, a housing allowance, a temporary food allowance, and in some cases a loan to help establish a micro-enterprise in their new location. There would, however, be no job guarantee and all assistance would be phased out in a 3-6 month period, depending on the family's need and the place of relocation.

The second track would be into group jobs. Persons would receive a job guarantee, a relocation grant, a housing allowance, and if necessary a tool allowance. Once relocated, they would be phased out of all assistance programs immediately.

The third track would be into integrated resettlement schemes. Persons would receive a job guarantee, a training guarantee (if necessary), food allowance, housing or housing allowance, tools or tool allowance, and in some cases loans to establish micro-enterprises.

e. Once the relocation arrangements have been established, a representative of a non-governmental agency would meet with the family and review the arrangements to be sure that the family recognized its obligations. Upon completion of the interview, the Volag rep would certify that the relocation was voluntary.

f. Upon receipt of the certification, the move would commence.

If the relocation program is structured similar to this, it should be possible to address the relocation needs of up to approximately 20% of the total registered DP population.

X. PROGRAM MANAGEMENT

Program management was evaluated from two perspectives: the "line" management of the existing program and the overall management of assistance to the D.P. population. The problems associated with line management are not uncommon to the management of refugee or DP relief programs in other areas and, for the most part, involve only minor structural or administrative changes. In the overall management of relief aid to El Salvador, however, a number of more serious problems were noted.

The following is a summary of the major management concerns that were observed.

1. Monitoring and Coordination. Monitoring of the program is not objective-focused. At present, information is collected and exchanged between components of the program and between institutions, but it is not structured in such a way that corrective or remedial actions can be taken. To a great extent, this is due to a lack of understanding of the coordination function and how to structure information-gathering and distribution in such a way that actions result.

The problem is also indicative of a lack of technical knowledge about how to address and manage certain technical problems, although increased training of appropriate program staff can remedy most of these problems. The major management problem relating to provision of USAID assistance to displaced persons is that all the elements of the assistance program are not tied together under one coordinating unit. In theory, CONADES should be providing the coordination that is needed to ensure that a balanced package of goods and services is

delivered to the DPs. In practice, however, this has not been the case.

A central monitoring and coordination unit needs to be established. This unit would establish a monitoring system and would review key elements of the program to provide early warning of problems or deficiencies before they become critical. The monitoring system needs to examine the status of DPs in the settlements, as well as those dispersed throughout the general population. The unit would also keep tabs on nutritional, health and economic indicators to detect problems developing in the non-DP population of heavily impacted communities. The unit would also monitor delivery systems of food, medicines and other supplies.

If a problem in health or nutritional status was detected, the unit would direct the appropriate agencies to take remedial action. For example, if signs of malnutrition were detected, the unit could steer additional food supplies to the affected population while health and sanitation personnel examined the hygiene loop to determine if environmental improvements could be made. If so, the Jobs Program could be directed to install the appropriate facilities, while a volag could provide hygiene education and the MSPAS could provide oral rehydration and rehabilitation feeding. If the problems were supply related, the unit would determine the cause of the stoppage and direct other resources to the people until the logistic problem was resolved.

The people who could staff such a unit are not in great supply. The most experienced people work for voluntary agencies such as IRC, CARE, and Concern. To date, these agencies have been reluctant to work in El Salvador.

The establishment of such a unit would permit D.P. problems to be addressed on the basis of specific needs in specific areas rather

than be treated with "broad brush" approaches. While it will require an experienced and professional team to staff the unit, and a more sophisticated approach to coordination, the results will be far more cost effective and will maximize the use of limited resources.

Options for Resolving the Need

Several options exist for improving coordination. First, the monitoring, assessment and coordination capabilities of CONADES could be strengthened. As a GOES agency, however, CONADES may not be able to attract the necessary people and may find it difficult to direct the resources of volags as needed.

A second option is to provide the Program Unit with a nutrition and food supply surveillance capability by hiring the necessary personnel. A voluntary agency could be contracted to monitor the situation and recommend adjustments.

A third possibility is to establish a comprehensive management system independent of both the U.S. Government and the GOES to monitor the overall situation and coordinate aid to desplazados assisted by U.S. Government and GOES programs. Plans and recommendations for the establishment of such a unit are outlined in a later section of this chapter.

Recommendations

It is recommended that as an initial step the overall monitoring and coordination capacity of the Program Unit be strengthened by

hiring a nutritionist, a sanitarian* and several food monitors. Their responsibility will be to monitor and advise on health and nutritional status of the DP communities and monitor the level of food supplies to displaced persons throughout the country.

Technical assistance in assessment techniques and interpretation of data, as well as how to adjust the program based on the interpretations, can be provided through a number of recognized institutions.

* A professional with both sanitary engineering and public health training.

In order to improve the overall long term delivery of U.S.-supported humanitarian assistance from both government and PVO resources, it is recommended that a specialized management unit as outlined in subsequent sections of this chapter be considered.

It is recommended that basic minimum standards be established for all major sectors of the assistance program. Following adoption of the standards, it is recommended that technical assistance be provided to appropriate staff of the Program Unit, CONADES and other participating organizations to identify information needs, collection and assessment methods, and appropriate actions that should be taken based on certain information results.

It is recommended that procedures for "monitoring by objective" be adopted. At a minimum, it is recommended that a UNHCR-style decision memorandum system be established.

2. Standards.

At the present time, minimum standards of assistance for displaced persons, specifically those in camps or camp-like situations, have not been adopted. Standards are a useful management tool for several reasons. First they provide a means for monitoring performance. Generally recognized international standards for quality and quantity of services provided, as well as standards for the health and nutritional status for various groups in refugee and displaced populations, can be reviewed and modified to make them applicable to the Salvadoran environment.

Adoption of standards is also an excellent means for responding to criticisms of the program. The vast majority of criticism comes from untrained observers who have had no previous experience in these types of situations. As long as the program can demonstrate that internationally recognized

levels of assistance are being met or exceeded, or at least that the program is trying to achieve these levels of assistance (which in fact is the case in most situations), criticisms can easily be countered. Furthermore, by adopting these standards unilaterally, other relief organizations providing assistance can be stimulated to improve their performance and service delivery.

Recommendations

Suggested minimum standards for certain key programs are included in the annex. It is recommended that these standards be reviewed by the Program Unit and modified as necessary to make them compatible with the Salvadoran situation, and that they be adopted and publicized within the relief community.

It should be remembered that few can fault the program for failing to try to achieve the standards; they can only criticize it if no standards are set.

3. Program Flexibility.

When the original program was conceived, it was designated an "emergency" program in order to give it flexibility. This designation was to allow program management to take certain shortcuts that would enable the program to respond to various contingencies. The program management staff has indicated that, despite this designation, certain problems still exist.

From an internal management perspective, the principal problem reported by the program manager concerns advances permitted under the program agreement. However, it should be remembered that the intent of the program was to provide emergency assistance to displaced persons. The Program Unit

manager should have the flexibility to respond to contingencies and administrative procedures which govern other types of programs should be held to a minimum. While it is recognized that the Mission has a responsibility to maintain strict financial accountability, a review of this problem area should be undertaken under the auspices of the Mission Director and a suitable procedure for overcoming this problem should be developed.

Regarding overall management flexibility, other problems may exist that should be considered in the revision of the program agreement. During the course of the last two years, the number of desplazados has increased significantly, yet no expansion of the program was made during the two year period of the agreement. It is not inconceivable that in the future large numbers of desplazados may suddenly be received in areas where the program is not now working. There should be procedures wherein emergency services could be rendered and service levels expanded. In short, the program as conceived now is primarily one which addresses the needs of desplazados once they have established themselves in their new community. However, the program could be an excellent vehicle for providing emergency assistance. If this is to be the case, adjustments will be necessary to enable the program to meet emergency needs and help desplazados establish themselves in their temporary surroundings. For example, if a large influx of desplazados were to occur in an area where the program did not already have a service agreement with a Caja de Credito, a mechanism might be needed whereby desplazados could be quickly employed to help build facilities or install environmental services. Consideration should be given to specific arrangements that could be made on a stand-by basis with Cajas de Credito in areas where the program is not currently working, or contingency plans should be made to expand the services of these Cajas into areas normally outside their service zone on an emergency basis.

COORDINATION ISSUES

Coordination of the activities of the major relief organizations providing assistance to displaced persons remains a problem after four years of civil war. In general, there appear to be few serious problems in coordination between the Program Unit and CONADES, and information exchange and regular visits between staffs are adequate. Likewise, problems in coordination between the Program Unit and the Ministry of Public Health do not now appear to be significant, although the MSPAS has indicated that even closer cooperation in developing health plans for displaced persons is desirable.

Major difficulties exist, however, in coordination and cooperation between government and non-government organizations. Several organizations have expressed reservations about sharing anything but very general, gross information about displaced persons and, for philosophical reasons, will only participate as observers in general meetings of relief agencies. USAID has attempted to encourage these organizations to participate in broader coordination efforts, yet their reluctance persists.

To some extent the agencies' reluctance to participate in general coordination activities may never be totally overcome. Therefore, the USAID Mission should re-define its coordination objectives. If the coordination goal is only to exchange information there are other means of obtaining and distributing this information such as newsletters, situation reports, etc. If the objective is to improve monitoring of the health and nutritional status of displaced persons, monitoring procedures utilizing only selected agencies can provide the required coverage without necessitating participation by all groups. If the goal is to

provide a mechanism wherein technical exchange and information can be disseminated, informal technical meetings can be held periodically at the offices or even residences of organizations viewed as neutral. There, technical presentations can be made and programmatic information exchanged. Usually at these informal meetings, coordination can be achieved informally.

Recommendation

Rather than focus on one single type of coordination activity, the program staff should promote and encourage a variety of alternative mechanisms to achieve coordination. In particular the AID Mission should encourage selected voluntary agencies to invite recognized technicians to El Salvador to provide training and technical information on management of displaced persons programs.

COMPREHENSIVE MANAGEMENT

The Inter-aid Concept

Comprehensive management of humanitarian assistance to displaced persons is a difficult and politically delicate task. In refugee situations, the role of planning, monitoring and coordinating assistance programs is carried out by the U.N. High Commissioner for Refugees. But in a civil war, no similar organization provides an in-country umbrella for coordination and delivery of services to displaced persons.

The need for coordination is clear. Various assistance programs most of which are funded directly or indirectly by the U.S. Government -- provide a comprehensive range of services but, at best, they can be classified as a scatter-gun approach. Activities carried out by one organization in a particular area or sector bear little relation to activities or programs carried out by other organizations, and the ability to bring combined resources to bear on specific problems in a coordinated effort only partially exists.

In the near future, new activities such as supplemental feeding and a variety of camp improvement activities are proposed. Several voluntary agencies have expressed interest in participating in the relief program, yet a review of their proposals and their qualifications reveals that they do not have the capabilities to meet all the needs. In order to ensure that their contributions achieve the maximum possible benefit, their projects must be coordinated and to the greatest extent possible, integrated with the programs and projects of other assisting agencies.

The USAID Program Unit has been suggested as a possible coordinator of the relief program. Unfortunately, the personnel in the Program Unit have expertise only in the programs they are currently operating and, to be able to carry out the coordination role, extensive staff changes and expansion would be necessary.

A further drawback to assigning coordination responsibilities to the Program Unit is that some voluntary organizations will not accept direct supervision from the U.S. Government. Therefore, the number of organizations participating in the program could be curtailed.

It has been proposed that a voluntary agency be assigned the coordination role. Unfortunately, very few voluntary agencies have the capability of providing this kind of coordination service. Volags are generally specialized service agencies, that is, they have expertise and skills in certain sectors but, as a general rule, do not focus on comprehensive services or program management.

Furthermore, the very few qualified agencies who could provide this service have not come forth. While it may be argued that a voluntary agency could be assigned the responsibility and could expand their staff by employing the necessary people, this approach is not recommended because it could dissuade other voluntary agencies from participating. Voluntary agencies tend to be jealous of their prerogatives and will not generally subordinate their programs or activities to another volag.

The GOES has established CONADES for the purpose of providing coordination. In the broad sense, CONADES serves this function well. By collecting and analyzing data, and providing any interested party with information regarding needs of the displaced persons in the majority of the country, some degree of coordination

is provided. However, private agencies are unwilling to subordinate their programs to directions emanating from the government and even the new incoming agencies are unlikely to be willing to take instructions or directions directly from CONADES.

What is needed is an organizational structure similar to that provided by the UNHCR, wherein organizations receive support and direction from an umbrella organization, yet retain their identity in an operational capacity.

Precedents

There are several precedents for situations similar to El Salvador. For example, in the aftermath of the Bangladesh civil war, the provision of humanitarian assistance to an ethnic group of the supporters of the previous government proved difficult for many voluntary agencies. Not only were resources scarce but, for political reasons, several of the agencies felt that they could not provide services to these DPs without risking expulsion from the country, thereby jeopardizing many of their other on-going relief and development programs. To circumvent these problems, a small management unit was formed under the title "Inter-Aid Bangladesh".

Those agencies who felt that they could not work under their own name seconded personnel to Inter-Aid as staff for the various projects carried out by the umbrella group. Those agencies that were more secure in their relations with the government provided services and executed projects under their own identity.

The management unit of Inter-Aid was made up of professional relief managers borrowed from the various voluntary agencies in the country (several of whom were not participating directly in the Inter-Aid concept) and of personnel from the agencies that were

working directly in an operational capacity under their own identities. Funding for the management unit and for the projects carried out by Inter-Aid personnel was provided by USAID and several other governmental agencies.

From time to time, similar arrangements have been made in other relief operations. The principle to be remembered is that agencies will submit to direction and to a limited degree of control providing the organization is an operational umbrella and does not constitute subordination to a government or to another voluntary agency.

The Inter-Aid Salvador Concept

The evaluation team recommends that a small, professional management unit made up of professional relief specialists on loan or seconded from organizations with recognized technical expertise in refugee and relief management be established to coordinate the efforts of PVOs and the Program Unit. The role of the management unit would be:

1. To monitor and adjust a comprehensive assistance program for displaced persons, and to develop contingency plans to meet

unexpected needs.

2. To provide an umbrella under which voluntary agencies with ample resources but with insufficient previous experience can be assisted to provide goods and services under the direction of competent relief managers.
3. To coordinate and direct AID supported programs to deliver a comprehensive range of services focused on specific problems or areas in order to systematically attack the major problems and deficiencies.

The principal activities of the Inter-Aid staff would be to establish the monitoring capability outlined in various parts of this report and to provide comprehensive planning services for the various organizations receiving assistance from the U.S. Government. The objective would be to maximize relief efforts by integrating activities where appropriate, to provide a coordinated attack on specific problems. Coordination and direction would be provided to:

1. The Jobs component of the current program

2. **The Health component of the current program**
3. **The food basket and the logistics system**
4. **The proposed supplemental feeding program**
5. **The improvement of camps by the voluntary agencies and the monitoring of protection and security for the displaced persons**

Voluntary agencies working under the umbrella of Inter-Aid could either retain their identities as operational units of Inter-Aid or could participate by providing line staff to Inter-Aid for specific projects.

Funding for the management unit of Inter-Aid could come from USAID and/or participating voluntary agencies. Furthermore, USAID could fund volags working under the Inter-Aid structure through Inter-Aid. Thus, those organizations not wishing to receive direct U.S. Government funding might find Inter-Aid a useful vehicle for a pass-through.

The evaluation team feels that the Inter-Aid concept would provide a means for improved coordination and management of the overall assistance program to DPs. The concept put forward here is for discussion, both in El Salvador and with the voluntary organizations in the United States. With adjustments as necessary to meet the needs of both USAID and the voluntary agencies, an organization such as Inter-Aid could provide the framework whereby qualified program managers can be attracted to assist in the program and the less experienced voluntary agencies can be provided with a vehicle wherein they can deliver goods and services with proper guidance.

IMPROVING MANAGEABILITY OF GOES PROJECTS

Many of the recommendations of this report e.g. relocation and supplementary feeding will need to be carried out by ministries of the GOES. In order to improve the manageability of the projects and to provide more flexibility, it is recommended that specific projects or programs be developed utilizing ministry personnel but forming specific project or program staff to execute the work. In some cases it may necessary for the government to exempt staff from the normal pay regulations in order to get qualified persons to work in or near conflict areas.

By conducting specific programs rather than simply providing cash to the Ministry to adjust its existing programs to meet specific needs, a greater degree of control and coordination can be attained.

DATA COLLECTION AND ANALYSIS WITHIN THE PROGRAM UNIT

The overall management of the Health and Jobs program is constrained by poor data collection and analysis procedures. Much of the information that is routinely collected is of only marginal use and many of the specific data needs are not addressed. In order to tighten control over the program and to develop data to facilitate management decisions, a better information collection and assessment system for the existing program needs to be established.

Options for Resolving the Need

There are several ways in which data collection can be better managed. First, each of the components of the program should be reviewed to determine what information needs are required to make management decisions. Indicators of special problems can be identified, and when persons analyzing the data encounter one of these indicators, remedial action can be taken by the program staff. Second, the data system can be divided into data collection and data analysis. Analysis of the information can be carried out by the program staff (with specialized training) or by contracting technical portions to more experienced program analysts. For example, an analysis of the jobs program could be supported by the Economic Section of the Embassy, epidemiological surveillance information could be subcontracted to the Centers for Disease Control.

Recommendations

1. It is recommended that the information collected regarding each of the components of the existing program be expanded and that indicators of problems be established. The program staff should

receive training about how to react to specific problems as they are identified.

2. In order to insure that the data is properly examined and used by the program staff, it is recommended that a quarterly review of incoming data be carried out. This review should not be a quarterly report, but rather an integrated staff review of the situation and operations. The minutes of the staff review should be kept and adjustments to the program that are proposed should be noted.

XI. MISCELLANEOUS

EVALUATION OF VOLUNTARY AGENCY CAPABILITIES

At present there are approximately a dozen voluntary agencies with refugee or DP experience working in El Salvador to provide assistance to displaced persons. A list of these agencies can be found on the following page.

General Comments

Few of the voluntary agencies are considered experienced in either refugee or DP assistance. Five of the organizations CARITAS, ICRC, Mennonite Central Committee (MCC), Save the Children Federation (USA) and World Vision -- have provided high quality assistance to refugees in other parts of the world.

Most of the volags in Salvador, however, are not experienced and in many cases are participating in this type of program for the first time. Their inexperience and lack of understanding of many of the relief principles is evident in the fact that they often concentrate on assistance modes that will have little long term effect in changing the status of desplazados.

Most types of aid and assistance given by smaller agencies is on a person-to-person basis. Some of this aid entails providing sanctuary to persons who do not want to register with CONADES for relief assistance. Assistance levels are minor when compared to the overall need and the combined resources of all of the minor agencies cannot be expected to have a major impact. Furthermore, much of the assistance is sporadic and levels of service cannot be maintained. Several of the smaller agencies have reported that they have had to

cut back on their services and focus their assistance on certain target populations.

Only ICRC and CARITAS are currently offering widespread services to significant numbers of displaced persons. CARITAS is primarily involved in food programs (see section on food aid) and operates the largest displaced persons camp in San Vicente. CARITAS has also assisted local parishes by helping them to meet localized DP needs.

With the exception of CARITAS, and to a limited extent the Green Cross, no volag is currently responsible for managing a particular DP settlement. In most refugee and DP situations, voluntary agencies are assigned responsibility for managing or coordinating assistance to specified camps or populations, but this is not the case in El Salvador.

Agencies With Useful Expertise

The following agencies have experience that could be useful in upgrading DP settlements:

1. CARITAS - CARITAS and its affiliated organizations, such as CRS, have extensive experience in health and nutrition programs in other countries. In Honduras, CARITAS is providing services in the Mesa Grande refugee camp which most observers feel are first rate.
2. Mennonite Central Committee - MCC has an excellent record in helping persons in refugee camps establish home gardens that can supplement their nutritional status as well as provide some additional cash. MCC currently operates a terrace garden project in the Mesa Grande camp.

3. Save The Children Federation - SCF has helped to demonstrate and install lorena stoves in several refugee settlements in El Salvador. They are also experienced in children's programs and in developing programs to provide income for women with dependent children. In some countries SCF has prior experience in operating nutrition and supplementary feeding programs for vulnerable groups.
4. Medecins Sans Frontiers - MSF has extensive experience in health and nutrition programs in refugee camps. Recently MSF operated a nutrition rehabilitation program in Mesa Grande that worked well enough that it could be discontinued in Jan. 1984.
5. World Vision - WVI also has extensive experience in refugee camp situations. In Thailand, World Vision operated several supplementary feeding programs and established extensive gardening and agricultural programs in refugee camps.

Several local organizations have also been gaining experience through trial and error that could be expanded and applied to the overall situation.

U.S. Government Assistance to the Voluntary Agencies

The primary obstacles to increasing U.S. Government assistance to the volags now working in El Salvador are:

1. Reluctance of the agencies to work for or with the Government of El Salvador or the U.S. Government. Several of the agencies feel that in order to maintain their neutral status, it is important that they not receive resources, nor appear to take direction, from the U.S. Government or the GOES. In order to support these organizations, it may be necessary to provide a

mechanism whereby funds can be channeled to the organization in such a way that their independence will not be questioned.

2. The capacity of most El Salvador based volags to expand their services is limited. Few of the volags have trained professional staff with previous refugee or DP experience. To try to expand these agencies by providing more resources may overextend them.

3. The expertise needed to analyze needs and react accordingly is currently not available within the El Salvador volag community. The smaller volags do not have the in-house expertise and the larger volags have not brought in appropriate specialists. Before the service level can be improved, extensive training must be provided. (See section on coordination).

**MAJOR VOLUNTARY ORGANIZATIONS
WORKING IN EL SALVADOR**

ASESAH (Archdiocese of San Salvador)

Catholic Relief Services (in support of CARITAS and Catholic Churches)

CARITAS

CKSAD (Protestant Ecumenical Movement)

Cruz Roja Salvadorena (Salvadoran Red Cross)

Cruz Verde (Green Cross)

Foster Parents Plan

International Committee of the Red Cross

Luthern World Relief

Medecins Sans Frontiers

Mennonite Central Committee

Save The Children (U.S.)

World Vision

Zaragoza

ORGANIZATIONS CONSIDERING INITIATIVES IN
EL SALVADOR AS OF FEBRUARY 1984

CARE

International Rescue Committee

Project Hope

PROTECTION

Protection remains the central issue confronting efforts to assist displaced persons. The issue and the associated problems are surrounded with many uncertainties, fear and rumors, and it is extremely difficult to verify all reports of protection violations. However, there are enough verifiable incidents, as well as recognizable patterns, to indicate that the specific problems identified below are, in fact occurring.

Protection of displaced persons is made more difficult by attitudes prevailing in many quarters that DPs are guerrilla dependents, supporters or sympathizers. While in some cases this is undoubtedly true, the fact remains that the vast majority of persons have fled the countryside to avoid conflict and threats to their lives. Surely the fact that the majority of persons have chosen to reside in government-controlled areas rather than those controlled by insurgents would indicate that they deserve the support and protection of the Governments of El Salvador and the United States. Furthermore, since as many as 20% of the people of El Salvador may be displaced, how the GOES addresses the protection issue will be critical to its success in winning the support of the Salvadoran people.

Protection in general is an issue so large that it transcends the DP assistance program per se, and the substantial number of specific problems that have been identified may well warrant the formation of a task force to work on details and specific solutions to the following problems:

INTIMIDATION OF VOLUNTARY AGENCIES AND INFORMAL VOLUNTARY GROUPS
WORKING WITH UNREGISTERED DISPLACED PERSONS

There are persistent reports that voluntary agencies and informal voluntary groups such as students, churches, medical societies, and groups of concerned individuals have been intimidated, threatened and, in some cases, attacked for providing assistance to desplazados who have not registered with CONADES.

The opportunity for any organization or group of individuals to provide humanitarian assistance to desplazados must be protected. Not only is this a humanitarian principle, it is also a practical to do so. At the present time, there are estimates that possibly as many as one million persons may be displaced. The government of El Salvador does not have the resources to provide assistance to all displaced persons; it must focus on security, reconstruction, normal development and routine operations. Humanitarian assistance is invariably a partnership between government and private organizations. Far from discouraging person-to-person assistance, the government should encourage further efforts in this respect, if only to reduce the amount of expenditure that would otherwise be diverted from its routine operations.

There is an unfortunate perception on the part of many people that organizations working with DPs unregistered with CONADES are somehow "guerrilla sympathizers." While there are certainly many organizations which find it difficult to support the GOES, the vast majority also find it difficult to condone the violence of the insurgents. Many of these organizations seek to provide humanitarian assistance as neutrals in the conflict. The right to act in a politically neutral manner in such a conflict must be recognized and protected.

Options for Resolution of the Problem

The options include:

1. The U.S. could encourage the GOES to proclaim a statement of principles regarding humanitarian assistance to desplazados with the intent of guaranteeing respect for neutrality of organizations adhering to specified principles of humanitarian assistance.
2. All concerned in this humanitarian effort should publicly declare support for this declaration of humanitarian principles.

FEAR OF TAKING LEADERSHIP ROLES IN DP CAMPS AND CONCENTRATIONS

In many of the camps and concentrations of desplazados, the organization of efforts to provide self-help has been discouraged by the fear that anyone taking an active leadership role would be risking repression. This fear has been expressed most often by organizations serving non-registered camps and from people in those camps. In one case that occurred during the evaluation team's visit, two leaders of a self help committee in a small encampment of non-registered desplazados assisted by an ad hoc organization were kidnapped by unidentified civilians soon after they were elected to leadership positions. Since that time, no one has been willing to participate in organized community activities in that settlement. Other desplazado communities have reported similar incidents, thus inhibiting DPs from participating in vitally needed leadership roles. As self-help is one of the primary principles of providing assistance to desplazados, action must be taken to ensure that protection is provided for those willing to take leadership positions.

REGISTRATION

Registration of desplazados remains a central issue for the government and voluntary agencies providing assistance. At the present time, the only registration system in use is the voluntary registration of desplazados with municipalities that is encouraged in order to make them eligible to both receive food from CONADES and employment from the Jobs Program.

Unofficial estimates are that perhaps two or three times the number of persons currently registered for CONADES food are displaced and a significant number of these persons are in need of some form of assistance. Church organizations, various non-government humanitarian organizations, and many informal groups are providing assistance to desplazados who are not registered with municipalities for food or work. Many of these organizations do not have extensive resources and could benefit from the food supplies provided by WFP. However, WFP looks only to CONADES to provide official estimates of desplazado numbers, and imports food based on that estimate. This limits the number of people who can be supplied because many persons fear that the registration lists of CONADES are not secure and may inadvertently be used for adverse actions against persons in the displaced population.

Registration is a legitimate concern not only of the government but also of the other humanitarian agencies. Gross population statistics are one important by-product of registration, and protection and tracing are important reasons for some form of registration to be adopted. However, it is important that the registration system be secure and that it be designed in such a way that it cannot be used to provide any party of the conflict with information which might be detrimental to the displaced persons.

Options for Registration

Several options exist for registration systems which should be explored. These are:

1. Assigning registration responsibility to an international neutral such as the ICRC. The primary advantage to such a system would be that the neutral organization would be the only organization maintaining lists and central control could be maintained to counter any fraudulent use of registration cards. Statistics could be provided to CONADEP or other government organizations as necessary in order to enable the organizations to obtain the data needed for planning purposes.
2. Permitting recognized relief organizations to carry out their own registration. Under this system, an organization supporting displaced persons could approach WFP or other logistical agencies and request supplies for certain numbers of desplazados and receive them on the basis of the gross numbers. In this way, church organizations, the ICRC and other volags would maintain their own registration system and not be required to reveal it to the government. The organizations would be responsible for ensuring that corruption and duplication did not exist, though the geographic location of DPs and the assisting agencies are such that, in practice, it is doubtful that much duplication would occur, especially in rural areas. Gross numbers could still be provided to the government through a central neutral agency so that data could be obtained for planning purposes.
3. Multi-organizational registration: A secure registration system utilized by a minimum of four different assisting organizations could be developed and made secure through random numbering and control of the master numbers list by a neutral international

organization. In this method, a standard registration card bearing the logos of the participating relief organizations would be issued to each desplazado by one of the participating organizations. Upon receiving the card, the desplazado would go to a representative of the registering organization and receive a number which would be recorded for verification purposes only by the neutral organization. The card could be presented at any time to any one of the participating organizations or designated "extension" agencies to obtain relief services or supplies. The recording organization could make periodic inspections of different projects and distribution programs to ensure that duplication or corruption does not occur.

Recommendations

1. The assessment team recommends that a study group be established consisting of CONADES, CRS, ICRC, CARITAS and the Green Cross (Cruz Verde) to explore the need and procedures for establishing a uniform registration system.

2. WFP is the preferred organization to convene meetings of the study group.

DP SANCTUARIES IN THE ARCHDIOCESE OF SAN SALVADOR

At the present time, the archdiocese of San Salvador is providing shelter to approximately 3,000 people in sanctuaries in San Salvador. These sanctuaries are churches and church facilities that have been converted into makeshift dwellings for those DPs who are fearful of either being in disfavor with the Salvadoran Government or of being harmed by right-wing extremists.

The three camps - San Roque, La Basilica, and San Francisco de la Montana - are all enclosed and densely populated with little room inside for privacy. Numerous observers have reported that conditions are extremely over-crowded, that sanitation is poor, and that the people are in poor health and in need of many goods and services.

In addressing the problems of the camps, the evaluation team undertook two separate perspectives: an investigation of conditions and an investigation of the protection issues which might explain why persons have continued to live in the sanctuaries for, in many cases, more than two years.

1. Camp Conditions: Each of the three sanctuaries was visited by a member of the evaluation team. Particular emphasis was given to San Roque, reported to be the worst of the three locations and the one in which the occupants were living under the worst conditions. Reports of the conditions in San Roque, as well as in the other two camps, have been seen as so dramatic that special language in the enabling legislation for refugee program assistance to the DP program in El Salvador specifically mandated that means be found to provide material aid to these persons.

The evaluation team conducted extensive examinations in San Roque, took arm circumference measurements of children to determine the nutritional status of those under five; inspected all of the physical facilities used by the DPs, including water, sanitation, cooking facilities, washing and bathing areas, and living areas; conducted interviews with persons residing in the sanctuary to determine health histories of families and viewed the health care facilities and self-employment facilities in the sanctuary.

Despite problems of overloaded toilets, which were not functioning properly during the time of the visit, and a poorly-vented common cooking area, the inspection team noted that the persons residing in the San Roque were, from the standpoint of child health and nutrition, in better condition than any other desplazado population visited. On-site health care was available from nurses working in the sanctuary; all families were well-organized into established routines that provided not only adequate maintenance of the facility but also work and exercise for occupants of the sanctuary; the majority of families participated in some form of income-earning activity, such as hammock-making, sewing or handicrafts; and each family was provided storage space for their few belongings. The children had received toys and older children took care of the younger ones, engaging them in various games and activities while adults participated in other routines. While the facility is undoubtedly overcrowded, all DPs have either floor mats or hammocks which during the day are rolled up and placed on racks or shelves on the walls to make room for people moving around during the daytime; adequate facilities exist for group cooking; and a washing area for women to clean clothes and wash utensils, which is the central focus of life in the sanctuary.

The team concludes that, despite the overcrowding and the physical problems identified above, special efforts to provide material, food or medical assistance are not necessary. The primary need in San Roque and the other sanctuaries is relief from overcrowding and protection.

2. Protection: In discussions with numerous persons familiar with the plight of the desplazados in the archdiocesan sanctuaries, it became clear that the prime need of the persons in the sanctuaries is for protection. For the most part, there are three types of persons in the sanctuaries: (1) persons who have taken sanctuary because of real threats to their lives and safety; (2) persons who have taken sanctuary because of fear of violence and who recognize that the church has always provided sanctuary in time of need (the threat to these persons is perceived but may not be actual) and (3) persons who have fled to the sanctuary because they do not have proper documents, because friends or relatives may have been killed or threatened by right-wing extremists, or people who fear that family ties, extended though they may be, put them at risk.

In the case of the first group, little or nothing can be done directly by the U.S. Government. In some cases, a third party such as ICRC or the UNHCR might be able to arrange for these persons to be resettled to another country, although in many cases the persons may refuse to leave for fear of losing contact with relatives and friends on the outside.

For the remaining two groups, however, there is a possibility that a permanent solution to their problem can be found through the provision of assistance either to relocate or to obtain documentation so that they can leave the sanctuaries and return to their places of origin, or another place more secure. Officials of the archdiocese have indicated that this is their

primary choice and that they are exploring options at the present time.

There are several ways in which the U.S. Government might support these actions although it may choose to do so indirectly, rather than through direct intervention:

- A. A Human Rights officer from the Department of State might be assigned coordinating responsibility to work with the Archdiocese in developing relocation options.
- B. The U.S. Government might arrange for a third party neutral such as a person selected by the Contadora Group or an international organization, to work with the Archdiocese to explore resettlement options and to develop relocation plans for those persons wishing to move to a safe site or return to their place of origin.
- C. The U.S. Government might arrange through a third party neutral to provide a team of persons to try to establish whether or not persons within the sanctuaries are still at risk from government action or right-wing extremists and, if not, to provide necessary documentation and relocation assistance to enable them to leave the sanctuaries. It should be noted, however, that the Archdiocese reports that when they retained a legal aide to assist in helping some of the families to replace their lost documents, he disappeared. Thus, any activities in this field must be carefully considered and adequate protection for the persons providing research and documentation must be provided.

- D. The ICRC normally provides protection services. ICRC could be asked carry out the research needed to provide replacement documents for persons inside the sanctuaries.

Recommendations

It is recommended that the U.S. Government policy in regard to the sanctuaries be to assist church efforts to reduce the population in the sanctuaries through provision of replacement documents followed by relocation and resettlement, rather than to try to provide medical or material assistance to the desplazados residing there.

PHASING DPs OUT OF THE RELIEF PROGRAM

Once registered and receiving supplies, most displaced persons have continued to receive relief and few desplazados have been removed from the registration lists. Of the CONADES registered DPs over 150,000, or more than one half, have been on the rolls for two years or more. At the same time, some desplazados have reached a point where they have regained enough self-sufficiency that continued support is not required. For many people, the relocation caused by the conflict has become permanent and many of these people will never return to their original homes. At the same time there are new needs that must be met and the government and the relief agencies cannot continue to support desplazados indefinitely. Thus, a program needs to be developed whereby a significant portion of the displaced population can be phased out of the relief system. The plans however, must be carefully considered. The DPs are now in a "safety net" and are receiving services and supplies which enable many to survive in an extremely severe economic environment. It would be a poor policy to take people who are already in a marginal condition and drop them out of the safety net into an increasingly deteriorating economic situation. Thus, a blanket approach, such as ending aid after a specified period of time or relocating large numbers of people to another area without providing extensive employment opportunities, would only add further strains to the existing socio-economic environment.

Recommendations

CONADES should be encouraged to establish a planning group to develop programs whereby certain groups of persons can be phased out of the relief program and provided with sufficient support to enable them to make the transition without endangering their health,

nutritional or economic status. The committee should recommend a balanced program of aid and services designed specifically to provide displaced persons with the support required.

The focus of transitional programs must be on individual families rather than on broad brush approaches or formulas related to time.

There are three ways in which displaced persons may be phased out: relocation; return to their place of origin, or; transition out of the assistance program into the local economy in, or near, where they are now residing. Each of these activities will require individual case work in order to determine eligibility for assistance, the people's desire to participate, and to determine the most appropriate type of assistance that should be given.

Plans are currently being developed to assist DPs in relocation (see section on relocation) and CONARA has developed a program to support persons returning to areas that have been recaptured and pacified by government forces. An additional program to identify, counsel and assist persons in transitioning from the relief program to a normal life in the communities where they reside is needed.

In order to provide services to help families make this transition it is recommended that an Office of Transitional Services (OTS) be established within CONADES. The role of this office would be to do individual case work in helping people decide how, and prepare to, reestablish a normal life. The OTS would operate two of the transitional programs; the relocation program and the program to transfer DPs into development programs where they are now residing. Persons wishing to return to their place of origin in a pacified area would be referred to CONARA.

It is recommended that the program to help families settle into their new communities should focus on: 1) persons disbursed throughout the population, 2) families who have established themselves in colonias, 3) and families living in ad hoc marginal settlements that could be upgraded and made permanent.

The emphasis of the program should be on desplazados who have been in the relief program for more than two years.

Groups of desplazados who should receive priority for relocation are discussed in the following relocation section.

DISPLACED PERSONS ASSESSMENT ANNEXES

LIST OF TITLES

1. Desplazado Food Basket
2. Mortality/Disappearance Surveillance
3. Malnutrition Data Sheet
4. Arm Circumference Measurements
5. Alimentacion Suplementaria
6. Planned Individual Daily Ration for DPs
7. Supplemental Workers' Ration
8. Nutrition Memo - DP Camps
9. Health and Nutrition Survey Form
10. Intensive Immunization Campaign Instructions
11. CDC Memo - National Nutrition Survey
12. DP Family Energy Needs
13. Daily Per Capita Calorie Consumption
14. Ten Major Causes of Death
15. Vaccine Preventable Disease Form
16. Mesa Grande Food Basket
17. Jobs Program Health Components
18. Immunization Staffing Pattern
19. Water Supply Standards
20. Poblacion Desplazado En Asentamiento
21. Camp Survey Form
22. Voluntary Relocation Solicitation
23. Implementation Annex

SUGGESTED DESPLAZADO FOOD BASKET OPTIONS
BASED ON TITLE II COMMODITIES

DAILY RATION: 1

<u>Source</u>	<u>Commodity</u>	<u>Daily Ration (Gr)</u>	<u>Calories</u>	<u>Protein (Gr)</u>
TITLE II	Grained Corn	200	708	17.8
TITLE II	Rice	200	726	13.4
TITLE II	NFDM	40	125	14.4
TITLE II	Veg-Oil	<u>20</u>	<u>177</u>	<u>0</u>
	SUB TOTAL		1736	45.6
GOES	Red Beans	30	102	6.6
GOES	Sugar	30	<u>115.5</u>	<u>0</u>
	Individual Daily Total		1953.5	52.2

DAILY RATION: 2

<u>Source</u>	<u>Commodity</u>	<u>Daily Ration (Gr)</u>	<u>Calories</u>	<u>Protein (Gr)</u>
TITLE II	Grained Corn	200	708	17.8
TITLE II	Rice	150	584	10.2
TITLE II	NFDM	40	125	14.4
TITLE II	Corn-Soya-Milk Blend (CSM)	50	190	10
TITLE II	Veg-Oil	<u>20</u>	<u>177</u>	<u>0</u>
	SUB TOTAL		1784	52.4
GOES	Red Beans	30	102	6.6
GOES	Sugar	30	<u>115.5</u>	<u>--</u>
			2001.5	59.0

MORTALITY/DISAPPEARANCE SURVEILLANCE

Name _____ Camp _____
 Age _____ City/Town _____
 Sex _____ Dept. _____
 Address/House No. _____ Responsible Agency _____
 Interviewer _____
 Place of Death/Disappearance _____

If child under 5, was he/she in SFP? _____ If yes, most recent measurements:

Date _____ Measurement
 Height
 Weight
 Arm Circum.

Most Important Cause:

Infections

- _____ Measles
- _____ Polio
- _____ Tetanus
- _____ Diphtheria

- _____ Tuberculosis
- _____ Pertussis
- _____ Malaria
- _____ Dengue
- _____ Meningitis
- _____ Typhoid
- _____ Other Diarrhea/Dehydration
- _____ Other (_____)

Injuries

- _____ Fall, Burn
- _____ Homicide, Legal Intervention
- _____ War Injury
- _____ Other (_____)

Malnutrition

- _____ PEM
- _____ Anemia
- _____ Other (_____)

Miscellaneous

- _____ Chronic Disease
- _____ Prematurity
- _____ Low Birth Weight
- _____ Disappearance
- _____ (_____)

MALNUTRITION DATA SHEET FOR
CHILDREN UNDER 5

DATE _____ INTERVIEWER _____

Identification Information:

Social Situation:

Name _____

Father at Home _____

Birth Date _____

Employed _____

Age _____

Number of Siblings _____

Sex _____

Age of Youngest Sibling _____

Camp _____

City/Town _____

Department _____

Family Food Source:

Recent History:

Camp Distribution Only _____

Diarrhea within 2 weeks YES NO

Last Food Delivery _____

Measles within 2 months _____

Breastfeeding

Nutritional Status _____

Bottlefeeding _____

Height _____ cm _____

Infant formula _____

Weight _____ kg _____

(Brand)

Arm Cir _____ cm _____

In SFP _____

Edema (+/o) _____

Current Status:

Food Supply

_____ Referred to Camp Breeding Program

Education

_____ Admitted to Hospital

Diarrhea

_____ Died

Other illness

Water/Sanitation

Follow-up (one month): Date

Arm Circumference

Recovering

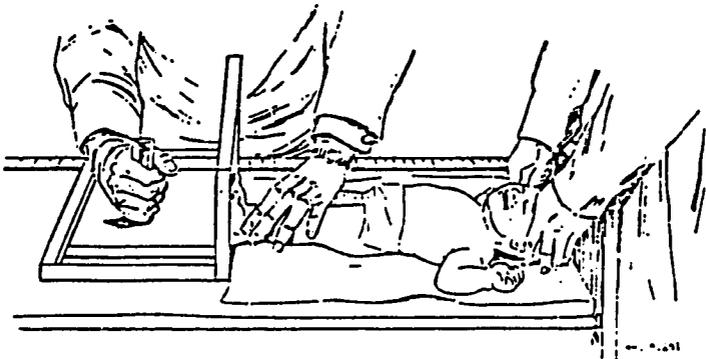
Other

(b) Height measurement

Use a baby-board (see Fig. 6) for children unable to stand up (under 2 years or less than 85 cm). Children should be quiet, relaxed (having a parent hold the child usually helps), and lying straight. Gentle pressure should be applied upon both knees with one hand and care taken to see that the slide is in contact with the whole surface of the soles of the child's feet, not just the toes. Measure to 1 cm (round off to the nearest cm: e.g., 90.0-90.4 cm = 90 cm, 90.5-90.9 cm = 91 cm).

When an upright measure is used the subject's heels should be together and touch the base of the upright, and the buttocks, the back of the heels, and the upper back should be in contact with the measuring stick (which can be locally made). Measurement is to the highest point of the head when the child is looking straight ahead. Shoes should be removed. On average, children are about 1 cm shorter when standing up than when lying down.

FIG. 6. USING A BABY-BOARD TO MEASURE A CHILD



(c) Arm-circumference measurement

The circumference is measured on the left upper arm *half way* between the end of the shoulder (acromion) and the tip of the elbow (olecranon). To locate this point, the arm is flexed at a right angle. Then the arm is allowed to hang freely and a tape-measure (preferably of fibreglass) put firmly round it. Do not pull too tight (Fig. 7).

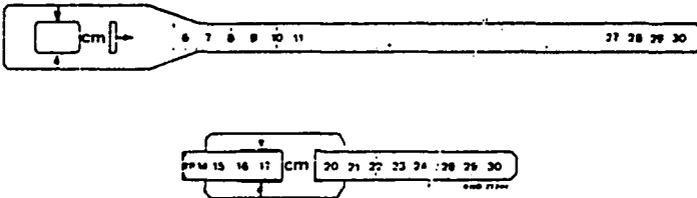
FIG 7 MEASURING ARM CIRCUMFERENCE



Tapes or strips can be made locally from thin cardboard or X-ray films which are marked off in centimetres.¹ Special plastic tapes (insertion tapes) have been manufactured (Fig. 8).

Bangles, worn as arm ornaments in some countries, can be used for a rough screening of severely malnourished children. A bangle of standard diameter is passed up the arm in one straight push. If it goes above the elbow, the arm cir-

FIG. 8. INSERTION TAPE



From: Zervas, A. *J Am J Clin Nutr.* 28: 782-787 (1975)

¹The cardboard tape or strips, X-ray films, or 8-mm cine films can be coloured according to the classification of the reading. (The X-ray film should first be scratched with a sharp point and then coloured with a spirit-based felt-tipped pen not quite up to the scratch line. Cut the film into 1-cm strips with scissors. About 40 strips can be made from one large X-ray film.)

circumference is too small and the child is regarded as malnourished. A bangle 4.0 cm in diameter passes up arms that are up to about 13.2 cm in circumference (the measurable circumference depends on the flexibility of the bangle). This technique is very simple and cheap, but of little accuracy because the bangle assesses the *maximum* arm circumference and not the circumference *halfway* between shoulder and elbow. It may be useful, however, when resources do not permit any other measurement to be made.

Calculating and tabulating the percentage of the reference value:

The reference or "standard" values are shown in Annex 3 (weight-for-height) and Annex 4 (arm-circumference-height). To calculate the nutritional status of a child, compare the child's weight (or arm circumference) with the values given opposite his height in the relevant table.

This gives the percentage "rank" to which the child belongs, e.g., 70-80%. For most purposes it is not necessary to know the exact "percentage of reference" for each individual. Results are most conveniently recorded as shown in Fig. 9. They can readily be converted into percentages in accordance with the table in the lower right-hand corner of the figure.

Fig. 9 gives a "nutritional profile" indicating the distribution of nutritional status within the population measured. Without "normal" baseline figures it is not possible to say (unless the situation is extremely good or bad) whether or not a given set of findings is unusual for that population. Results can only be interpreted in this way, if much more information is available, e.g., crop statistics, mortality rates, etc.

The use of local standards of reference is not recommended unless these are based on well-nourished samples *in the same population* prior to the emergency. *Local standards do not permit international comparisons of value to relief organizations.*

The classification of malnutrition

Body measurements give reasonably accurate estimates of body wasting. Children below 70% of the reference standard (weight-for-height) can be said with some certainty to be severely malnourished, while those between 70% and 80% are moderately malnourished.

Table 3 shows two classifications using different cut-off points. In practice, the number and level of the cut-off points will have to be decided arbitrarily, taking two factors into account:

(1) The purpose of the measurement. If the object is to distinguish children with severe and moderate PEM from normal children for different types of feeding, two cut-off points will be needed. If a survey is contemplated, divisions by 10% of the reference standard might be used.

(2) The availability of food. In this case, the cut-off points may be decided (on the basis of a pilot survey) in such a way that the children are classified into groups according to the food available to feed them.

Different techniques give different rates of malnutrition. For instance, if a cut-off point of 80% arm-circumference-for-height is used, this will often give a higher "rate" for malnutrition than will 81% weight-for-height. (In many countries where chronic malnutrition is common, 90%, 80%, 70% weight-for-height are very roughly equivalent to 80%, 70%, 60% weight-for-age respectively.)

TABLE 3. EXAMPLES OF CLASSIFICATION

	Arm circumference (AC) ^a (cm)	AC-for-height (% of reference standards)	Weight-for-height ^b (% of reference standards)
A. Three categories			
Well nourished and mild PEM	13.5 or more	85 % or more	80 % or more
Moderate PEM	12.5-13.5	70-85 %	70-80 %
Severe PEM	under 12.5	under 70 %	under 70 %
B. Two categories			
Well nourished and mild PEM	13 or more	75 % or more	80 % or more
Clearly malnourished	less than 13	under 75 %	less than 80 %

^a Arm circumference might be used alone for children under 5, although this is not recommended. A child would be classified as malnourished if the AC was less than a minimum acceptable value (cut-off point).

^b Cut-off points 2 or 3 standard deviations below the reference median have recently been recommended (see Annex 3).

Organization of individual screening

Objectives

First decide what criteria (e.g., weight-for-height, arm-circumference-for-height, QUAC stick measurements, oedema) are to be used for the screening. When body measurements are used and the choice is between four courses of action (e.g., no assistance, weekly ration, daily ration, and intensive supervised feeding), four categories of classification should be established.

There is, for instance, very little point in selecting a large number of malnourished children unless facilities are available and organized for them. Obtain a rough estimate of the proportion of malnourished children in a large population by quickly measuring 200 children (see Annex 6).

Decide which population is to be screened. This will depend upon the local situation, but remember that people attending relief centres are not necessarily the worst off. Malnourished individuals may remain at home, because they are unable to walk, live in relatively inaccessible areas, or, in the case of marasmic children, are not regarded by their parents as being in need of help.

MINISTERIO DE SALUD PUBLICA Y ASISTENCIA SOCIAL
 DIVISION MATERNO INFANTIL, NUTRICION Y FAMILIAR
 PROGRAMA DE NUTRICION
 REALIZACIONES DE 1979, 1980, 1981, 1982 y 1983

I- EDUCACION NUTRICIONAL Y ALIMENTACION SUPLEMENTARIA A GRUPOS VULNERABLES

A C T I V I D A D	A Ñ O S				
	1 9 7 9	1 9 8 0	1 9 8 1	1 9 8 2	1 9 8 3
A- Beneficiarios:					
- Embarazadas :					
Programado	11.113	14.864	11.518	10.136	9.169
Inscritas	7.738	7.150	5.828	4.500	5.026
% Realizado	69.6	48.1	47.1	44	55
% Cobertura	3.9	3.5	2.8	2.0	1.1
% de Embarazadas atendidas en Alimentación Complementaria.	11.6	12.6	10.1	8.	7.8
- Madres Lactantes:					
Programado	9.059	9.875	9.348	8.448	7.644
Inscritas	4.122	5.365	5.869	6.245	7.522
% Realizado	45.5	54.3	62.7	73	98.4
% Cobertura	5.2	6.6	6.3	7.	4.3
% de Madres Lactantes atendidas en Alimentación Complementaria	23.3	36.3	39.9	36.	38.2
- Niño menor de 2 años con peso límite inferior de la normalidad:					
Programado	11.851	25.780	6.444	5.070	4.584
Inscrito	2.643	3.301	3.392	1.822	2.146
% Realizado	22.3	12.8	62.6	35	46.0
% Cobertura	3.8	4.6	2.4	2	1.4

ANNEX 5

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A C T I V I D A D		A Ñ O S				
		1 9 7 9	1 9 8 0	1 9 8 1	1 9 8 2	1 9 8 3
- Niños menores de 5 años desnutridos:						
	Programado	45.119	65.517	66.554	60.552	59.576
	Inscrito	49.542	55.125	50.721	30.338	40.074
	% Realizado	109.8	84.1	76.2	63.4	67.2
	% Cobertura	9.4	10.2	9.0	8.	3.0
% beneficiarios atendidos en Alimentación Complementaria		19.5	22.3	23.9	23.	21
TOTAL :	Programado	77.142	116.036	93.864	79.136	91.516 38.190
	Realizado	64.045	70.941	65.610	49.133	26.301 54.9.9
B- Educación Nutricional						
- Cursos:	Programado	486	598	1.355	1.119	1.032
	Realizado	326	453	748	822	924
	% Realizado	67.1	75.7	55.2	73.4	90
- N° de madres :	Programado	12.131	14.954	33.004	27.810	26.952
	Realizado	7.761	10.595	21.527	22.584	23.806
	% Realizado	64	70.8	65.2	81	88

II.-SISTEMA DE VIGILANCIA DEL ESTADO NUTRICIONAL EN NIÑOS MENORES DE CINCO AÑOS.

NIÑOS MENORES DE 5 AÑOS CON DIAGNOSTICO DE DESNUTRICION VISTOS POR PRIMERA VEZ POR EL MEDICO.

	1979	1980	1981	1982	1983
- Atendidos por 1. ^a vez en consulta externa.	369,747	344,422	382,745	328,474	361,128
- Total de desnutridos diagnosticados:					
I Gdo.	59,488	50,573	52,556	48,273	42,988
II Gdo.	33,533	25,420	29,704	25,450	20,222
III Gdo.	4,234	3,057	4,591	4,278	3,082
Total.	97,255	79,050	86,851	78,004	66,292
- % de niños desnutridos detectados en relación a los vistos por 1. ^a vez en consulta externa.	26	23	23	24	18
- % de niños menores de 5 años desnutridos atendidos en el sub programa de Alimentación Suplementaria, en relación a los diagnosticados por primera vez,	51	70	68	49	60

III. TRATAMIENTO AMBULATORIO EN NIÑOS MENORES DE CINCO AÑOS, CON DESNUTRICION DE II y III GRADO.

	1979	1980	1981	1982	1983
- Niños desnutridos inscritos en el Sub-programa	3,767	6,079	6,356	5,105	4,816
- Consulta subsecuente (Médico)	2,147	1,921	2,623	2,015	2,028
- Controles de rutina por Enfermera.	2,884	4,964	5,480	4,466	4,596
- Visita domiciliar:					
a) Por enfermera o auxiliar.	586	822	603	794	874
b) Por Inspector Saneamiento.	48	34	42	87	82
- % de niños inscritos en el sub-programa en relación a los detectados.	10	21	18	17	21

69

/tac.
30/1/84

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PLANNED INDIVIDUAL DAILY RATION FOR DISPLACED PERSONS

(Phase II CONADES/DIDECO and GOES)

<u>Source</u>	<u>Commodity</u>	<u>Daily Ration (gr)</u>	<u>Calories (Kcal)</u>	<u>Protein (gr)</u>
WEP/TITLE II	Cornmeal	200	700	15.8
	NFDM	40	125	14.4
	Veg-Oil	20	177	0
	<u>Sub-Total</u>		<u>1,010</u>	<u>30.2</u>
GOES/AID*	Red Beans	30	102	6.6
	Sugar	30	115.5	0
	Salt	7		0
	Individual Daily Total		<u>1,227.5</u>	<u>36.0</u>
	Family Unit Total (X 6)		<u>7,365.0</u>	<u>220.8</u>
	Family Unit Normal Needs (Annex B)		<u>11,135.0</u>	<u>232.0</u>
	Family Unit Energy (caloric) Shortfall - Daily		<u>3,770.0</u>	<u>11.2</u>

Beans, salt, sugar have only sporadically been available.

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SUPPLEMENTAL RATION FROM CONADES/DIDECO FOR JOBS PROGRAM WORKERS

UNDER TA 3611

<u>Commodity</u>	<u>Daily Ration (Gr)</u>	<u>Calories (Kcal)</u>
Cornmeal	200	700
Rice	200	726
Non Fat Dry Milk	<u>30</u>	<u>108</u>
Total	430	1,534

ANNEX 7

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MEMORANDUM.

TO: David C. Thompson, Chief, Works Project
Program Unit, USAID/EI Salvador

FROM: Phillip Nieburg, M.D., M.P.H., Nutrition Division
Centers for Disease Control

DATE: February 6, 1984

SUBJECT: Upcoming Nutrition Survey of Desplazado Camps

I have read the protocol for your upcoming nutrition survey and agree that, in general, it is a well-planned and important investigation. There are three specific points I would like to raise about this survey:

1. The most important issue for this (and indeed any) survey is that, for it to be valid (i.e., believable in the eyes of others), the sample must clearly be random. I have some concern over the cluster nature of the sample, although I realize that resources are limited in terms of time and staff. In general, the way that CDC would approach this kind of survey within the limitations that you face is to randomly choose 5 camps, unless you have reason to know for sure that the 5 that have been chosen are clearly representative. Within the camps, the selection of children must also be random. To put it in another way, the selection of households is what is important so that, even if any children are too sick to come to a central measuring point, they are still included in the sample. This latter point is important in order to obtain unbiased results.
2. The copy to which I had access did not have the appendix which included the questions that should be asked with the survey. I think these questions are a very important part of the survey and you should make sure that the nutrition staff at the Ministerio de Salud Pública y Asistencia Social agree that all the information needed for analysis is included. For instance, is there a question on current breast feeding status? Will there be enough information to figure out which are the highest risk groups (by province, length of time in camp, number of siblings, father's employment, etc.)? The questionnaire should be as complete as possible in this regard since it will be a long time before this survey can be repeated.
3. Finally, I would like to point out that you might consider using a Sr. Eduardo Valle on the survey team. I am told he currently works at the Embassy motor pool; however, he was a nutrition survey supervisor for the Central American Research Station run by CDC when it was still open. I am told that he has extensive nutrition survey experience and, in fact, might also be a useful person to consider if the AID nutrition-related activities begin to increase.

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I hope you find these comments helpful. I would be glad to try and answer further questions that you might have. I would also like to receive a copy of the survey results when available. Thank you for the opportunity to review this protocol.

PN:jwp

INTRODUCCION

Nosotros estamos recolectando información acerca de Salud y Nutrición de niños. Nos gustaría hacerles unas cuantas preguntas acerca de los problemas de Salud tan serios que tienen sus niños:

CAMPAMENTO: _____
(nombre)

1. ¿Cuánto tiempo tiene usted de vivir en este campamento?
AÑOS _____ MESES _____

2. ¿Por qué dejó usted su lugar de origen y vino a San Salvador?
_____ "Conflictos de Guerra"
_____ en busca de trabajo; falta de empleo
_____ otros (especifique)

3. ¿Cuántos hijos suyos han nacido en los últimos 4 años?

4. ¿Cuántos de estos niños aún están con vida? _____

5. ¿Cuántos han muerto? _____

6. ¿Cuál fue la causa de la muerte de estos niños?

<u>CAUSA</u>	<u>SEXO</u>	<u>CUANDO MURIO EL NIÑO</u>	<u>EDAD DEL NIÑO AL MORIR</u>	
			<u>AÑOS</u>	<u>MESES</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. Medir el perímetro del brazo a los niños entre los 1 y 4 años (mayor de 12 meses, pero menor de 5 años)

	<u>EDAD</u>	<u>SEXO</u>	<u>PERIMETRO DEL BRAZO</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

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EL SALVADOR

Intensive Immunization Campaign

I. Duties and Responsibilities

Central - Set up "campaign headquarters" to direct and coordinate activities. Facilities to closely monitor progress of the following activities should be established:

a. Vaccine Management

- train all warehouse and transport personnel in storage and handling techniques.
- Develop usage allocations for routine clinics by antigen.
- Develop usage allocations for special clinics by antigen.
- Require usage reports by age and by antigen weekly from routine clinics.
- Require inventories by antigen and by lot number weekly from all clinics by MOH region.
- Require refrigerator/freezer temperature monitoring reports weekly on all storage facilities.

b. Immunization Teams

- recruit (from MOH, CONADES, Red Cross) and train at least 10-12 immunization teams. Rosters (with alternates) should be developed and sponsoring organizations should commit personnel for the duration of the special campaign. Each team should consist of at least four vaccinators/screeners and two drivers/promoters.

c. Clinics-Each MOH Region (with concurrence of central program director) should develop clinic schedules with immunization targets per clinic session for:

- Routine MOH clinics - those in areas where no disruption is foreseen.
- Special clinics - those in areas where some disruption occurs, but where MOH staff can still function.
- Other clinics - those in areas where there is considerable disruption of government service delivery but where other agencies such as the ICRC may be able to provide services; and if so-called pacification programs are implemented, there will also be a need to have immunization teams available to provide services in these areas.

- d. **Surveillance - Disease Morbidity and Mortality -** establish format for assembling weekly information update of reported vaccine preventable disease cases and deaths including brief summaries of outbreaks.

Program Progress - develop formats with established targets for comparing vaccine usage (by Department and by MOH Region). A written summary should be prepared each week.

- e. **Promotion and Publicity**

- coordinate regional/local campaigns
- use radio, newspapers and television to develop an understanding of the need for a program by correlating information about sickness and death with information about low immunization levels. Follow up with information about the general format of the immunization campaign - emphasize the availability of both routine and mobile clinics.

Regional/local - use radio, posters and flyers to provide general information about campaign. Use local and neighborhood leaders to stimulate participation. Use sound trucks and door-to-door advertisers to promote clinics on site.

Feedback - Provide weekly progress summaries to newspapers, radio and television to generate media coverage and interest. Disease surveillance, outbreaks and clinic success should be highlighted.

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MEMORANDUM

DATE : February 6, 1984

TO : Mr. Donald F. Enos, Director, Program Unit, USAID/El Salvador

FROM : Phillip Nieburg, MD., Centers for Disease Control

SUBJECT: Upcoming National Nutrition Survey

We have recently become aware that a country-wide nutrition survey is planned in the near future, perhaps as early as March, by INCAP (Instituto de Nutrición de Centro América y Panama). Since that survey is - obviously a large undertaking and will sample many families, it will be useful to the government of El Salvador and to the desplazados to make sure that data on desplazados can be disaggregated for separate analysis once the survey is over. That is, one should be able to analyse the - - nutritional status of the desplazados as a group and compare their nutritional status with those of other population groups in El Salvador.

Although I did not know the specific arrangement under which the - INCAP survey is being done I suspect that contact could be established - through the nutrition unit of the Maternal and Child Health Division - - at the MSPAS. I would suggest that through your contact at that Ministry. (or through another contact if more appropriate) INCAP can be asked to include questions to obtain information on how long families have been - at their current location and on whether they are desplazados (i.e., - whether they moved to their current location because of actual or - - - perceived threat for military forces or actions).

Results from the survey can thus add greatly to our ability to - understand the current status of desplazado families vis-a-vis the rest of the population of El Salvador.

DISPLACED FAMILY UNIT - EL SALVADOR

REPRESENTATIVE ENERGY (Kcal) NEEDS

PERSONS	HGT(cm)	WT(KT)	UNEMPLOYED VERY LIGHT, LIGHT ACTIVITY	ADULT EMPLOYED	ACTIVITY
Man	168	60	2,750	3,660	-----
Woman	158	52	1,905	2,711	-----
Child 9-12	150	40	2,125	2,125	Light, v. Light
Child 5-8	110	30	1,850	1,850	Light, v. Light
Pre-school 3 - 5	90	18	1,425	1,425	Light, v. Light
Infant 1-2	75	12	1,080	1,080	Light, v. Light

DAILY PER CAPITA CALORIE CONSUMPTION BY FOOD TYPE
FOR POPULATION GROUPED BY INCOME, 1974

	LEVEL OF INCOME				<u>TOTAL POPULATION</u>
	<u>LOW (50%)</u>	<u>MIDDLE (30%)</u>	<u>HIGH (15%)</u>	<u>VERY HIGH (5%)</u>	
Cereals	836.5	1292.8	1361.1	1514.3	1086.0
Tubers & plantain	23.2	33.7	44.4	54.5	31.1
Sugar	229.7	324.1	420.5	512.1	300.8
Legumes	54.7	83.8	113.5,	141.8	76.7
Vegetables	9.8	19.4	29.1	38.4	17.0
Fruits	36.4	60.0	93.9	142.0	57.4
Meats	19.0	34.9	65.2	123.7	35.9
Eggs	9.7	20.9	45.9	96.7	22.9
Fish & seafood	2.6	4.6	8.3	14.4	4.6
Milk & byproducts	43.1	90.2	195.2	448.8	100.9
Fats & oils	63.8	118.6	224.9	415.8	122.0
Other products	16.9	45.0	94.7	192.3	45.7
Total	1345.4	2128.0	2696.7	3694.8	1901.0

Source: Community Systems, Nutrition Assessment Report, 1977.

TEN MAJOR CAUSES OF DEATH

EL SALVADOR 1980 & 1981

	<u>CAUSES</u>	<u>NUMBERS</u>	<u>% of TOTAL DEATHS</u>
1.	Homicide and Intentionally Infected injuries	7,973	10.7
2.	Certain Perinatal Problems	6,842	9.2
3.	Intestinal Infection	4,514	6.0
4.	All other accidents	2,751	3.7
5.	Bronchitis, Emphysema, Asthma	1,987	2.7
6.	Malignancies	1,906	2.6
7.	Motor Vehicle Accidents	1,850	2.5
8.	Ischemic Heart Disease	1,670	2.2
9.	Cerebrovascular Disease	1,621	2.2
10.	Other forms of Heart Disease	<u>1,411</u>	<u>1.9</u>
	T O T A L	32,525	43.5%
	ALL DEATHS	74,761	100 %

251-

VACCINE - PREVENTABLE DISEASE SURVEILLANCE/FEEDBACK REPORT

DISEASE

_____ Tetanus	_____ Measles
_____ Tetanus, neonatal	_____ Polio
_____ Pertussis	_____ Tuberculosis (under 5 years)
_____ Diphtheria	

AGE: _____ anos _____ meses Date of Report: _____

Date of illness: _____ Encuestador: _____

VACCINATION RECORD

DOSES OF RELEVANT VACCINE

_____ seen			by verbal
_____ has but not available		Documented	History
_____ has none	DPT		
	Maternal Tetanus		
	Measles		
	Polio		
	BCG		

CAUSE OF PROBLEM (for specific vaccine for this illness)

- _____ Not vaccinated because too young.
- _____ Not vaccinated, other reason or no reason.
- _____ Partly vaccinated (polio, DPT) but on schedule.
- _____ Appropriately (i.e. completely) vaccinated.

OUTCOME

- _____ recovered, uncomplicated.
- _____ hospitalized with complication (Specify: _____)
- _____ died

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FOOD BASKET FOR MESA GRANDE CAMP
FOR SALVADORAN REFUGEES

<u>COMMODITY</u>	<u>AMOUNT (GR)</u>	<u>CALORIES</u>
Corn	320	1152
Rice	80	280
Beans	65	234
Oil	40	360
Milk	40	140
Protein*	30	110
Sugar	50	200
Salt	15	--
Coffee	15	--
Vegetables	100	80
<u>Fruits</u>		<u>2556</u>

HEALTH COMPONENTS OF JOBS PROGRAM

SUPPLEMENTAL EVALUATION

This section will provide some supplemental comments on the health components (other than vaccinations done under the jobs program)

Curative Health

We recommend that future evaluations of curative health care include more than numbers of visits or other "process" indicators. In order to better assess the potential for health education, nurses might use a simple daily log to determine which of the cases they have seen were either preventable or were more effectively treated if they have had additional time or resources to do health education. In this manner the proportion of disease burden which could be eased by health education could easily be determined.

Finally, we suggest that some formal mechanism be set up so that health workers who refer patients to the hospital can learn from the situation. Health workers at any level of training are helped by

knowing what happens to patients they referred. This helps to counsel the parents of patients, helps to understand the disease process, and in terms of severity of outcome, helps them to learn which problems that they see in their day-to-day practice are likely to lead to poor outcomes.

ORAL REHYDRATION SALTS

Current evaluation techniques for the Oral Rehydration Salts (ORS) component of the jobs program are process rather than outcome oriented. Given the current lack of comprehensive surveillance information available to the program staff (or to the MSPAS), reliance on such evaluation mechanisms are understandable. In addition, there have been numerous failed attempts to design an evaluation program for oral rehydration salts in field settings. Thus far, although they are known to work in a laboratory or investigative situations, success in the field has not been completely documented.

I would specifically suggest three items for evaluation of oral rehydration component in the jobs program:

1. Once a simple surveillance system has been put in place to record, among other things, numbers and causes of hospitalizations and numbers and causes of deaths, program administrators - and field staff - would be in position to begin evaluations based on "system failures." That is, simple data sheets to collect information on children who either die with diarrhea or are hospitalized with

diarrhea can be designed and put into use. Such information as age, duration of diarrhea before hospitalization or death, whether ORS was given and for how long, any weights recorded, any information as to specific cause of diarrhea, etc. can be collected. At the same time, 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. Program staff will then be in position to calculate such outcome and then to calculate such indicators as coverage, overall success rate for oral rehydration, success rate as a function of patient age, success rate as a function of time before referral, association of success at various ages with continuation of breast feeding, etc. By focusing on such characteristics, potential gaps in the delivery system can be defined and filled.

2. Cost and Composition of Oral Rehydration Salts

The UNICEF ORS packet costs approximately US 0.08 and represents the standard and internationally accepted formulation for the salts. One of the brands of rehydration salts manufactured in El Salvador is said to cost nearly three times this much and is formulated without sodium bicarbonate, an important component. Based on these

standards (cost and composition) the program may be evaluated in terms of the costs of packages versus the available initial packets and what percent of packets given out conform to the internationally accepted rehydration formula.

3. Parents Knowledge.

Using standard but simple assessments techniques, the knowledge, attitudes and practices of mothers who received the ORS packets and instructions for their use can be tested. Specific goals for percentage of correct answers on various sections of the assessments can be set and based on the results, field instructions for use of the salts can be modified accordingly. The practice and value of providing oral rehydration salts in the field situation, although not yet documented satisfactorily, is accepted by consensus. This (ORS) aspect of the program should be continued and should be evaluated more carefully as other health and nutrition services for DP's are being put into place. In addition, much of the maternal education in the use of ORS can be done within the context of a Supplementary Feeding Program, as discussed in detail elsewhere in this report.

PARASITE CONTROL PROGRAM

As with oral rehydration salts, evaluation of the parasite control program has been based on process indicators such as costs, and numbers of drug doses given out. Some information on total number of children treated is available as well. None of the program resources has yet been spent on evaluations such as parasite surveys and, at this point, none should.

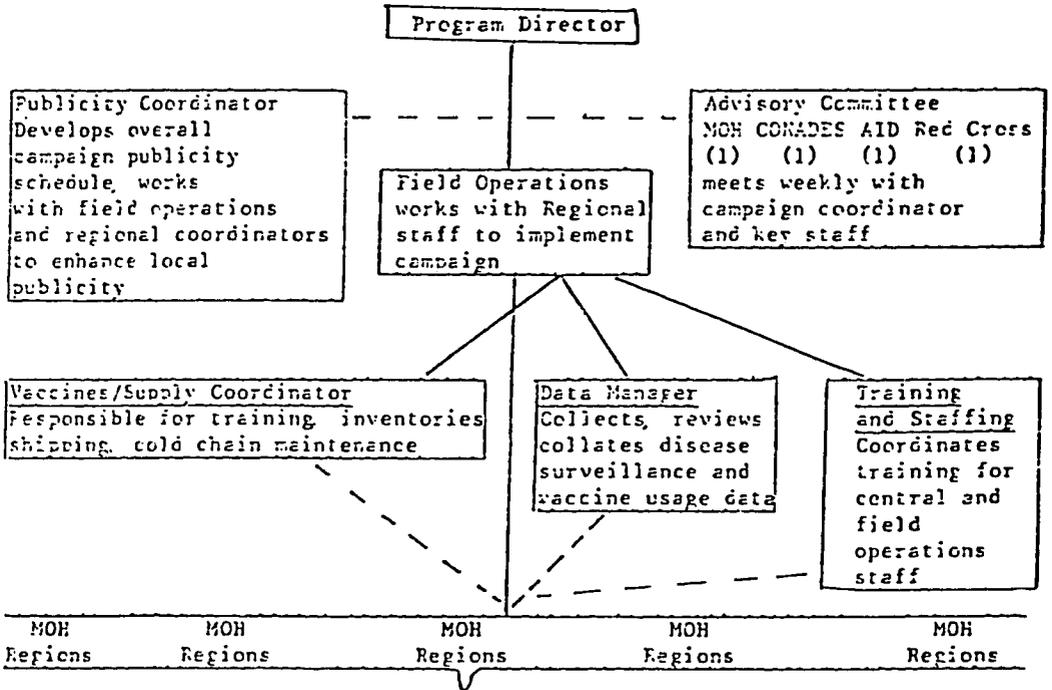
A comprehensive parasite control program consists of providing drugs within a context of improvements in sanitation, education, in use of shoes or sandals, and provision of increased quality and quantity of food. Each of these components is important in control of the parasites and their effects. On the other hand, the public health consensus is that attempted long-term control of parasites with drug therapy alone is probably not a useful expenditure of resources. It is recommended that once an expanded program of health education, improved sanitation, and providing shoes to children has been in place for some time, consideration might be given to an evaluation to identify remediable gaps in the program. However, even then it is not clear if that would be a useful expenditure of resources. That decision is best made at some future time.

A supplementary feeding program (SFP) is important in the context of parasite control in two ways. First, SFP can be used as a vehicle for the various components of a parasite control program (drugs, shoes, education, etc.)

Second, the extra nutrients provided by an SFP are important in mediating the effects of parasites on children of borderline nutritional status. Nutritional effects of these parasites are most visible on children whose nutritional status is already borderline or deficient.

IMMUNIZATION STAFFING PATTERN

f. Staffing and Organization



Each Region to designate one Campaign Coordinator who develops staff rosters, coordinates training, schedules and supervises clinics; supervises local publicity efforts

RECOMMENDED WATER SUPPLY STANDARDS FOR

D.P. SETTLEMENTS IN EL SALVADOR

INTRODUCTION

The most critical supply in a D.P. settlement is potable water. Water, supplied in adequate quantities and at a suitable standard of quality, is one of the most important factors in the prevention of disease. A decreasing incidence of disease and sickness can be shown to be strongly related to the quality and quantity of water available.

The source(s) of the water should be chosen so that they will be accessible, will be available in sufficient quantities and will be safe, after treatment if necessary. The system of distribution must ensure that the available supply is distributed quickly and that there is no possibility of contamination.

STANDARDS

These standards are divided into two parts: water quantity and quality.

1. Water Quantity

- a) The minimum supply to each settlement shall be 20 liters per person per day. The minimum supply to a feeding center shall be 30 liters per person per day.

These quantities are basic minima. Where there are water supplies of different quality available to the camp (e.g.

- b) the minimum coliform standard shall be (MPN) 1-10 per 100 ml;
- c) chlorides shall be present in a concentration less than 600 mg/l.

Treatment

If the water does not meet the above coliform standards, it will require disinfection. Disinfection may take place by chlorination.

- 1) A chlorine liberating compound shall be added to the water to give a strength of 5.0 mg of available chlorine per liter. This may be adjusted.
- 2) After 30 minutes the residual chlorine shall not exceed 0.8 mg/l. The minimum contact time for chlorine disinfection will be 30 minutes.
- 3) All taps, pipes etc. used for the storage and distribution of water shall be disinfected before use.

Storage

Each camp shall have water storage capacity sufficient for 1/2 day. This capacity shall be computed on the basis of mean daily consumption.

Protection

- 1) All water facilities shall be sufficiently protected to prevent pilferage of water taps, damage to fittings and possible contamination of supply.

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- 2) No source of pollution (e.g. latrine, dump) will be located within 30 meters of a water source.
 - 3) General hygiene procedures shall be observed at all times to prevent possibilities of contamination.
 - 4) Flexible hoses from the pressure main system shall not be used.

Drainage

At every source where water is available proper drainage channels and/or seepage pits shall be provided.

Maintenance

- 1) Any water source or potential water source shall be tested for the following:
 - determination of residual chlorine (free and combined);
 - bacteriological examination for coliform bacteria;
 - determination of hydrogen ion concentration;
 - determination of type of alkalinity.

These test will give an indication of the source potability and will determine the strength of chlorine solution required (if any).

- 2) Coliform tests shall be performed regularly on water samples taken from every point in the supply system (source, trucks, tanks etc.). This will check the efficacy of the disinfection process and will indicate sources of recontamination.

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- 3) Where a pressure main system uses a continuous chlorination process, the chlorine level shall be checked at outlets.
- 4) The results of all tests shall be clearly and systematically recorded.

COMISION NACIONAL DE ASISTENCIA A LA POBLACION DESPLAZADA
"CONADES"

SUBGERENCIA DE PROMOCION SOCIAL
DEPARTAMENTO DE INVESTIGACION Y ESTADISTICA

CUADRO RESUMEN DE POBLACION DESPLAZADA EN ASENTAMIENTO

Diciembre 1983

<u>No.</u>	<u>DEPARTAMENTO</u>	<u>NUMERO DE ASENTAMIENTOS</u> *	<u>POBLACION</u>
1.	Sonsonate	3	403
2.	La Libertad	6	2,031
3.	San Salvador	7	1,269
4.	Chalatenango	35	6,866
5.	San Vicente	4	3,960
6.	Cabañas	17	4,944
7.	Cuscatlán	9	1,397
8.	Usulután	9	2,886
9.	San Miguel	6	304
10.	Morazán	<u>6</u>	<u>6,043</u>
	TOTAL	<u>102</u> *****	<u>30,103</u> *****

* Se entenderá por Asentamiento: Módulos, Escuelas, Iglesias o viviendas provisionales, agrupados en un área determinada, en donde se alojan únicamente familias desplazadas.

COMISION NACIONAL DE ASISTENCIA A LA POBLACION DESPLAZADA
"CONADES"

SUBGERENCIA DE PROMOCION SOCIAL
DEPARTAMENTO DE INVESTIGACION Y ESTADISTICA

LISTADO DE LUGARES DE CONCENTRACION DE LA POBLACION DESPLAZADA POR
DEPARTAMENTO Y MUNICIPIO - Diciembre de 1983.

<u>ASENTAMIENTO</u>	<u>POBLACION</u>	<u>TOTAL</u>
<u>SONSONATE</u>		
1. Hacienda Canadá, C/El Presidio, Sonsonate	162	
2. Hacienda San Luis Tawil, Sonsonate	15	
3. Hacienda Miravalle	<u>226</u>	403
<u>LA LIBERTAD</u>		
1. Col. Hermosa Provincia, C/Lourdes, Colón	341	
2. Finca El Espino, ISTA, Antiguo Cuscatlán	89	
3. Asentamiento Betania, Zaragoza	648	
4. El Refugio, Costado Sur ITCA, Nva.San Salvador	762	
5. Hacienda Taquillo, C/Shalpa, J/Jicalapa	116	
6. Finca Florencia, Nuevo Cuscatlán	<u>75</u>	2,031
<u>SAN SALVADOR</u>		
1. Reparto San Isidro, por Fábrica INCO, Soyapango	226	
2. Río Las Cañas, C/El Tránsito, Soyapango	248	
3. Comunidad El Tránsito No. 3, San Marcos	229	
4. Carretera Troncal del Norte, Guazapa	280	
5. Col.Bolívar Km.4 1/2 Troncal Nte.,Ciudad Delgado	30	
6. Col. California No. 2 Km. 7 1/2 Blvd. del Ejérci to Nacional, Soyapango	58	
7. Comunidad San Henríquez, Soyapango	<u>198</u>	1,269

CHALAT-NANGO

1. Cas. La Sierpe	706
2. Cas. Ganyuco	110
3. Cas. Chuptal	258
4. Cas. Tepeyac	47
5. Cas. Totolco	292
6. Col. Fatina	391
7. Col. Caja de agua	447
8. Isla El Jaral	84
9. Casa Comunal, Cas. El Dorado, C/San Bartolo Núcleo No. 2	22
10. Poligono No.2, Cas. El Dorado, C/San Bartolo Núcleo No.2	62
11. Poligono No.4, Cas. El Dorado, C/San Bartolo Núcleo No.2	50
12. Poligono No.7, Cas. El Dorado, C/San Bartolo Núcleo No.2	54
13. Poligono No.8, Cas. El Dorado, C/San Bartolo Núcleo No.2	51
14. Poligono No.9, Cas. El Dorado, C/San Bartolo Núcleo No.2	56
15. Poligono No.11, Cas. El Dorado, C/San Bartolo Núcleo No.2	60
16. Poligono No.13, Cas. El Dorado, C/San Bartolo Núcleo No.2	88
17. Poligono No.14, Cas. El Dorado, C/San Bartolo Núcleo No.2	54
18. Poligono No.15, Cas. El Dorado, C/San Bartolo Núcleo No.2	71
19. Champas, Cas. El Dorado, C/San Bartolo Núcleo No.3	17
20. Poligono No.14, Cas. El Dorado, C/San Bartolo Núcleo No.3	53
21. Poligono No.15, Cas. El Dorado, C/San Bartolo Núcleo No.3	44
22. Bo. El Prado del Rastro, Tejutla	43
23. Cas. El Coyolito, C/Quitalsol, Tejutla	819
24. Bo. Las Delicias (Módulo), La Reina	29
25. C/Llano Grande, Concepción Juezaltepeque	154
26. Bo. El Centro (Módulo) Alcaldía Mepal. San Rafael	27
27. Desvío a San Fco. Morazán (Módulo) San Rafael	27
28. C/Potrerrillos, Nombre de Jesús	337
29. C/Los Escalantes, Nombre de Jesús	210
30. C/San Benito, San Antonio de La Cruz	610
31. Cas. Angostura, C/El Tablón, El Paraíso	1,126
32. C/Sta. Barbara (Casco de la Hacienda), El Paraíso	107
33. C/Sta. Barbara (Calle Nueva), El Paraíso	67
34. Col. El Roble, El Paraíso	242
35. La Zecuelona, San Francisco Lempa	<u>31</u>

SAN VICENTE

1. Champas CARITAS, 2da. C.Pte. Bo. El Calvario, San Vicente	1,788	
2. Champas FENADESAL, Linea de Ferrocarril, San Vicente	774	
3. C/Las Minas, Antigua calle a Apastepeque, San Vicente	228	
4. C/Dos Quebradas, Antigua calle a Amapulapa, San Vicente	<u>1,170</u>	3,960

CABARAS

1. El Bodegón, Sensuntepeque	43	
2. Llano de la Hacienda, San Isidro	279	
3. Cas. El Jute, San Isidro	70	
4. Cas. Las Minas, C/San Francisco, San Isidro	137	
5. C/El Pompisque, Guacotecti	48	
6. Cas. La Antena, Guacotecti	90	
7. Cas. El Centro, Guacotecti	54	
8. Cas. La Ermita, Guacotecti	84	
9. Cas. El Zacamil, Guacotecti	44	
10. BQ El Centro, Tejutepeque	483	
11. BQ El Calvario, Tejutepeque	1,122	
12. BQ San Antonio, Villa Victoria	241	
13. BQ El Centro, Villa Victoria	243	
14. Cas. Peña Colorada, Villa Victoria	114	
15. Col. El Siete, Ilobasco	504	
16. Col. La Palma, Ilobasco	893	
17. Col. San Rafael, Ilobasco	<u>493</u>	4,944

CUSCATLAN

1. Hacienda e Ingenio Colima, Suchitoto	300	
2. Iglesia Santa Cruz Michapa	187	
3. Puente La Marimba, Oratorio de Concepción	161	
4. Predio Ex Kinder, BQ El Calvario, San José Guayabal	49	
5. Casa Comunal, Alcaldía San José Guayabal	45	
6. Iglesia San Agustín, BQ Sn. Agustín, Sn. José Guayabal	149	
7. El Rastro Municipal, San José Guayabal	54	
8. Las Presitas, San José Guayabal	336	
9. Cas. Agua Caliente, San José Guayabal	<u>116</u>	1,397

USULUTAN

1. BO Las Flores, Jiquilisco	48	
2. El Astro, Berlín	188	
3. Calle salida a San Agustín, Berlín	501	
4. San José No. 2, BO San José, Berlín	218	
5. La Chicharra, Fte. a Cementerio, Berlín	502	
6. Salida a Alegría No. 2, Berlín	681	
7. Instituto Nacional, Berlín	414	
8. BO La Cruz, Villa El Triunfo	183	
9. BO San Francisco, Villa El Triunfo	<u>151</u>	2,886

SAN MIGUEL

1. Hogar de Niños, 2a. Av. Sur, San Miguel	100	
2. Aldea San Antonio, Col. 4 de Mayo, San Miguel	40	
3. Talleres PROHIMO, 10a. C. Ote. San Miguel	34	
4. Salida a Chapeltique, Fte. Edificio Batallón Cazadores, Ciudad Barrios	65	
5. Venta de Loza, BO San Fco. El Tránsito	26	
6. Capilla Hospital San Juan de Dios, San Miguel	<u>32</u>	304

MORAZAN

1. El Campo ARRIB, San Francisco Gotera	1,200	
2. El Campo ABAJO por Unidad de Salud, San Fco. Gotera	1,040	
3. El Tiangué, entrada a San Francisco Gotera	2,072	
4. Asentamiento San José, C/San José, San Francisco Gotera	1,500	
5. Hacienda Santa Barbara, San Carlos	135	
6. Unidad de Salud, Delicias de Concepción	<u>96</u>	6,043

I. Servicios Iniciales (Initial Services)

Recepcion: *La Directiva*
 Reception:

Registracion y documentacion: *La Directiva*
 Processing/Documentation:

Exámenes preliminares (Salud) *La Enfermera*
 Screening (Health):

Asignaciones de trabajo: *Caja de Crédito de USA -*
 Task Assignments: *Intein, (Ofic. AID)*

Asignaciones de sitios: *La Directiva*
 Locational assignments:

Materiales iniciales: *CONADES a través de la Alcaldía*
 Initial supplies: *Y CARITAS.*

Alimentos: *CONADES*
 Food:

Utensilios: *—*
 Utensils:

Ropa: *CONADES*
 Clothing:

Materiales: *CONADES*
 Materials:

II. Proteccion (Protection)

Evacuacion:
 Evacuation:

Proteccion:
 Protection:

Seguridad:
 Security:

Documentation: CONADES, ALCALDIA MUNICIPAL
Documentation:

Asistencia Legal: CONADES, ALCALDIA MUNE.
Legal assistance

III. Servicios y Sitios (Site Services)

Viviendas Provisionales (Shelters)

Familias: 60 en 50 (chamapas). Unas 420 personas
Families:

Solteros: 200 (Aprox.)
Singles:

Solteros viejos: 20 (Aprox.)
single elderly:

Ninos sin padre de familia 50 (Aprox.)
Unaccompanied:

Distribucion de materiales: CONADES.
Materials distribution

Agua (Water)

Chorros de agua, pozos, etc.: un chorro público
Water taps, wells, etc.:

Plancha reforzada
Hard surface platform: -

Lavaderos
Wash stands: -

Regaderas: -
Showers:

Drenaje: superficial
Drainage:

Saneamiento (Sanitation)

Letrinas: *No. No hay terreno, solamente La Calle.*
latrines:

Mantenimiento de letrinas: —
latrine maintenance:

Rotacion de letrinas: —
Latrine rotation:

Evacuacion de cieno: —

Evacuacion de cieno —
latrine de sludging:

Control de vectores (Malla metalica): *⇒ Salud Pública.*
Vector control (screens):

Control del ambiente: —
odor control:

Energia electrica: —
Lighting

Educacion publica *Salud Pública.*
Public education

Drenaje (Drainage)

Instalacion: *Superficial*
Installation:

Mantenimiento: *Dirección Gral. de Caminos.*
Maintenance:

Control de vectores: *Salud Pública.*
Vector control:

Educacion publica: *Salud Pública.*
Public education:

Vector control

Anti-Malaria: *Salud Pública*
Anti-Mosca:

Otros:
Others:

Educacion publica *Salud Pública*
Public education:

Recoleccion de Basura y su Retiro
Waste Collection and Disposal)

Barriles de basura: *NO*
trash barrels:

Equipo de mantenimiento: *NO*
Maintenance

Entierro de basura *una parte (en invierno)*
Burial of waste

Quema de basura *En verano*
Burning of waste

Retiro de desperdicios de medicinas: ---
Disposal of medical wastes:

Calles/Baches (Roads/Path)

Instalaciones: *Calle pública pavimentada*
Installations:

Mantenimiento: *Dircc. Gral. de Caminos.*
Maintenance:

Materiales:
Supplies:

Equipo:
Equipment:

Alumbrado y Energia Electrica (Light and Power)

Instalaciones: *No*
Facilities:

Conexiones: *No*
Installations:

Combustible: *No*
Fuel:

Mantenimiento: *No*
Maintenance:

Control de Polvo (Dust Control)

Operaciones: *Calle pavimentada*
Operations:

Equipo: —
Equipment:

IV Salud (Health)

Unidades de Salud (OPC,S)

Miembros:
Staffing:

Instalaciones:
Facilities:

Materiales:
Supplies:

Imprevistos:
Outreach:

Alimentacion Intensiva (Intensive Feeding)

Equipo medico:
Staffing:

Instalaciones:
Facilities:

Materiales:
Supplies:

logisticos:
logistic:

Mantenimiento de datos
records keeping:

Educacion Publica en Salud
Public Health Education)

Instalaciones:
Facilities:

Equipo profesional:
Staff:

Materiales:
Supplies:

Centros Suplementarios de Alimentacion
(Feeding Centers Supplementary)

Miembros:
Staffing:

Instalaciones:
Facilities:

Racion Basica (Basic Ration

Equipo:
Staffing:

Instalaciones:
Facilities:

Materiales:
Supplies:

Mantenimiento de datos:
Record keeping:

Vefificacion:
Verification:

Logisticos:
Logistic:

Instalaciones para Cocinas
(Cooking Facilities)

Instalaciones: *Cocinas caseras*
Facilities:

Combustible: *Leña*
Fuel:

Educacion publica: -
Public Education:

V Proyectos de Trabajo (Income Projects)

Generacion de empleo (Income generation)

Trabajo en el campamento: *No*
in-camp jobs:

Trabajo fuera del campamento: *Caja de Credito de Usu-*
Off-site jobs *tun, Proyectos de AID*

Mercados: *No*
Markets:

Comercializacion de articulos producidos por
desplazados *No*
Marketing items produced by DP's

Otros: -
Others:

Proyectos de auto-capacitacion
Self help projects

Jardineria: *No*
Gardening:

Artesanias: *No*
Handicraft:

Otros: -
Others:

Otros: -
Others:

VI Servicios Sociales (Social Services)

Reunificacion: -
Reunification: -

Consejos profesionales: —
Counseling:

Servicios legales: *Alcaldía M. y CONADES*
Legal services:

Educacion (Education)

Instalaciones: *NO*
Facilities:

Profesores: *NO*
Teachers:

Materiales: *NO*
Supplies:

Materiales logísticos:
Supplies logistic:

Promocion y educacion publica:
Outreach and public education:

Instalaciones para usos multiples
(Multi Purpose Facilities)

Instalaciones: —
Facilities:

Materiales: —
Supplies:

Guarderia de Ninos (Children's Centers)

Instalaciones: —
Facilities:

Las madres de casa;
Staff:

Equipo/materiales:
Equipment/Supplies:

Seguridad:
Security:

Servicios sociales:
Social services:

Instalaciones para recreacion *No*
(Recreation facilities)

Equipo/materiales: —
Equipment supplies: —

Alocacion del sitio: —
Space allotment:

VII Administracion (Administration)

Instalaciones: *No*
Facilities:

Equipo administrativo: *Junta Directiva*
Staff:

Equipo: *No*
Equipment:

Materiales: *No*
Supplies:

Bodegas (Warehouses) *No*

Instalaciones: —
Facilities:

Bodegueros: —
Staff:

Equipo: —
Equipment:

Control de vectores: —
Vector control:

Seguridad: —
Security:

Control de calidad: —
Quality control:

Auditorias: —
Audits:

Seguridad en el Campamento (Security in Camp)

Miembros/autoridad: *Junta Directiva. Policía Nacional*
Staff/authority: *y Policía Municipal.*

Medidas de protección: *No*
Security measures:

SOLICITUDE DE REUBICACION VOLUNTARIA

1. POR LA PRESENTE DECLARO QUE LUEGO DE HABER TOMADO UNA DECISION RESPONSABLE Y POR MI PROPIA VOLUNTAD, SOLICITO SER REUBICADO A _____
2. ASI MISMO DEJO CONSTANCIA QUE ME REUBICACION SE EFECTUARA DIRECTAMENTE A _____
3. DECLARO COMPRENDER LO ANTERIORMENTE DICHO Y QUE ME LEIDO/ME HA SIDO LEIDO/TRADUCIDO. (Tachar lo que no corresponde)

SOLICITANTE:

NOMBRE COMPLETO: _____

FIRMA: _____

LUGAR Y FECHA: _____

DEPENDIENTES:

Nombre	Fecha de nacimiento	Sexo	Parentesco con Jefe de Familia
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FUNCIONARIO QUE CERTIFICA:

NOMBRE COMPLETO: _____

CARGO: _____

FIRMA: _____

LUGAR Y FECHA: _____

- NOTA:
- a) Toda persona mayor de edad que desee reubicarse debera llenar una solicitud por separado.
 - b) Los menores de edad se suponen comprendidos en la declaracion hecha por los padres excepto cuando manifiesten lo contrario y se les pueda considerar con juicio suficiente como para hacerlo.

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United States Department of State

Washington, D.C. 20520

April 9, 1984

MEMORANDUM

TO : OPR/FAIM: WHPrice
FROM : RP/EO: DMKrumm *D Krumm*
SUBJECT: Declassification of LOU Document

On March 12, 1984 I drafted a Limited Official Use cable (State 072199) entitled "Implementation Annex to Displaced Persons Assessment." I neglected to include declassifying instructions.

As drafter, I understand from Ms. Joan Li, ext. 632-5199, that I can decontrol the cable by sending you this memorandum. Please change the record copy and issue instructions that all others be changed as well.

ANNEX 23

907-

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ORIGIN 02-10

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LAB-04 PA-01 SIL-01 NNS-04 AGR-01 USIE-00 SP-02
SR-06 PRS-01 SLPD-01 /060 R

DRAFTED BY RP/EO: DRUMS
APPROVED BY RP/IA: AEDWEY
RP/ERA: CFLOYD
LAC/CEN: ROQUEENR SUBS,
RP/ED: FAHARRIS
ARA/PPC: L CLERICI (INFO),
AID/WDA: O DAVIDSON (INFO)

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Z R 121459Z MAR 84
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AMEMBASSY MEXICO
AMEMBASSY GUATEMALA
AMEMBASSY PANAMA
AMEMBASSY MAHAGUA
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AMEMBASSY ROME
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LIMITED OFFICIAL USE STATE 072199

ROME FOR FOAG

E.O. 12356: N/A
TAGS: SREF, ES, E&D
SUBJECT: IMPLEMENTATION ANNEX TO DISPLACED PERSONS
ASSESSMENT

BEGIN TEXT

----- IMPLEMENTATION ANNEX TO -----
----- DP ASSESSMENT TEAM REPORT -----
----- FEBRUARY 1984 -----

1. INTRODUCTION AND SUMMARY -----

WHILE IN SAN SALVADOR, AID MISSION DIRECTOR DAGATA ASKED THE DISPLACED PERSONS ASSESSMENT TEAM TO DEVELOP AN IMPLEMENTATION ANNEX TO THE DISPLACED PERSONS ASSESSMENT REPORT. THE PURPOSE OF THE FOLLOWING ANNEX IS TO PRESENT THE TEAM'S PROFESSIONAL JUDGMENT ON HOW THE REPORT'S RECOMMENDATIONS MIGHT BEST BE IMPLEMENTED. THE ANNEX IS INTENDED TO BE OF ASSISTANCE TO AID/SAN SALVADOR IN DESIGNING ITS DISPLACED PERSON PROJECT PAPER

FOR THE NEXT YEAR. SUGGESTIONS FOLLOW FOR HOW THE TEAM SHOULD GO ABOUT ESTABLISHING A COORDINATION UNIT, - - EXPANDING THE PROGRAM UNIT, INITIATING NUTRITION IMPROVEMENT ACTIVITIES, LAUNCHING RELOCATION AND TRANSITIONAL ACTIVITIES AND SELF HELP PROJECTS.

AN EFFORT HAS BEEN MADE TO SUGGEST THE GENERAL TIME FRAME IN WHICH DECISIONS SHOULD BE MADE AND WHICH ORGANIZATION SHOULD TAKE THE LEAD TO ORGANIZE A PARTICULAR ACTIVITY. THE TEAM BELIEVES THAT A NUMBER OF THESE ACTIVITIES CAN BE STARTED CONCURRENTLY AND THAT, WITH HELP AND SUPPORT FROM RP AND AID/WASHINGTON, DECISIONS RELATING TO SOME OF THE ITEMS SUCH AS THE SUPPLEMENTAL FEEDING PROGRAM CAN BE MADE FAIRLY QUICKLY. WE WOULD LIKE TO EMPHASIZE, HOWEVER, THAT A

HIGH LEVEL OF COORDINATION WILL BE NECESSARY BETWEEN RP AND AID, BOTH IN WASHINGTON AND IN EL SALVADOR, FOR THIS PROGRAM TO GO FORWARD IN A TIMELY FASHION. END SUMMARY.

2. ESTABLISHING THE COORDINATING UNIT -----

ESTABLISHING A COORDINATING UNIT TO FOCUS ATTENTION ON PROBLEMS IN DP CAMPS AND CONCENTRATIONS IS A HIGH PRIORITY. THE TEAM RECOMMENDS THAT THE BEST WAY TO ESTABLISH THE TYPE OF COORDINATION UNIT RECOMMENDED IN THE ASSESSMENT IS THROUGH A FEASIBILITY STUDY CARRIED OUT BY A RECOGNIZED AND HIGHLY QUALIFIED PVO. THE TERMS OF REFERENCE FOR THE STUDY WILL BE WRITTEN IN SUCH A WAY THAT IF FEASIBILITY IS ESTABLISHED, THE ACTUAL COORDINATION UNIT COULD BE INITIATED IMMEDIATELY UPON ITS COMPLETION. BY ASSIGNING A QUALIFIED AGENCY THE TASK OF DETERMINING FEASIBILITY, THE EXACT STRUCTURE AND THE OPERATING MECHANISMS CAN BE DEFINED FAIRLY ACCURATELY. WE HOPE THAT THE AGENCY CARRYING OUT THE FEASIBILITY STUDY WOULD THEN SET UP THE COORDINATION-UNIT IMMEDIATELY THEREAFTER.

IF FEASIBILITY IS ESTABLISHED, SUFFICIENT FUNDS FOR SALARIES, ADMINISTRATIVE AND OPERATING COSTS OF THE COORDINATION UNIT MUST BE PROVIDED. THE TEAM ESTIMATES THAT A COORDINATING UNIT WITH A DIRECTOR AND FIVE CORE PROFESSIONALS WILL COST IN THE VICINITY OF \$1 MILLION/YEAR TO SUPPORT.

THE FEASIBILITY STUDY SHOULD BE COMPLETED NO LATER THAN 15 MAY 1984. ESTABLISHING THE COORDINATION UNIT, AGAIN IF FEASIBILITY IS DETERMINED, SHOULD TAKE PLACE NO LATER THAN 31 JULY 1984.

3. EXPANSION OF THE PROGRAM UNIT AND ITS ACTIVITIES -----

THE ASSESSMENT REPORT RECOMMENDED AN EXPANSION OF THE SERVICE AREA NOW SERVED BY THE HEALTH AND JOBS PROGRAM TO ALL AREAS OF THE COUNTRY EXCEPT THE CAPITAL CITY OF SAN SALVADOR. TO IMPLEMENT THIS, THE REPORT RECOMMENDED THAT THE BUDGET BE INCREASED AND THAT STAFF BE INCREASED TO FACILITATE MANAGEMENT. THUS, THE FIRST STEP IS TO AMEND THE EXISTING PROGRAM AGREEMENT. SPECIFIC SECTIONS THAT SHOULD BE AMENDED INCLUDE:

A. THE SECTION WHICH DEFINES THE SERVICE AREA SHOULD BE EXPANDED TO INCLUDE ALL DEPARTMENTS OF THE COUNTRY AND SPECIFY THAT THE CITY OF SAN SALVADOR SHOULD CONTINUE TO BE OMITTED.

B. THE SECTION WHICH DEFINES THE PROGRAM UNIT STAFF SHOULD BE MODIFIED TO INCLUDE ONE ADDITIONAL ENGINEER, ONE SANITARIAN OR SANITARY ENGINEER AND ONE NUTRITIONIST. THESE INDIVIDUALS MIGHT BE TRANSFERRED TO THE COORDINATION UNIT IF ESTABLISHED. ALSO ONE ADDITIONAL PROGRAM OFFICER WHOSE DUTIES WOULD BE TO HELP COORDINATE THE JOBS PROGRAM AND ASSIST IN OVERALL ADMINISTRATION OF PROGRAM UNIT ACTIVITIES SHOULD BE HIRED. THIS PERSON WOULD ALSO BE RESPONSIBLE FOR CARRYING OUT THE ACTIVITIES OF THE LAND LEASE PROGRAM AND COORDINATING DEVELOPMENT OF SELF-HELP ACTIVITIES, IF THE DECISION IS MADE TO IMPLEMENT THOSE RECOMMENDATIONS.

C. THE SECTION WHICH DESCRIBES THE CONDITIONS FOR DISBURSEMENT OF FUNDS UNDER THE WORKS PROGRAMS TO THE CAJAS DE CREDITO SHOULD BE AMENDED TO SETUP A CAPITAL IMPROVEMENTS FUND TO PAY FOR MATERIALS, TOOLS AND TRANSPORTATION COSTS FOR THOSE ITEMS

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NECESSARY TO IMPROVE SANITATION, WATER SUPPLY AND OTHER ENVIRONMENTAL AND HEALTH CONDITIONS IN DP SETTLEMENTS. THE FUNDING SET ASIDE FOR CAPITAL IMPROVEMENTS SHOULD BE 750,000 DOLLARS. THIS SECTION SHOULD ALSO BE AMENDED AS NECESSARY TO DELETE THE REFERENCES TO THE PERCENTAGE OF EXPENDITURES FOR LABOR VERSUS MATERIALS FOR IMPROVEMENTS TO CLASS (A) PROJECTS.

WE BELIEVE THAT THESE CHANGES TO THE PROGRAM UNIT CAN BE CARRIED OUT AS SOON AS FUNDS BECOME AVAILABLE. THE ADDITIONAL TECHNICAL PERSONNEL FOR THE PROGRAM UNIT SHOULD BE ON BOARD NO LATER THAN THE END OF MAY 1984.

4. INITIATING NUTRITION IMPROVEMENT ACTIVITIES-----

IMPLYING NUTRITIONAL STATISTICS OF THE DPS AS RECOMMENDED BY THE ASSESSMENT REPORT WILL ENTAIL THREE BASIC ACTIVITIES: A) IMPROVING THE FOOD BASKET, -BOTH-IN QUANTITY AND QUALITY; B) ESTABLISHING SUPPLEMENTARY AND INTENSIVE FEEDING PROGRAMS; AND C) ESTABLISHING A NUTRITIONAL SURVEILLANCE SYSTEM AS PART OF THE OVERALL HEALTH SURVEILLANCE PROGRAM. THE TEAM RECOMMENDS THAT VOLUNTARY AGENCIES BE APPROACHED TO ESTABLISH THE SUPPLEMENTARY FEEDING PROGRAM. ONCE SELECTED THE VOLAG WOULD WORK CLOSELY WITH THE MINISTRY OF HEALTH (MSPAS). IDEALLY THE TEAM HOPES MSPAS WILL BE ABLE TO TAKE OVER TOTAL RESPONSIBILITY FOR THE PROGRAM AFTER APPROXIMATELY TWO YEARS. THE TEAM HOPES THAT AN EXPERIENCED VOLUNTARY AGENCY CAN BE FOUND TO CARRY OUT THIS ACTIVITY. IF NOT, THE FALL BACK POSITION IS TO ASK A QUALIFIED VOLAG TO LOAN STAFF TO THE COORDINATION UNIT TO SET UP THE PROGRAM AS A DEMONSTRATION PROJECT WITHIN MSPAS. IF THAT IS NOT POSSIBLE, A NUTRITIONIST SHOULD BE HIRED DIRECTLY BY THE COORDINATION UNIT TO HELP MSPAS. VOLUNTARY AGENCIES TO CONTACT WITH KNOWLEDGE EXPERTISE IN SUPPLEMENTAL FEEDING INCLUDE CARE, CRS/CARITAS, WORLD VISION, CHURCH WORLD SERVICE/CESAD, CONCERN IRELAND, SAVE THE CHILDREN (UK), AND PERHAPS FOOD FOR THE HUNGRY.

ASSUMING THAT A VOLUNTARY AGENCY CAN BE FOUND, THE FOLLOWING STEPS ARE RECOMMENDED:

A. RP SHOULD MEET WITH DIFFERENT VOLUNTARY AGENCIES TO DISCUSS THE NEED FOR SUPPLEMENTARY FEEDING AND SELECT AND RETAIN THE APPROPRIATE AGENCY.

B. SIMULTANEOUSLY, AID/EL SALVADOR SHOULD CONTACT MSPAS TO BEGIN LAYING THE GROUNDWORK FOR THEIR PARTICIPATION IN THE SUPPLEMENTARY FEEDING PROGRAM.

C. AS SOON AS THE VOLUNTARY AGENCY HAS BEEN IDENTIFIED, A MEETING WITH ALL INTERESTED PARTIES INCLUDING MSPAS, USAID AND RP SHOULD BE SET UP TO DECIDE ON A SCHEDULE AND HOW THE PROGRAM WILL BE INITIATED. THESE ACTIVITIES SHOULD BE COMPLETED WITHIN APPROXIMATELY 60 DAYS.

SIMULTANEOUSLY ACTIVITIES TO IMPROVE THE QUALITY AND QUANTITY OF THE FOOD BASKET SHOULD BE INITIATED. USAID SHOULD ENTER INTO NEGOTIATIONS WITH WFP ABOUT THE POSSIBILITY OF HIRED THE FOOD MONITORS RECOMMENDED IN THE REPORT. IF POSSIBLE, THE TEAM RECOMMENDS THAT THEY BE HIRED AS TEMPORARY WFP STAFF AND THAT, AS SOON AS THE COORDINATION UNIT IS ESTABLISHED, THE FOOD MONITORS BE TRANSFERRED TO THE COORDINATION UNIT. IF THE COORDINATION UNIT IS NOT ESTABLISHED, A SECOND OPTION WOULD BE THAT THE MONITORS REMAIN WITH WFP.

THE FOOD AND MONITORING RESPONSIBILITIES SHOULD ALSO

INCLUDE NUTRITION SURVEILLANCE IN THE CAMPS. MOST NUTRITION SURVEILLANCE WILL BE CARRIED OUT AS PART OF THE SFP, BUT THE FOOD MONITORS SHOULD ALSO RECEIVE TRAINING IN HOW TO DO NUTRITION SPOT SURVEYS SO THAT END RESULTS OF FOOD DELIVERY CAN BE EVALUATED. THIS TRAINING MIGHT BE PROVIDED BY THE CENTERS FOR DISEASE CONTROL UNDER ITS AGREEMENT WITH RP OR MIGHT BE PROVIDED BY THE FFP REGIONAL OFFICE NUTRITIONIST IN GUATEMALA. AS SOON AS THE FOOD MONITORS ARE HIRED, A TRAINING PROGRAM FOR THE MONITORS SHOULD BE PROVIDED. THIS SHOULD BE FINISHED NO LATER THAN MAY 1984.

REDESIGN OF THE FOOD BASKET SHOULD COMMENCE IMMEDIATELY. THE PRINCIPAL RESPONSIBILITY SHOULD FALL TO WFP. FOOD FOR PEACE SHOULD BE APPROACHED TO PROVIDE RECOMMENDATIONS AND TECHNICAL ASSISTANCE TO WFP ON THE TYPES AND QUANTITY OF FOOD IN THE BASKET. SUITABLE ARRANGEMENTS FOR INCREASING FOOD SUPPLIES HOPEFULLY CAN BE MADE BY WFP. THE TEAM SUGGESTS THAT A CDC OR FFP NUTRITIONIST BE ASKED TO PARTICIPATE IN THESE ACTIVITIES. THIS ACTIVITY SHOULD TAKE PLACE NO LATER THAN 30 APRIL 1984.

AS SOON AS THE SUPPLEMENTARY FEEDING PROGRAM HAS BEEN DESIGNED, SUITABLE ARRANGEMENTS MUST BE MADE TO ESTABLISH THE PROGRAM AND ACQUIRE THE NECESSARY FOOD. THIS SHOULD BE PART OF THE AGREEMENT BETWEEN THE VOLUNTARY AGENCY CHOSEN TO CONDUCT THE PROGRAM AND SUBSEQUENTLY THE MSPAS. FUNDING MAY BE DIRECT TO THE VOLUNTARY AGENCY, TO THE AGENCY THROUGH THE COORDINATION UNIT OR TO MSPAS. A DETAILED PROPOSAL BY THE VOLUNTARY AGENCY OR THE COORDINATION UNIT SHOULD BE DEVELOPED NO LATER THAN MAY 31, 1984 DETAILING HOW THE PROGRAM WILL BE ESTABLISHED AND DETAILING ADMINISTRATIVE AND LOGISTIC ARRANGEMENTS FOR ITS OPERATIONS.

5. RELOCATION AND TRANSITIONAL ACTIVITIES-----

THE ASSESSMENT REPORT RECOMMENDED A BROAD SET OF ACTIVITIES AND PROGRAMS TO HELP DISPLACED PERSONS MAKE THE TRANSITION FROM RELIEF ROLLS INTO NORMAL LIVING SITUATIONS. THE RECOMMENDATION IS TO ESTABLISH AN OFFICE OF TRANSITIONAL SERVICES WHOSE PRINCIPAL RESPONSIBILITIES SHOULD BE TO HELP RELOCATE PEOPLE TO AREAS WHERE THEIR CHANCES FOR EMPLOYMENT WOULD BE IMPROVED AND TO REMOVE FROM THE ROLLS THOSE DPS WHO NO LONGER SHOULD RECEIVE SERVICES BECAUSE OF EMPLOYMENT OR AN OVERALL IMPROVEMENT IN THEIR CIRCUMSTANCES.

USAID SHOULD WORK WITH COMADES TO ESTABLISH THIS OFFICE. FUNDING SHOULD BE PROVIDED FOR STAFF AND CONSULTANTS TO INITIATE THE PROGRAM. A TWO-PART STUDY RESULTING IN A PLAN FOR THE OFFICE AND ITS VARIOUS SUB-PROGRAMS SHOULD BE PERFORMED. THE FIRST PART OF THE STUDY SHOULD ESTABLISH THE CRITERIA FOR THE TRANSITIONAL PROGRAM AND THE SECOND PART SHOULD ESTABLISH THE FRAMEWORK FOR THE RELOCATION PROGRAM. BECAUSE A NUMBER OF ACTIVITIES HAVE ALREADY BEEN CONCLUDED UNDER THE AEGIS OF COMADES, WORK ON THE STUDY COULD PROCEED RATHER QUICKLY. THE FRAMEWORK FOR THE OVERALL PROJECT AND THE PLAN FOR IMPLEMENTATION SHOULD BE DEVELOPED NO LATER THAN JULY 31, 1984.

FUNDING SHOULD BE PROVIDED TO CONDUCT EACH OF THE TRANSITION PROGRAMS. THE BUDGET ITEMS WILL INCLUDE:

A. STAFF COSTS INCLUDING: A) DIRECTORS, B) ADMINISTRATIVE PERSONNEL, C) PROMOTERS, D) LEAD OFFICERS, E) LEGAL STAFF

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B. RELOCATION GRANTS

SUBSEQUENT CABLES.

C. REVOLVING LOANS FOR MICRO-ENTERPRISE DEVELOPMENT

WP/IA: 1700X) SHULTZ

D. TEMPORARY HOUSING ALLOWANCES

E. TRANSPORTATION FOR ELIGIBLE PARTICIPANTS IN THE RELOCATION PROGRAM

F. PROMOTIONAL ACTIVITIES

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FUNDING SHOULD ALSO BE PROVIDED AS NECESSARY TO PAY THE COSTS OF AN INDEPENDENT AGENCY TO CERTIFY THAT ALL RELOCATIONS ARE VOLUNTARY.

6. SELF HELP PROGRAMS -----

SEVERAL DIFFERENT SELF HELP ACTIVITIES WERE RECOMMENDED IN THE ASSESSMENT REPORT. SOME ARE FOR WOMEN-PROJECTS; OTHERS ARE FOR HOME GARDENS, LAND LEASE PROGRAMS, SMALL FARMS AND OTHER TYPES OF ACTIVITIES.

EMPLOYMENT GENERATING ACTIVITIES SUCH AS HANDICRAFTS AND HOME GARDENS SHOULD BE CARRIED OUT UNDER THE DIRECTION OF A VOLUNTARY AGENCY SUCH AS SAVE THE CHILDREN. STOVE AND COOKING FACILITY IMPROVEMENTS SHOULD ALSO BE CARRIED OUT BY A VOLUNTARY AGENCY.

A FUND TO ESTABLISH THE LAND LEASE PROGRAM SHOULD BE ESTABLISHED AS PART OF THE PROGRAM UNIT BUDGET. IT WOULD BE ADMINISTERED BY THE PROGRAM UNIT AND WOULD BE USED TO PAY FOR THE LEASE COST OF LAND IN THE PROGRAM. LAND IMPROVEMENTS FOR GROWING WOULD BE PAID FOR UNDER THE WORKS COMPONENT OF THE JOBS PROGRAM. THE LAND LEASE PROGRAM SHOULD BE ESTABLISHED IMMEDIATELY SO THAT CROPS CAN BE GROWN DURING THE NEXT AGRICULTURAL CYCLE.

7. SUMMARY OF BUDGET AND FUNDING SOURCES -----

THE FOLLOWING IS A ROUGH BREAKOUT OF FUNDS BY PERCENTAGE WHICH THE TEAM SUGGESTS AS GUIDELINES TO IMPLEMENT THE ASSESSMENT RECOMMENDATIONS:

- SFP (INCL RELATED HEALTH ACTIVITIES) PLUS MANAGEMENT/INTERAID CONCEPT 40 PERCENT
- JOBS PROGRAM/RELOCATION 45 PERCENT
- HYGIENE INCLUDING WATER, SANITATION, WASHING INSTALLATIONS 5 PERCENT
- SHELTER UPGRADING 5 PERCENT
- SELF HELP ACTIVITIES 5 PERCENT

OBVIOUSLY THE PROGRAM WHICH WILL EVENTUALLY BE IMPLEMENTED DEPENDS ON THE TOTAL AMOUNT OF FUNDING AND ITS TIMING. THE BUREAU FOR REFUGEE PROGRAMS HAS FUNDING AVAILABLE NOW AND WILL BE GENERALLY INCLINED TO SUPPORT THOSE ELEMENTS OF THE AID PROJECT PAPER, WHICH ADDRESS THE NEED TO ESTABLISH A COORDINATION UNIT AND LAUNCH SUPPLEMENTAL FEEDING ACTIVITIES.

8. ADDITIONAL RECOMMENDATIONS -----

THE ABOVE RECOMMENDATIONS ADDRESS ONLY THE ELEMENTS OF THE REPORT WHICH HAVE TO DO WITH PROGRAM DESIGN. ADDITIONAL INITIATIVES WHICH WILL ADDRESS NON PROGRAM ELEMENTS SUCH AS THE REGISTRATION PROCESS, MATERIAL ASSISTANCE AND PROTECTION WILL BE THE SUBJECT OF-

END