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August 2, 1984

Dr. E. Croft Long  
People-to-People Foundation, Inc. (Project HOPE)  
Carter Hall  
Millwood, Virginia 22646

Subject: Cooperative Agreement No. 519-0281-A-00-4280-00

Dear Dr. Long:

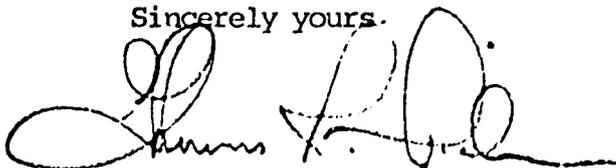
Pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, the Agency for International Development (hereinafter referred to as A.I.D. or "Grantor" hereby enters into a Cooperative Agreement with People-to-People Health Foundation, Inc. (hereby referred to as "Project HOPE" or "Recipient", for the sum of \$2,422,388 to provide support for a program in El Salvador as described in the Schedule of this grant and Attachment 2, entitled "Program Description".

This Cooperative Agreement is effective and obligation is made as of the date of this letter and shall apply to commitments made by the Recipient in furtherance of program objectives during the period beginning with the date of this Agreement and ending August 31, 1985.

This Grant is made to Project HOPE on condition that the funds will be administered in accordance with the terms and conditions as set forth in Attachment 1, entitled the Schedule, Attachment 2, entitled "Program Description", and Attachment 3, entitled "Standard Provisions", which have been agreed to by your organization.

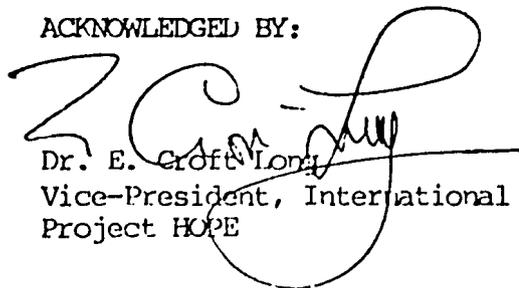
Please sign the original and two (2) copies of this letter to acknowledge your receipt of the grant, and retain one of the copies for Project HOPE.

Sincerely yours.



Thomas R. Pickering  
Ambassador

ACKNOWLEDGED BY:



Dr. E. Croft-Lord  
Vice-President, International  
Project HOPE



Thomas W. Stukel  
Acting Director  
USAID/El Salvador

Date: August, 2, 1984

FISCAL DATA

Appropriation:	72-1141037
Budget Plan Code:	LPSA-84-25519-KG13
Project No.:	519-0281
Total Estimated Amount:	\$6,000,000.00
Total Obligated Amount:	\$2,422,388.00
IRS Employer Identification Number:	53-0242962
Funding Source:	USAID/El Salvador

Attachments:

1. Schedule Attachment 1
2. Program Description Attachment 2
3. Standard Provisions Attachment 3

## Attachment 1

### SCHEDULE

#### A. Purpose of Grant

The purpose of this Cooperative Agreement is to provide support for the health component of the Emergency Program: Health and Jobs for Displaced Families Project. Through this Agreement, the Recipient will help to provide improved levels of health for the residents of the registered displaced person settlements and Phase I Cooperatives where displaced persons have been or will be relocated, as more specifically described in Attachment 2 to this Agreement entitled "Program Description".

#### B. Period of Grant

1. The effective date of this Agreement is August 2, 1984. The expiration date of this Agreement is March 31, 1987.
2. Funds obligated hereunder are available for program expenditures for the estimated period from the date of this Agreement to August 31, 1985, as shown in the Financial Plan below.

#### C. Amount of Grant and Payments

1. The total estimated amount of this Agreement for the period shown in B.1 above is \$6,000,000.
2. A.I.D. hereby obligates the amount of \$2,422,388 for program expenditures during the period set forth in B.2 above and as shown in the Financial Plan Below.
3. Payment shall be made to the Recipient in accordance with the procedures set forth in paragraph 11 entitled "Payment-Periodic Advances" of Attachment 3, Standard Provisions for U.S. Grantees and Subgrantees, from AID Handbook 13, Appendix 4C.
4. Additional funds up to the total amount of the Agreement shown in C.1 above may be obligated by A.I.D. subject to the availability of funds, and to the requirements of the Standard Provision of the Grant entitled "Revision of Financial Plans".

D. A.I.D. Involvement

USAID/El Salvador, through its Office of Human Resources and Humanitarian Affairs (HR/HA) and through the Program Unit Manager will participate in the activities under this Agreement in the following manner:

1. USAID will actively supervise and provide technical assistance for all activities under this Agreement;
2. USAID will participate on the Project Implementation Committee to be established under this Agreement;
3. USAID will supervise the procurement of project goods;
4. USAID will approve all administrative and professional project personnel financed under this Agreement. All personnel will meet the requirements of the Ministry of Health;
5. USAID will provide coordination between Project HOPE and MOH technical divisions participating in the Project; and
6. USAID will provide coordination between Project HOPE and the GOES Coordination Unit and all other GOES and private institutions providing goods and services to the displaced population under the overall project.

E. Financial Plan:

The following is the Financial Plan for the total life of this project, including local cost financing items. The "Year One" column applies to the amount obligated under this agreement. Future obligations will be subject to the availability of funds. Revisions to this Plan shall be made in accordance with the standard provision of this Grant entitled "Revision of Financial Plans". Actual expenditures may vary by up to 15% from the line item amounts shown below, without prior written approval by A.I.D.. Any variations in excess of 15% must be approved, in writing, by A.I.D.

FINANCIAL PLAN

THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION INC.

THIRTY MONTH SUMMARY

	YEAR ONE	YEAR TWO	YEAR THREE	LOCAL CURR TOTAL	U.S. CURR TOTAL	T O T A L
Personnel Costs	803,808	850,028	452,640	1,517,617	588,859	2,106,476
Supplies & Equipment	1,083,586	866,800	460,750	2,169,926	241,210	2,411,136
Occupancy (rent)	23,500	26,100	13,860	20,340	43,120	63,460
Communications	5,000	5,400	3,300	6,900	6,800	13,700
Travel	86,840	93,290	51,700	153,910	77,920	231,830
Other Direct Costs	43,900	24,980	23,980	8,860	84,000	92,860
Miscellaneous	102,332	93,330	47,980	191,547	52,095	243,642
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Total Direct Costs	2,148,966	1,959,928	1,054,210	4,069,100	1,094,004	5,163,104
Indirect Costs	258,032	272,869	290,605	-	821,506	821,506
Sub Contracts	15,390	-	-	15,390	-	15,390
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TOTAL COSTS	2,422,388	2,232,797	1,344,815	4,084,490	1,915,510	6,000,000

F. Reporting and Evaluation:

1. Financial Status Report

The financial reporting requirements are detailed in paragraphs 11 (c) and (d) of the attached standard provision. The financial reports entitled "Federal Cash Transactions Report", SF-272, and "Financial Status Report", SF-269, shall be submitted to USAID/El Salvador Controller's Office on a monthly basis.

2. Program Progress Reports

The Recipient shall monitor performance under the Agreement and ensure that time schedules are being met, projected work units by time periods are being accomplished, and other performance goals are being achieved. Based upon this monitoring, the recipient shall submit monthly technical performance reports to USAID that briefly present the following information for each activity under the Agreement:

- a) A comparison of actual accomplishments with the goals established for the period;
- b) Reasons why established goals were not met;
- c) Adequacy of remaining funds to reach goals; and
- d) Other pertinent information including, when appropriate, analysis and explanation of cost overruns or high unit costs.

The Recipient shall submit the monthly technical performance reports to USAID's Human Resources and Humanitarian Affairs Office, if any performance review conducted by Project HOPE discloses the need for change in the budget estimates in accordance with the criteria established in standard Provision 9 entitled "Revision of Financial Plans", Project HOPE shall submit a request for budget revision.

3. Evaluation

The following evaluation reports will be submitted to the USAID Human Resources and Humanitarian Affairs Office:

- a) Between October 1, 1984 and November 15, 1984, the Recipient will submit a report on the current health situation and environmental status in displaced person settlements;
- b) Between January 1, 1986, and February 15, 1986, the Recipient will submit a mid-project evaluation report on the activities described in this Agreement; and
- c) Between April 1, 1987, and May 15, 1987, the Recipient will submit a final evaluation report of the activities that it carried out under this Agreement.

G. Special Provisions

1. Prior to the disbursement of any funds under this Agreement, the Recipient shall submit to A.I.D., in form and substance satisfactory to A.I.D., the following:
  - a) The Curricula Vitae, personnel selection process, and draft contracts for American personnel who are to be in charge of the implementation of the project activities, as well as copies of final signed contracts; and
  - b) Evidence that project HOPE accepts participation in the Project Implementation Committee (PIC), to be composed of representatives of Project HOPE, USAID's HR/HA Division, and the MOH, which will meet on a bi-weekly basis to review project performance.
2. The following provisions of the standard provisions attached hereto are not applicable to this Agreement:
  2. Allowable Costs and Contributions (Educational Institutions)
  7. Negotiated Overhead Rates - Nonprofit Organizations - Other than Educational Institutions
  8. Negotiated Overhead Rates - Educational Institutions
  10. Payment - Federal Reserve Letter of Credit (FRLC) Advance
  12. Payment - Reimbursement
  13. Procurement of Goods and Services under \$250,000

20. Title to and Care of Property (U.S. Government Title)

21. Title to and Care of Property (Cooperative Country Title)

27. Publications

28. Patents

H. Overhead Rate

The overhead rate shall not exceed the A.I.D. audited rate.

I. Title to Property

The Recipient will have title to property financed under this Agreement until the termination of project activities, at which time title will be transferred to the Ministry of Health.

J. Authorized Geographic Code

The authorized geographic code for procurement of goods and services under this grant is 000, the United States. Local currency procurement is authorized in the countries of the Central American Common Market.

## Attachment 2

### I. PROGRAM DESCRIPTION

- A. Purpose: The overall purpose of the Health Component of the Emergency Program Health and Jobs for Displaced Families is to significantly improve the general levels of health of the displaced population.
- B. Objective: Four general objectives of the HOPE activities to help accomplish this purpose are:
1. Provide preventive and curative health care services in or adjacent to settlements and cooperatives. The emphasis will be on the training of selected settlement and cooperative residents as "community health aides" to work under the supervision of nurses. Their functions will be: to identify persons with health problems and provide first-aid and elementary health care; to report and refer patients with more serious problems; to promote health within settlements by providing education in matters of sanitation and nutrition; and to assist in vaccination and deparasitation campaigns.
  2. Increase knowledge of good nutrition, breast feeding, family planning, oral rehydration, home and kitchen hygiene and disease prevention among the inhabitants of the settlements and cooperatives. House-to-house visits by nurses and health aides and community meetings will be carried out to accomplish this.
  3. Staff and equip simple dispensaries in selected (larger) settlements and cooperatives. Services will be provided by nurses and community health aides, using simple drugs and emphasizing good health practices, prevention and early attention to illness.
  4. Develop and implement a system of epidemiological vigilance in the settlements. This will be done using health aides and nurses in a system of surveillance using symptom-sets to warn of certain diseases. A notification, confirmation, and treatment system will be designed to follow up this early warning system to contain or prevent epidemics.

The meeting of these objectives and of the program in general, will be evaluated on an on-going basis by use of careful data collection and analysis using a computer at the Ministry of Health (MOH) in San Salvador. The information collected will be utilized to improve this project and to indicate areas of possible replication.

C. Activities

Project HOPE will assume responsibility for implementing the Health Services Component of the Emergency program: Health and Jobs for Displaced Families project in approximately 67 Displaced Persons settlements and up to 25 Phase I cooperatives containing displaced persons. The subcomponents of the Health Component are: Preventive and Curative Health Services; Program Surveillance and Monitoring; and Water Supply and Environmental Sanitation. To carry out its responsibilities, HOPE will field the following grant-financed health personnel, in addition to administrative and logistical personnel: 2 physicians, 6 graduate nurses, 43 auxiliary nurses, and 95 community health aides. These numbers are approximate.

1. Preventive and Curative Health Services

a. Preventive

Preventive health services provided by HOPE will include immunization and oral rehydration therapy (ORT), as well as the instruction of environmental sanitation, personal hygiene, family planning, food handling, and accident prevention.

Under the immunization program, HOPE workers will be trained in the maintenance of the cold chain, administration of vaccinations, care of the vaccine, vaccination contra-indications, and promotion and organization of the program in the community. HOPE will assist in the promotion of immunization, including house-to-house visits.

Under the oral rehydration program, HOPE workers will administer oral rehydration salts.

b. Curative

Curative health services will consist mainly of the administration of medications. Key to this will be the use of dispensaries.

In approximately 30 selected settlements and 25 cooperatives, dispensaries will be constructed through the Jobs Component of the Project. HOPE will staff the dispensaries with auxiliary nurses who will administer medications and refer patients to MOH facilities, when necessary. The dispensaries will serve as a base for the auxiliary nurses and health aides assigned to the location and as a focal point for the treatment of patients and the distribution of medicines and medical supplies, including oral rehydration salts and contraceptives.

The dispensaries will be equipped with medicines and supplies by HOPE to treat the most common ailments. Kerosene refrigerators will be provided for storage of vaccines and medications which require preservation at lower than ambient temperatures.

The medications selected for use in the health program for displaced persons will be those which are normally available in El Salvador or which can be readily obtained in Central America. Donated medications from the United States, obtained at little or no cost, will be utilized when available. HOPE will utilize an approved list of drugs recommended for use in treating common illnesses in El Salvador.

HOPE, in coordination with MOH, will establish a system for resupply of medications and will periodically visit dispensary sites to assess medication needs. Also, nursing personnel will record of the number of patients visiting the dispensaries, and the symptomology and treatment given, as part of the epidemiological vigilance system.

HOPE will explore the feasibility of extending the patient referral system to cover those persons who require health care but leave the settlements. This extended system will provide for continuing care and follow-up in the home or at a MOH facility, wherever practical.

An important responsibility of the auxiliary nurses attached to settlements will be to assess the physical and medical needs of all newly arriving individuals.

Those persons entering the program will be checked carefully not only for evidence of communicable diseases but also for dehydration and malnutrition.

c. Description of HOPE personnel

Community Health Aides and Auxiliary Nurses: HOPE will recruit and train approximately 95 community health aides, from among the communities they will serve, in order to provide a built-in health care capacity that will move with settlement dwellers who relocate in cooperatives, return to their village, or remain in settlements that have become fixed in one place. These persons will work with 4 graduate and 43 auxiliary nurses in delivering health care.

Selection of individuals for training as community health aides will be in accordance with criteria adopted by the Ministry of Health and training techniques developed by the Comite Evangelico Salvadoreno de Desarrollo (CESAD).

Training of individuals selected will require 10 full weeks, of theory and practice.

Health aides will be trained in groups not exceeding 20 percent at sites in the cities of San Salvador and San Miguel for the theoretical part of the course. Practical work, under supervision, will be conducted in settlements and cooperatives near these cities.

Remuneration of the HOPE health aides after this period of training will be paid from this grant in the case of those working in the settlements, while those working in cooperatives will be paid from cooperative funds.

The HOPE graduate nurses described below, will be prepared to work as supervisors of both health aides and approximately 43 auxiliary nurses. Approximately 9 to 12 months after initiation of the project, the training needs of graduate nurses, in relation to their supervisory and other functions, will be reviewed by HOPE, MOH and the Program Unit. Courses will be conducted as required.

The training program for health aides and auxiliary nurses will include preventive medicine, simplified curative medicine with limited pharmacology, disposal of excreta and wastes, use and maintenance of water systems, vaccination and personal hygiene. As a result of this training, both the auxiliary nurses and community aides will be able to recognize and treat diarrhea, dehydration and skin diseases, especially scabies.

Auxiliary nurses and health aides will be provided with medical kits, including contraceptives and oral rehydration salts. Replenishment supplies will be available at the settlement or cooperative dispensary.

In locations where no feasible alternative exists, a housing unit, including latrine, will be constructed to accommodate the auxiliary nurse assigned to the settlement. Determination of sites will depend on the results of a HOPE-conducted survey of settlement facilities.

#### Supervision

HOPE will hire approximately 4 graduate nurses to assume the over-all responsibility for the delivery and coordination of health care in the settlements for displaced persons, and will hire approximately 43 auxiliary nurses to assist the graduate nurses.

The graduate nurses will be responsible for the supervision, evaluation, and on-going training of the auxiliary nurses and health aides. Two graduate nurses will be based in San Salvador and two will be based in San Miguel. The four nurses will travel to supervise a minimum total 100 locations (settlements and cooperatives) on a regular basis. Each nurse will be assigned twenty-five locations, grouped according to their size and accessibility. Each location will be visited weekly or bi-weekly.

In their visits, the nurses will review the health activities of the settlements and cooperatives served by auxiliary nurses and evaluate the curative care provided. Records will be examined to ensure that diagnosis is accurate and that treatment is appropriate to diagnosis. Accuracy of symptomology will be determined by on-the-job observation of the auxiliary nurses and health aides. The supervisor/nurse will also evaluate the general level of environmental sanitation and make recommendations accordingly.

In addition, the supervisor/nurse will ensure that data from the epidemiological vigilance system are transmitted accurately and properly.

Additional supervision will be provided by two physicians, to be trained in use of the epidemiological vigilance system. These physicians will be based in San Salvador, and will operate and supervise the system and investigate potential epidemic outbreaks, in all areas where the displaced reside.

Six jeep-type vehicles will be provided and maintained by HOPE for use by the supervisor/nurses and the physicians.

## 2. Epidemiologic Vigilance Program for the Settlements

With the resources provided under this Grant, HOPE will supervise the implementation of a system of vigilance, as described below, for infectious diseases of significant public health impact in El Salvador in the displaced persons settlements. HOPE will hire two graduate nurses to assist the physicians in the supervision of the vigilance program. At the field sites (the settlements), HOPE will train its nurses and health aides to recognize and promptly report symptom-sets associated with the diseases. The responsibility of the nurses and health aides will be to report symptoms, not to make diagnoses.

Hope will conduct a survey of each settlement in which its personnel are present to collect certain demographic, epidemiologic and sanitary data. This information will be kept current, and the disease patterns occurring against this background will be analyzed statistically. Survey activities under displaced persons project will be a cooperative effort between HOPE, the MOH, CONADES, and the Program Unit. The surveys are described on page 11, under C. Surveys of Settlements.

Reporting of symptoms by HOPE to the Ministry of Health central office will be carried out as rapidly as possible, as described below. This office will make a preliminary interpretation of symptoms and immediately dispatch physicians who will undertake further study of those patients whose symptoms are interpreted as possibly associated with a potential epidemic disease. Treatment, beyond preliminary on-site treatment by the observer, will be initiated. Reporting will take place as follows:

- Reports will be initiated by health aides, nurses or doctors who observe symptoms.

- Reports will continuously enter the data base system to keep it current. The symptom-set data will be entered into data base at the MOH central office on a continuous basis, and information on the health status of individual settlement populations, as well as the total settlement population, will be accumulated.

Thorough epidemiologic investigation will be made by HOPE doctors and nurses and action will be taken to treat and confine the diseases.

- Reports will be provided to CONADES and MOH doctors and/or nurses for field confirmation and treatment of patients when indicated. The MOH Division of Epidemiology will be advised.
- Confirmed diagnoses will re-enter the statistical system to continuously refine the symptom-sets with local experience.

Monthly and annual summaries of events and analyses will be sent to the Program Unit, CONADES, the Epidemiologic Division of the MOH, and to the doctors and nurses involved in the program. The nurses will share report findings with auxiliary nurses and health aides working in the settlements, and as far as practical, with settlement leaders and other interested residents, to help them understand ways in which they can reduce the likelihood of communicable diseases.

#### a. Data Collection and Analyses

At project start-up, fifteen diseases of public health significance in El Salvador have been selected for epidemic vigilance. In addition, certain other events are to be reported regularly. The diseases are divided into two groups, based on epidemiologic considerations:

Primary Vigilance Diseases are diseases of considerable significance which often occur as acute epidemics.

Secondary Vigilance Diseases are diseases of significance which may not have consequences similar to those in the first group, or may spread more slowly or be controlled easily if timely notice is received. Diseases may be moved from one class to the other, or dropped, and new diseases may be added. The 15 diseases selected for initial vigilance are divided as follows:

#### Primary Vigilance

- (1) Typhoid fever
- (2) Infectious hepatitis
- (3) Acute bacterial meningitis
- (4) Influenza

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- (5) Diarrheal disease
- (6) Pertussis
- (7) Measles
- (8) Hemorrhagic conjunctivitis
- (9) Acute poliomyelitis

#### Secondary Vigilance

- (1) Malaria
- (2) Scabies
- (3) Dengue
- (4) Tuberculosis
- (5) Neonatal tetanus
- (6) Amebiasis

A preliminary matrix will be drawn up showing symptom-sets, pointing to any one of these diseases, which will vary from all others to some degree. Using the matrix as a starting point, symptom-sets will be developed for each of the 15, and will further define the diseases by symptoms and signs that can be observed in the field.

Certain "indicator events" will also be observed by the field staff, independently of the symptom-sets. They are:

- (1) Diarrhea
- (2) Cough with fever
- (3) Dogbites or other animal bites
- (4) Insect bites
- (5) Total patients seen
- (6) Births
- (7) Deaths
- (8) Pesticide contamination

Symptom-sets of diseases under vigilance will be reported on the day they are observed by radio, telephone, telegraph or written message carried to the central office of the MOH by the fastest available route. Such communication will give the symptoms, the age and sex of the patient, the patient's identification and the settlement.

A weekly report of the indicator events will be made to the Division of Epidemiology, Ministry of Health.

For each symptom-set and indicator event, the name of the settlement involved, the age and sex of the patient, how long the patient has been in the settlement, and from where he or she came will be recorded. For symptom-sets, only the patient's immunization status (against DPT, tuberculosis and measles), if known, will be reported, as well as the patient's name or other identification for follow-up. These reports will be sent on previously provided vigilance forms.

The MOH central office will take two general actions on receipt of symptom-sets and reports of Indicator Events:

- (1) Initiate epidemiologic investigation and treatment in the field under MOH regional or central office direction.
- (2) Incorporate the data into the data system for analysis.

In order to carry out this task efficiently, a data base will be put in place at the MOH central office.

The data base will include the following:

- (1) Data will be received from the field as reports of symptom-sets and Indicator Events.
- (2) In addition, a survey will be completed for each settlement in which the program is being implemented. At start-up, the information gathered will constitute a baseline of the health status of the settlement. At the mid-program point and at the end of the project, similar surveys will be repeated.
- (3) CONADES presently records the status of the population of each settlement, including the age and sex of each inhabitant. This information, as well as data on new arrivals, including town or village of origin and health status data, will be included in the data base.
- (43) Information regarding major changes in the physical or environmental conditions of a settlement will be sent to the MOH central office and entered into the Data Base.
- (5) Confirmed diagnoses of reported events will be received from regional offices for refining the symptom-sets and for passing on to the MOH.

The outputs from the information available will include the following:

- (1) Weekly count of cases of each disease under surveillance. As this count accumulates, mean numbers of cases per week, per month, and per year will be derived. One standard deviation above the running weekly mean for each disease will define the epidemic level for that disease. These figures will be calculated for each settlement, as well for the whole project population.
- (2) The weekly, monthly and annual incidence figures for each disease for each settlement and the total project will be generated.

(3) Statistical programs will have the following capabilities:

- Information from symptom-sets and Indicator Events in the data base along with descriptive data on the settlements will enable the project to analyze incidence and prevalence of diseases by the factors in the settlement assumed to be influential.
- The project will be able to produce pairings of symptom-sets and indicator events with age, sex, home of origin, average duration of stay in settlement, water supply, type of house construction, etc.
- As conditions change in the settlement, the project will be able to make other pairings to evaluate the significance of these changes.
- The project will have statistical values for demographic and environmental characteristics and their impact on diseases.

(4) Data Retrieval will be as follows:

- The project will enter the original (dated) settlement profiles and the mid-program and terminal survey profiles (described below), into a retrievable, searchable data set. Characteristics and settlements will be correlated. For example, profiles could indicate settlements that have a ratio of latrines to population of any given range, and compare the health status of settlements with varying ratios.
- By entering changing conditions as they occur, the project will be able to create not only a static picture, but a running profile of each settlement, from which changes and characteristics over time, or variability among settlements at any one time could be selected.
- The same types of data retrieval will be available for health and disease status within the settlements as well.

b. Uses of Data

The information obtained will be used for the following four general purposes:

1. To provide for timelines of data availability to identify and treat patients, and to recognize significant increases in disease incidence early enough to take effective action against the possible spread of epidemics both within and from the settlements.

2. To keep MOH informed on a regular basis of all required data.
3. To carry out research that defines health situation of the displaced population:
  - To gain the basis for intelligent planning for resource needs and allocations in order to protect the health of displaced persons.
  - To profile the health situation in the settlements as a basis for action in other areas.
4. To demonstrate to the health personnel responsible for the care of displaced persons what curative and preventive (sanitary and immunizing) steps are needed to minimize morbidity and mortality in the settlements.

5. Surveys of Settlements

HOPE will carry out surveys of each settlement to be served three times during the three-year life of the project: at the start of project activities; at mid-project; and at the end of the project. Surveys will contain the following:

1. A census of the population of the settlements will include the composition of each family unit (age, sex, relationship to head of family, name or other identifier of each member of the family unit).
2. A map of each settlement, not necessarily to scale, will show housing units, cooking facilities, latrines, water supply sources, shower and laundry facilities, garbage disposal areas and other structures (communal kitchens, school rooms, storehouses, etc.) The map will be topographic to the extent of showing major, natural drainage trends and drainage improvements. It will also locate the settlement in relation to the nearest town, access roads, nearest hospital/health center or post, natural water sources (rivers, streams, etc.) and nearby forests or farms. Houses (or rows of houses) which are numbered will be indicated on the map. A compass rose will be included.

3. An environmental description, in addition to the map, will record certain environmental features. Features will include: the types of houses (construction materials, approximate dimensions, relationship to other dwelling units, flooring, location and type of cooking facility, etc.); the methods and effectiveness of garbage disposal; the nearness and amounts of open garbage dumps to housing units; the presence, nearness, numbers and state of sanitation of latrines and whether pit types or connected to a municipal system; presence, numbers and types of shower and laundry facilities; presence, nearness and numbers of water supply sources; the nearness and presence of streams, stagnant water, woods, bush and other habitations; the numbers, types and freedom of movement of domestic animals, especially dogs; and the apparent presence and numbers of rats or other rodents and insects.
  
4. A health inventory of the inhabitants will include: immunization status; number of pregnant women and pregnancy history of a representative sample of women of childbearing age; known history of certain selected diseases; number and description of illness on a given day; weights, heights, arm circumferences and hemoglobin levels of a representative sample of the infants and children in the population; and a simple "day-before" nutritional history of a sample population.

Interviewers will be chosen from among HOPE and MOH nurses, auxiliary nurses, community health aides and selected literate residents of the camps, trained and supervised by HOPE, MOH personnel, and the Program Unit.

Three months will be allocated at each of the three intervals to carry out the interviews, prepare the maps and enter data into the data-base. Forty interviewers, or one interviewer per 150 family units, will accomplish the interviews and nutritional assessments in these periods. Twelve of the forty interviewers will be continuously working in the epidemiologic vigilance system.

Questions (in Spanish) will be recorded on forms designed for direct computer entry and data entry will take place at the MOH central office in San Salvador. Data will be retrievable in a screen format enabling workers to see a profile of any settlement surveyed, as well as in SPSS format to facilitate data analysis.

### 3. WATER SUPPLY AND ENVIRONMENTAL SANITATION

This activity will improve the domestic water supply and sanitation facilities in certain cooperatives and displaced person settlements in El Salvador. All construction activities will be carried out under the Jobs Component of the Emergency Program. HOPE will be responsible only for assisting in the general supervision of the use of such systems.

A key element in the design of the systems in the settlements will be the quantity of water provided. Systems in the settlements will be designed for minimal water consumption (1 tap every 20 houses) and a demand of approximately 30 liters/person/day. Maximum daily consumption factors at the settlements should be 2.0. In the cooperatives, the maximum daily consumption factor will be an inverse linear function of population.

In the settlements, the majority of the systems will be simple extensions of the municipal distribution networks. However, in some cases, wells will be hand dug and fitted with hand pumps. In a number of cases the municipality will be subsidized to operate a water trucking service to the displaced persons settlements. In the cooperatives, water systems will include individual patio connections.

#### a. Phase I Cooperatives

In the Phase I Cooperatives, the project will stress community development and appropriate technologies. Specific mandatory elements of the participating methodology, in cooperation with PLANSABAR, include:

1. A signed agreement between the cooperative and PLANSABAR must include evidenced approval of at least 60% of the associates at the selection stage and 80% before construction begins;
2. The cooperatives will be financially and operationally responsible for the operation and maintenance of the project for the designed life of the system. PLANSABAR will provide technical assistance on an as-needed basis;
3. The cooperative members will provide all unskilled labor.

b. Displaced Person Settlements

The rural sanitation efforts in the settlements will be emergency relief in nature. Depending upon the economic situation of the beneficiaries, a nominal charge will be collected for the operation and maintenance of the system. There will be no requirement for official registration of the displaced persons to participate.

Project HOPE will collaborate in operating water systems with either ANDA or DIDECO. An agreement stipulating responsibilities will be designed between Project HOPE and ANDA. Project HOPE will be responsible for promotional activities. ANDA will arrange for legal access to the water source at a pre-determined price per cubic meter of water. Once design and legal aspects of the water projects have been completed, the project will be submitted to the Program Unit for approval and implementation.

II. COLLABORATION WITH OTHER AGENCIES AND INSTITUTIONS

Each of the governmental entities, i.e., CONADES, the Ministry of Public Health and the Ministry of the Interior will be advised of Project HOPE's participation in the program. Within 30 days of the start up of this project, an advisory committee (Coordination Unit) will be set up, with representatives from the Salvadoran government agencies, USAID and other organizations. This advisory committee will be kept informed of the project and its progress, and will review data and participate in project evaluation.

Collaboration with non-governmental Salvadoran and foreign organizations will be accomplished through periodic meetings with the project staff, regular distribution of reports, and by group meetings.

Communication with the MOH will be accomplished by liaison with the central and regional health authorities and by contributions to the project that will supplement the supplies and services provided by the local health institutions.