PN-ABB-204

ISN = 59909

HUMANITARIAN IMPACT OF
THE CURRENT PANAMANIAN FOOD EMERGENCY
PANAMA

A Report Prepared By PRITECH Consultant:
CURT SCHAEFFER

During The Period:
APRIL 23 - MAY 6, 1988

TECHNOLOGIES FOR PRIMARY HEALTH CARE (PRITECH) PROJECT
Supported By The:
U.S. Agency For International Development
AID/DPE-5927-C-00-3083-00

AUTHORIZATION:
AID/S&T/HEA: 8/22/88
ASSGN. NO: SS 259

HUMANITARIAN IMPACT OF THE CURRENT PANAMAIAN FOOD EMERGENCY

Prepared by: Mr. Curt Schaeffer
PRITECH Representative in Bolivia
May 7, 1988

I was requested by the Development Affairs Office of the United States Embassy in Panama to undertake an investigation of the humanitarian impact of the current Panamanian food emergency in Panama based on the following scope of work:

A. Identify the nutritional and health problems which are occuring. Estimate the number of persons affected. Identify where they are located.

B. In light of the humanitarian situation, assess the appropriateness of the current (Caritas) approach to the emergency feeding program.

C. Provide a prognosis of the numbers, locations and nature of nutrition and health problems under the assumption of a protracted crisis of thirty to ninety days.

D. Make recommendations regarding any health related assistance that may be required.

The consultancy period commenced on Saturday, April 23 and terminated on Friday, May 6, 1988. I worked under the

supervision of Allan Broehl of the Embassy's Development Affairs Office (DEVAFO) and was assisted by Mr. Jose Sanchez of the same office.

This report is organized in the following manner:

I. Nutrition and Health Problems

II. Appropriateness of Current Caritas Approach

III. Prognosis and Recommendations for Health Related Assistance

A. Recommendations for 30/90 Day Beneficiary Levels

B. Recommendations for Health and Food Assistance Actions

IV. Annex -- Daily Log of Meetings -- Interviews

I. NUTRITION AND HEALTH PROBLEMS

A. Summary of Nutrition and Health Problems in Panama

The areas most affected by the current economic crisis are those in urban areas -- especially in the Panama City-Colon area. While there are pressing nutrition and health problems in the non-urban and rural areas, they existed prior to the current crisis and have not worsened significantly due to recent economic problems. The nutrition and health status of Panamanians in the Panama City-Colon marginal urban areas is

deteriorating. Sufficient food is not available to many households and its distribution within the household is often inadequate for the most vulnerable groups to malnutrition -- namely infants, pre-school children, lactating mothers and pregnant women. Childhood diseases will occur more frequently if there is a continued breakdown in health and sanitation services. Rising unemployment and underemployment are largely responsible for increasing malnutrition while the GOP is less able to provide the basic health and nutrition related services.

It is important to note, however, that malnutrition has always been a problem in marginal Panama City-Colon neighborhoods. In spite of improved health services and descending mortality and morbidity rates during the 1970s and early 1980s, malnutrition has been a chronic urban problem. Increased family income and better health services did not necessarily insure a healthy population. In 1984 the World Health Organization reported that approximately 25% of the children from 1-4 years in marginal urban areas of Panama City suffered from light and moderate malnutrition. MOH health centers in the Belisario Porras area of San Miguelito report that light malnutrition averaged over 30% for children under 15 years of age in 1987. The Panama Childrens Hospital reports that of all diagnosed nutrition cases in 1987 from the Panama City metropolitan area, San Miguelito had the highest incidence of all three grades of malnutrition. Other marginal areas with a high incidence of malnutrition according to the Childrens Hospital are Juan Diaz, Curundu and Tocumen.

What has been happening in the last several months is that chronically malnourished children are moving from light to moderate and moderate to serious malnutrition as food is less available in households. The Childrens Hospital reports an alarming rate of seriously malnourished children as well as urban children with diseases that are normally only detected in poor rural areas like tuberculosis.

B. Specific Estimates of the Magnitude and Location of the Problem

1. There is a higher incidence of malnutrition -- particularly moderate (grade two) and serious (grade three) malnutrition -- among children less than 12 years of age in marginal urban areas.

2. There is a greater potential for childhood diseases that have historically been isolated to poor rural areas but are now surfacing in marginal urban areas.

3. The most vulnerable groups are:

- infants (0-12 months)
- pre-school children (1-4 years)
- lactating mothers
- pregnant women

* the elderly poor receive Caritas rations but are not considered among the <u>most</u> vulnerable groups.

4. The number of persons affected include:

- present to 30 days - 80,000 people from most vulnerable groups
- protracted to 90 days - 130,000 people from most vulnerable groups

5. The hardest hit areas include but are not limited to:

<u>Panama City</u>

- El Chorillo
- Santa Ana
- Calidonia
- Curundu
- Juan Diaz
- Pedregal

- <u>Chilbre</u>

- <u>Tocumen</u>

- San Miguelito

- Colon

III. PROGNOSIS AND RECOMMENDATIONS FOR HEALTH RELATED ASSISTANCE

A. Recommendations for 30/90 Day Beneficiany Levels

1. For the Next 30 Days

- It is recommended that Caritas/Panama City either directly or with the help of other institutions initiate plans to increase the number of beneficiaries by 20-25,000 rations daily.

- It is recommended that additional food distribution channels be developed to handle the projected growth in eligible beneficiaries.

Note: Caritas feeding centers do not reach all eligible beneficiaries. An increase in the number of beneficiaries though should not be undertaken until there is an institutional commitment to it and a demonstrated capacity to handle it. It is better to maintain a quality program for 57,000 than to expand and sacrifice both quality and efficiency. Expansion is only possible when increased numbers

of beneficiaries are identified according to the criteria for eligibility established by Care -- Caritas. Serving additional beneficiaries will require more neighborhood volunteers and cooking facilities.

2. Protracted to 90 days

- It is recommended that GOP schools in coordination with private institutions be utilized for food distribution in the hardest hit areas.

- It is recommended that a nutrition surveillance and education program be established.

Note: A prolonged crisis will mean increased unemployment and increased malnutrition. The potential beneficiary population will extend beyond the capacity of private institutions like Caritas. It is recommended that collaboration be sought with the GOP to utilize GOP schools and cooking facilities in coordination with Caritas and other institutions. This is the only means of reaching such a large population. There have previously been school feeding programs so the GOP has experience and the facilities. This is dependent on neighborhood volunteers at least having access to school facilities but would function best if schools are open.

A protracted crisis could continue to adversely effect health services. If this happens, then measures will have to be taken. Simple child survival interventions could be introduced at the emergency feeding centers and/or as a part of the school program. The "food for work" phase of the proposed Care project could also introduce child growth monitoring and nutrition education.

Care/Panama and Caritas/Panama City are willing to establish child survival programs if it is necessary. It is important not to compete with public health services but to fill the void should those services become inadequate or cease to function. The Caritas Health Committee could be instrumental in planning and implementing growth monitoring. Care is already working on a nutrition education program that should include oral rehydration treatment.

B. Recommendations for Health and Food Assistance Actions

1. Caritas should be permitted to use a portion of the OFDA Grant to immediately purchase critical medicines for distribution in marginal urban areas and chronically poor rural areas.

A serious threat to health in Panama as a result of the present crisis is the rapidly depleting stocks of medicines. The GOP is unable to buy medicine and pleas for donations have generally not been answered.

Some public health facilities have been able to make do with careful use of stocks while others have stopped functioning altogether. This has become a major problem in both marginal urban areas and chronically poor rural areas. The only short term solution is to allow Caritas/Panama City to use OFDA funds to purchase critical medicines for local and rural distribution.

2. Caritas should be given an extension to the time required to spend the OFDA Grant until the end of June.

Caritas has relied on a large volunteer infrastructure while receiving donations in food, transport and warehouse facilities. The result is that OFDA funds are not being spent as quickly as expected. It is recommended that the time required to spend the OFDA Grant be extended to the end of June.

3. Caritas should be encouraged to hire a core professional staff to insure better control and allow for increased beneficiary coverage.

As the crisis moves into a third month, the Caritas volunteer infrastructure is beginning to breakdown. Caritas can only increase beneficiary numbers if a core professional staff is hired. Even remaining at present distribution levels of 57,000 daily beneficiaries will soon

require a professional staff if the program continues to maintain quality and efficiency.

4. Caritas should be encouraged to move to an adequate office-warehouse facility.

Along with professional staff, Caritas should be encouraged to move to an adequate office-warehouse facility. The present office space is too small. The donated warehouses will not always be available nor are they adequate.

5. Other institutions that distribute Caritas' food must adopt the operating procedures developed by Caritas and utilize the standard food ration.

The Care technical assistance support to Caritas should be required for all institutions that distribute Caritas commodities. Record keeping procedures, information systems and a standardized ration must be utilized by all institutions that collaborate with Caritas.

6. Care/Panama should use the training sessions with other institutions to initiate inter-institutional coordination. The institutions themselves must take responsibility for follow through.

Standardization of operating procedures logically leads to inter-institutional coordination. Care

could initiate the process while training representatives from all the participating institutions. It would then be the responsibility of those institutions to carry the process forward.

7. Care should make use of the Caritas experience and infrastructure in designing a Title II "food for work" project.

As Care develops the Title II project proposal, it is recommended that the Care staff make use of the Caritas' community development experience and infrastructure. In part or in whole, the same urban population will be affected by the project.

8. The Care Title II project should focus on the Panama City-Colon marginal areas but should also include a smaller pilot project for a chronically poor rural area in the Province of Veraguas.

While the project must focus on the nutritional and employment needs of urban marginal areas, I do recommend that a small "food for work" pilot project be implemented in a chronically poor area in the Province of Veraguas. The emergency feeding program has focused on the urban poor as it should. On the other hand, the chronically poor have been

ignored once again. A small pilot project in Veraguas, depending on the outcome, could lead to other development efforts in rural Panama.

9. <u>There must be close scrutiny of feeding centers' conformance in utilizing the standard food ration</u>.

Now that Care has helped Caritas establish a standard ration, it is vital that all feeding centers follow the formula. The ration is often the only meal in a day for children and cannot be shortchanged. A standard treatment for children with light malnutrition (Grade One) to prevent moderate malnutrition (Grade Two) is the daily consumption of milk. The tendency in feeding centers is to combine a large portion of rice with a minimal amount of beans and little else. Regular field supervision is necessary to insure that the ration is followed. This could mean some supervisory responsibility for the OFDA although Caritas should be ultimately responsible for supervision.

10. <u>Solutions should be sought with Caritas and Care to tackle the mounting sanitation problems of uncollected garbage in marginal urban neighborhoods</u>.

A potential health problem could be created by the continuing inability of municipalities to collect garbage. Mounting garbage piles are evident in both Panama City and

Colon. Garbage creates flys which then enhance the risk of diarrheal diseases. This is offset though by the fact that potable water continues to be of high quality and available in abundance.

11. Caution should be exercised in food distribution programs to avoid creating dependent beneficiaries.

An emergency food distribution program must be careful not to create beneficiary dependency. It is recommended that Caritas consider such measures as requiring that all beneficiaries contribute something to the daily preparation or even pay a symbolic fee. Rations should only be served to the vulnerable groups -- children up to the age of 12 years, lactating mothers, pregnant women and the elderly. Rations must be prepared and consumed on-site and can be phased out as the crisis eases or served every other day.

12. OFDA and U.S. Embassy must safeguard the secrecy of U.S. assistance to Caritas/Panama City.

Other institutions are helping out with the emergency food program but Caritas/Panama City remains the dominant force and must be supported and respected. Reported leaks have incensed the Caritas Director, Padre Laureano Duran. He is not beyond rejecting further U.S. Government assistance if he believes the institutional integrity of Caritas will be compromised.

13. Politically motivated food distribution programs should be discouraged.

In the same vein, politically motivated food distribution programs will only undermine the efforts to date. Wholesale and indiscriminate distribution of food leads to abuses and irregularities. In the end those in greatest need will not benefit from such distribution.

IV. DAILY LOG OF MEETINGS -- INTERVIEWS DURING TWO WEEK CONSULTANCY OF CURT SCHAEFFER WITH THE OFFICE OF DEVELOPMENT ASSISTANCE - PANAMA

April, 1988

4-25	Dr. Claude Betts -- Director of Department of Epidimiology -- Panama Childrens Hospital
4-26	Dr. Jose Renan Esquivel -- Director of Panama Childrens Hospital
4-26	Aurora H. Corsen -- Coordinator of Actions in Marginal Areas -- Ministry of Planning
4-26	Visited 3 Caritas feeding centers -- San Jose & Las Mananitas
4-26	Dr. Oscar Fallas-World Health Organization
4-27	Peter Heffron -- Director of Care Panama Leslie Teixiera -- Care Consultant Colin Beckwith -- Care Program Director

4-28	Sr. Jose Galan -- INDESA
4-28	Commander Smart -- Salvation Army
4-28	Dr. Rosela Morelli -- UNICEF Representative in Panama
4-29	Dr. Palma-Centro de Salud Don Bosco -- San Miguelito
4-29	Horace Spragg -- Overseer of the Church of God in Panama
4-29	Dr. Samuel Frazier -- President of the Panama Christian Medical Mission
4-29	Padre Laureano Duran -- Director Caritas/Panama City
4-30	Attended weekly Caritas Assembly for all parishes involved in the emergency feeding program
4-30	Peter Heffron, Leslie Teixiera

May, 1988

5-1	Field visits to rural communities with Padre Duran & Ester Kwai Ben -- Communities of Salado and La Mata, Province of Cocle
5-2	Carlos Lee -- Director Caritas Panama
5-2	Peter Heffron
5-3	Dr. Samuel Frazier
5-3	Tomas Ford -- Rotary Club volunteer to Caritas emergency feeding program

5-3	Dr. Bissot -- Caritas Health Committee
5-4	Salvation Army feeding center -- Colon
5-4	Dr. Claude Betts -- Hospital Coco Solo
5-4	Padre Juan McGulliven -- Director Caritas Colon
5-5	Dr. Jacobo Erdmenger -- INCAP Representative in Panama