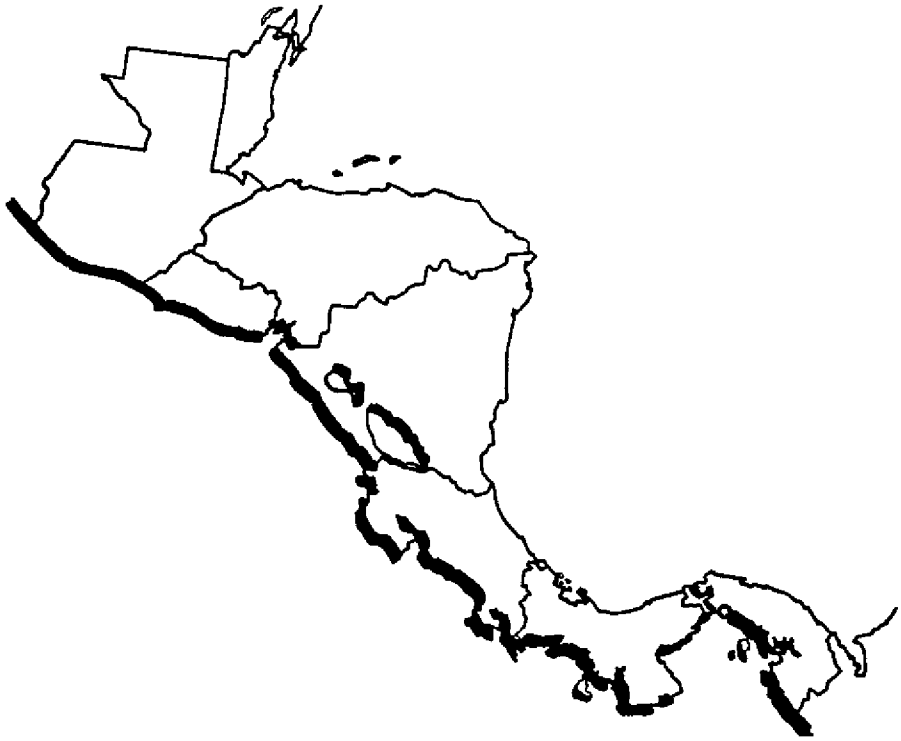
PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the
WORLD HEALTH ORGANIZATION

TECHNICAL COOPERATION IN HEALTH ACTIVITIES FOR CENTRAL AMERICAN DISPLACED PERSONS/REFUGEES



APRIL 1986

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1. Magnitude of the refugee/displaces persons problem

1.1 In Central America, hundreds of thousands of people, the victims of international tension and internal upheavals, have sought or are seeking refuge in neighboring countries which themselves are often at grips with serious political and economic problems.

1.2 Generally speaking, with the exception of a few calmer areas, their situation is characterized by uncertainty, the inevitable consequence of the instability in the region. And that uncertainty in turn creates its own tensions, in the camps or the border areas. The problem of the physical protection of refugees is possibly more acute in Central America than elsewhere in the world; here UNHCR's protection role implies much more than legal aid.

1.3 Since November 1984, Costa Rica has experienced a renewed and steady influx of refugees from Nicaragua. As of June 1985, some 3,000 new arrivals were accommodated in UNHCR-assisted camps and reception centers. Others have gone to the capital San José, or where friends and relatives were able to give them shelter.

But short-term prospects for local integration are not good. Efforts to secure land for agricultural settlements have met with considerable difficulty and only a few of those in urban areas have been authorized to seek gainful employment.

More than 3,500 Nicaraguan refugees were living in "transit centres" in Costa Rica by the time the latest influx began: those of Miskito Indian origin--800 in all--near Puerto Limón on the Caribbean Coast. Most of the others at Tilarán in the northern province of Guanacaste.

Nearly 11,000 individuals were registered as urban refugees with the UNHCR office in San José as of early June. Some 2,500 among them had arrived in the previous three months. Salvadorans and Nicaraguans form 45% each of this caseload, the rest coming from all over Latin America.

1.4 According to UNHCR situation report of January 1986, in Honduras, Central American refugees are distributed in various camps. The number in December 1986 was: *

Mesa Grande	11,362	(Salvadorans)
Colomoncagua	7,800	(Salvadorans)
Buenos Aires	65	(Salvadorans)
San Antonio	1,499	(Salvadorans)
Misquitos	13,380	(Nicaraguans)

Jacaleapa	2,755 (Nicaraguans)
Teupasenti	2,608 (Nicaraguans)
El Tesoro	530 (Guatemalans)
Total	39,999

How many Nicaraguans of Ladino origin there are in Honduras is a matter of conjecture but it is clear that only a minority among them--some 5,200 as of mid-June 1985--are refugees. Some 1,500 have arrived since late last year, most of them single, urban young men identical to those received over the same period by Costa Rica, Nicaragua's southern neighbour.

In accordance with UNHCR's situation report, January 1986, ten different agencies are implementing assistance programs with refugees in Honduras.

1.5 In El Salvador the number of displaced persons due to the civil war in the country is estimated at almost 525,000 in 1985.**

1.6 In Guatemala 250,000 displaced persons are estimated by various sources. According to UNHCR (Refugees, August 1985) 125 refugees, mostly Salvadorans, were in Guatemala.

1.7 In Panamá, UNHCR is assisting almost 800 refugees, although the total number is estimated in less than 1,500.

1.8 In Nicaragua, 1,272 Salvadoran refugees were assisted by UNHCR, 34,000 displaced by FAO.*** According to the Vice Minister of Health, there are 225,000 displaced persons distributed in 40 to 45 settlements.

1.9 In Belize 3,000 refugees are assisted by UNHCR, however, 7,000 is the total number estimated.

1.10 Integration projects have been successful in Costa Rica, Panamá, Honduras, Belize and Nicaragua. There have also been some repatriation movements, notably to Nicaragua and El Salvador.

At the same time, in the same countries, other arrivals are taking place: Nicaraguans in Costa Rica, Honduras and El Salvador, and Salvadorans in Honduras and Belize.

Source:
* UNHCR: "Situación del Programa de Refugiados en Honduras. Tegucigalpa, D.C., Enero 1986."
** USAID: "Encuesta de base de la Población Desplazada. San Salvador, 1985."
*** FAO: Foodcrops and shortages. January 1986.

2. Health Situation

2.1 So far, public health aspects and problems among refugee/displaced groups have not been studied and documented on an appropriate basis in Central America. However, appropriate although non systematic reports on health conditions have been produced by different sources, e.g.: Ministries of Health, Red Cross, INCAP, UNHCR, AID, MSF (Medecins sans Frontieres). In preparing this project, available data and sources have been extensively consulted, and most of the agencies working at present in health programs with refugees/displaced persons will be operational partners during the implementation of the project.

2.2 The overall health situation of refugees/displaced persons shows considerable difference, according to the country of the temporary settlement (level of national resources, usual health coverage in the rural areas) and the interest of the international community in specific groups.

2.3 As a matter of principle, countries aim to provide to these refugees a level of primary health care and health services comparable to the one enjoyed by their own residents. When required by the scarcity of health care available to local residents, resources and efforts should be dedicated by the national authorities and international agencies to raise the overall level of services for both local communities and refugee temporary settlements.

2.4 The level of active involvement of national (local or central) health authorities in the delivery of medical care and preventive services varies according to the country from a situation of autonomous activities of international organizations to integrated delivery of services to the local population and the refugee groups.

2.5 In Costa Rica the general population benefits from a good level of health services offered by the Ministry of Health and/or Social Security in comparison to that of other Central American countries. The maintenance of this level constitutes an almost unbearable burden to the country considering the present economic situation.

Refugees who are proceeding from rural areas of countries with poor coverage of primary health care are entitled to share the benefits and services of national citizens. While referral for consultation/admission is the object of a formal agreement between HCR and the Social Security System (Caja Costarricense del Seguro Social) the additional burden on health services of the Ministry of Health is causing serious problems to the Government and the population.

Patterns of morbidity among refugees differ considerably from those observed in indigenous populations. Gastroenteritis, acute respiratory infections, parasitosis and malnutrition are more prevalent due to the limited coverage level and attention of control programs in their country of origin. In addition to the higher cost to the Government of Costa Rica, this fact carries epidemiological implications for the general population of the border departments. Increased incidence of malaria, venereal diseases and child diseases preventible by immunizations has been reported. Emergency measures are particularly requested in order to jeopardize the considerable investment made in erradication of malaria and other control programs.

2.6 In Honduras, refugeess as local people may benefit from the health service of the Ministry of Health. Most of the refugee camps are overviewed by Medicins sans Frontieres.

The most frequent diseases are: acute respiratory infection, gastroenteritis and parasitosis. Malaria still remains a problem. *

2.7 According to the Ministry of Health of Guatemala, there are:

in Peten	300 displaced persons with cases of diarrhea
in Salama	2,000 displaced persons with nutrition problems
in Coban	5,000 with many cases of malnutrition
in Izabal	approx. 3,000 persons
in Ixcan	malaria control problems have been reported
in Escuintla	35,000 displaced persons

Many of the displaced persons are distributed throughout the country and especially in Guatemala City.

2.8 According to the AID Survey in San Salvador in 1985, the displaced populations are particularly affected. For example, the study shows that the mortality rate is 50% higher in the displaced population than in the "sorrounding population". Respiratory diseases, diarrhea and malnutrition seem to be the biggest health problems besides malaria.

2.9 In Nicaragua, all the displaced persons may benefit from the health services of the Ministry of Health. The health situation is not so clear because of the frequent movement of that population.

2.10 More information about Belize and Panamá will be available during the following weeks.

3. Strategy for Cooperation

In accordance with policies adopted by other U.N. agencies, particularly UNHCR and UNICEF, regarding cooperation in refugee/displaced populations, the present policy will be followed:

3.1 Cooperation will cover all aspects related to the health of the beneficiary groups: medical care, environmental health (water, shelter, vector control, personal hygiene, etc.), disease control and surveillance, health education and community participation, nutrition and supplementary feeding programs, etc.

3.2 Cooperation will be available to all regardless of race, religion, ethnic origin or political belief. PAHO cooperation will be based on actual needs of the beneficiary population in line with the WHO/PAHO policies.

3.3 Coordination with other international organizations (governmental or non-governmental) that provide assistance to refugees or displaced persons, given that emergency relief is not a primary PAHO responsibility nor the main objective of this particular project. Whenever possible, actual delivery of assistance will be channelled through existing organizations with the necessary operational capacity.

3.4 Direct monitoring access by PAHO to potential and actual areas of assistance in order to assess the nature and extent of health needs and to ensure that assistance given contributes to the fulfillment of the objectives of the program.

3.5 Delivery of supplies and other forms of assistance through the national health services will be preferred. National or subregional institutions or experts will be used, whenever possible.

4. Feasibility, scope and duration of the project

4.1 Extensive consultation was carried out by a team of PAHO/WHO officers with five governments in the subregion, namely: Costa Rica, Honduras, Guatemala, El Salvador and Nicaragua (March 1986).

All countries have expressed their political wish to develop the refugee/displaced persons project following the proposed objectives and activities mentioned in this project. See attached travel report.

Panamá has informally expressed its interest for technical cooperation in this field. Similar endorsement is foreseen in Belize. Special consultation mission will be carried out in these two countries in early May 1986.

4.2 Direct consultation with key agencies (UNHCR, International Committee of the Red Cross, Medecins Sans Frontieres) as well as main donor governments has been made and full cooperation successfully sought (April 1986).

4.3 Special attention will be focused in Costa Rica. Experience gained, training material developed and expertise identified in this country will serve as a source for assistance and support to other Central American countries. Similarly, expertise developed or experience gained by other countries, UN agencies and NGOs will be sought and disseminated actively.

4.4 The project will be developed in five years divided in several steps.

4.5 Flexibility in changing the duration, attending to new emergency health needs, reorienting activities toward longer term solutions to the health issues or shifting emphasis/expenditures from country to country in Central America is required to adapt our response to the instability of the refugee/displaced persons situation in Central America. Due consultation will take place with funding agencies.

4.6 The complexity and ambitious scope of this intercountry project is fully recognized by PAHO and participating countries. Every effort will be made to deliver the services as described and scheduled for in the following sections.

5. Coordination with other agencies

5.1 UNHCR

Within the UN system, UNHCR has the prime responsibility for attending the overall needs of refugee populations. Displaced groups within their own countries do not benefit from similar focal point.

This project is being coordinated with the Health Unit and Regional Offices of HCR. It is perceived as complementing their efforts in regard to refugee groups.

5.2 Red Cross

ICRC and the League of Red Cross Societies are particularly active in conflicting situations of Central America. In circumstances where national authorities are not in position to offer effective health assistance, the Red Cross is often the main source of professional assistance. Again, the project will seek to

strengthen/improve the assistance provided by the health authorities, whenever possible, and/or by ICRC or the League. If appropriate, and if in the interest of the population, technical and material support for the project may be channelled, in specific circumstances, through the Red Cross.

The Red Cross will also contribute to and benefit from the training activities, as well as from the exchange of information at different levels.

5.3 World Food Program

The World Food Program is usually the main international channel for food assistance, be for development or emergency relief. All Central American countries receive support from W.F.P. Present or future contributions by W.F.P. or major donor agencies (USA, EEC...) to affected countries are being monitored to minimize duplication.

5.4 UNICEF

UNICEF is active in providing assistance to governments in mother and child survival programs including immunization, oral rehydration, breast feeding campaigns and health education. Active involvement of this agency is foreseen mainly in environmental health and nutritional status evaluation. This agency is being closely associated from the planning phase in the development of this project.

5.5 Bilateral agencies

Generally, bilateral assistance in Central America is unevenly allocated. The project aims to ensure that primary health care and nutrition provided on the basis of needs, as evaluated objectively by the National Health Authorities with the support of PAHO/WHO, a technical agency. Exchange and dissemination of reliable technical information on the health situation and the outstanding needs will assist bilateral agencies.

5.6 Voluntary organizations

The role and contribution of hundreds of voluntary organizations to the solution of health problems caused by the situation in Central America can hardly be overemphasized. This project will coordinate with relevant organizations and contribute to improve the level of integration of NGOs with local health programs. It is expected that an informal inventory of all NGOs contributing significantly to the health of the population will be developed in the early stage of the project.

6. Objectives

6.1 General

a) To contribute to greater cooperation and understanding among Central American countries through participation in a joint effort to address the health problems of refugees/displaced persons

b) To contribute to improve the delivery of primary health care provided to the refugees/displaced populations and the surrounding local communities, to facilitate the progressive integration into the National Health Systems.

6.2 Specific

a) To determine the health, nutritional and environmental situation of refugees/displaced populations and their surrounding communities, as well as their health needs and access to services;

b) To develop and implement a continuous, standardized information system that will allow each participating country, PAHO/WHO and other recognized agencies to evaluate the health status of refugees/displaced persons;

c) To improve the management capabilities of health workers of national, international and voluntary agencies, as well as refugees/displaced persons' in relation to health care, environmental and nutritional problems.

d) To identify and assist in meeting critical needs for health delivery programs by the national health system leaded by the Ministry of Health.

7. Technical description

7.1 General

The project has two phases summarized as follows:

Phase 1 (appr. 2 years)

- feasibility study (completed)

- initial survey of refugees/displaced persons and receiving communities (all seven countries)

- development of information system including communicable disease surveillance (initially in Costa Rica with extension during the 2nd. year to other interested countries)

- development of human resources and intercountry/interagency coordination (centered in Costa Rica with specific ad-hoc activities progressively in other countries)

- identification/support to critical national Public Health Programs directed to refugees/displaced persons and neighboring communities (with the inital exception of Costa Rica). Support in the first phase will be mostly in the form of provision of technical cooperation (consultants...) to respond to requests from the Ministry of Health, HCR... Material assistance in form of supplies will be of limited magnitude in the first phase and mostly directed to strengthening of local health services.

Phase 2 (appr. 3 years)

In addition to continuation of the development of information systems, and development of human resources, the following is planned:

a) Improvement of primary health care delivery infastructure

Based on the results of the survey, the most urgent needs for small equipment, supplies, etc., will be identified with the objective to strengthen the existing primary health care infrastructure serving the area, that is, the refugee population as well as the receiving local communities.

b) Improvement of disease control programs

Disease control programs by the national health authorities (e.g., against tuberculosis, malaria, veneral diseases, etc.) need to be extended to refugee groups using local norms and techniques. Programs, such as oral rehydration, expanded program of immunization, etc. are best carried out on epidemiological grounds rather than on the basis of classification as "Refugee" or "Indigenous". National programs will be strengthened in the departments where refugees/displaced persons are settled. Support will include e.g., technical assistance, supplies, drugs, small equipment.

This will be an ongoing activity as dictated by the epidemiologic situation.

c) Environmental health

Under this component improvements of water supply, food hygiene, vector control, waste disposal and other sanitation

measures with direct impact on the health situation of the refugee and receiving communities are included. In addition to improve the services, health education on basic sanitation matters will be supported. Environmental health is the area where most urgent needs have been identified by the authorities or agencies. Considerable technical and material assistance will most probably remain necessary over the duration of the project.

d) Food and nutrition

Activities within this component are devoted to strengthen the technical and administrative capacity of the national institutions in charge of the administration and coordination of food aid development and emergency projects in the respective countries.

The basic approach in this regard is to develop, with the cooperation of the Institute of Nutrition of Central America and Panamá (INCAP), technical and operational guidelines for the formulation, implementation, monitoring and evaluation of food aid administration; incorporation of simple indicators for screening and surveillance of displaced groups at risk of malnutrition; improvement of logistics and infrastructure for an efficient distribution, preparation and consumption of donated and locally available food at the community level, and food and nutrition education.

Funds for this activity will be provided directly to INCAP from other sources.

8. Plan of Action - First phase - First year

8.1 Initial survey

- Justification

Several documents provide partial and conflicting information on the refugees or displaced populations in Central America. Generally, the health aspects are surveyed superficially using different criteria and indicators, some of little relevance to conditions prevalent in developing countries.

From review of this existing information and consultation with the national authorities, bilateral agencies and international organizations, the need for a Central American approach to a Public Health diagnosis was made obvious. PAHO is probably the only organization with the technical skills and general acceptability for assuming this responsibility.

- Specific objective

The survey will provide reasonally reliable and comparable data for decision making by the health authorities and the international community. The results will serve as base line data for the ongoing information system the Ministry of Health should establish or extend in areas with high prevalence of refugees/ displaced persons. It should be cautioned that a survey of this scope can not pretend to settle the issue of refugees/displaced persons. It will provide a static view, using very simple indicators (morbidity, mortality, access to services...) regarding the health situation of the refugees/displaced groups confined to surrounding communities and to other settlements or camps of the subregion. The continuously changing situation and very different health situation of the "indigenous" populations in Central America will demand scientific caution in interpreting the results.

- Activities

a) Design of survey methodology

  - The design will be done in house with the assistance of individual consultants, possibly from INCAP.

b) PAHO officers will visit as many settlements as possible during the first month in order to update health information and detect better ways for survey implementation.

c) Basic indicators will be available for discussion between 4 to 8 weeks after the approval of this document and disbursement of the funds.

d) Technical discussion of the survey methodology

  - A subregional meeting of experts (approximately 8-10) will take place in Costa Rica in the first week after the presentation of the basic survey methodology/ indicators.

  - Experts will be selected mostly on a personal capacity and professional qualifications.

8.2 Initial testing (3rd-5th month)

a) Will take place in up to three selected settlements, at least one of them in Costa Rica.

b) Testing will be carried out by national focal points at Ministry of Health level and PAHO counterparts in each country. Other countries will be invited to send observers to promote the intercountry dimension of this project.

c) Training sessions will take place in Costa Rica, and other related countries for the above mentioned officials.

8.3 Subregional meeting (tentatively July)

a) A 5-day subregional meeting will take place in San José, Costa Rica, tentatively in the first week of July 1986.

b) The aim will be to present and discuss the survey methodology (possibly already revised after the initial testing) as well as to discuss implementation at regional level. It will also provide opportunity for technical exchange among participants and stimulate intercountry cooperation within the framework of the project.

c) Participants (appr. 50) will include national counterparts, PAHO focal points, representatives of organizations in charge of refugees/displaced persons in each country, e.g.:

Costa Rica: DIGEPARE, UNHCR, Red Cross, AID
Honduras: UNHCR, MSF, Red Cross
El Salvador: CONADES, AID, CICR
Nicaragua: UNHCR, Red Cross, Civil Defense
Panamá and Belize: to be determined

d) The meeting may result in minor readjustments of the plan for implementation of the project at subregional/ national level.

8.4 Training of supervisors, instructors and data collectors (5th-7th month)

- As a first choice, training would be carried out by specialized full time experts of INCAP, a PAHO institution who has considerable experience in field surveys and a pool of highly skilled instructors/ supervisors.

- The duration of data collectors training is estimated between 2-4 weeks depending on the complexity of the designs and the questionnaire used. As a matter of policy, attempt will be made to constitute intercountry data collection teams in order to emphasize the regional nature of the project and stimulate intercountry cooperation. The field personnel to be compensated by the project (field allowance) will be selected from the National Health Services, Red Cross Society or other local institutions. PAHO staff will participate in the supervision at field level.

- Should INCAP not be in position to assume all this responsibilities, special staff will be detailed or recruited by PAHO.

8.5 Data collection (8th-9th months)

Timing of data collection will vary depending the size of settlements and target population. Preference will be given to a few mobile teams travelling from site to site. Extensive need for technical, administrative and logistics support is foreseen at this stage.

8.6 Data analysis and dissemination (10th-12th months)

Analysis of data will be done by PAHO with the assistance of INCAP or, if not possible, under contract preferably in Costa Rica.

Results of the survey will be distributed by PAHO and/or participating countries to all interested agencies or parties tentatively in the first quarter of 1987 (subject to the actual date of approval of the plan of action and mobilization of resources).

8.7 Information system

Justification: The completion of a vertical survey will provide at best an accurate picture of the public health problem caused by refugee or displaced populations at a given period of time. Progressive integration of these groups/areas into normal primary health care systems will require the establishment of a simple system of continuous reporting to the health authorities. This system should be compatible with both, the existing epidemiological system in the country and the base-line data collected at regional level. The diversity of agencies (local or international, governmental or non-governmental) responsible for the delivery of health care will require serious efforts of promotion, standardization and coordination to obtain an effective system at national level.

Activities/steps

PAHO epidemiologists and their national counterparts will be the cornerstone in the delivery of this technical cooperation.

a) Identification of indicators:

During the design and implementation of the survey, a subset of indicators will be selected for periodic reporting.

b) Support to national surveillance/information program in Costa Rica

Although the content of the information to be collected on a continuous basis will not be limited to communicable diseases, the entire system should be based on an epidemiological approach and be ideally implemented by the corresponding department of the Ministry of Health. In the first year, the support will be mainly provided to Costa Rica which will serve as resource/model for other countries in the subregion.

c) Support to national surveillance/information systems in other countries

- In the second year (after completion of the survey) it is expected that follow-up mechanisms will have been identified in each country. Forms for reporting and feed back will be prepared at national level. Training to be carried out by local authorities will be supported by the project.

- Consultations will be done and workshops organized to stimulate exchange of experiences and comparison of data, especially on problems of intercountry nature.

d) Subregional interpretation/dissemination of selected data

In the second and subsequent years, the capacity may be developed by the project to receive and analyze reports on public health problems of regional importance (e.g., malaria, dengue, immunopreventible diseases, such as polio, etc.)

8.8 Development of human resources

Justification: Primary health care to populations in temporary settlements poses a different set of problems which often are not familiar to the health personnel at national level. Conversely, health personnel from international agencies or NGOs, however, experienced in their discipline often lack knowledge of low cost primary health care approach, local pathology and national norms for standardized treatment of communicable diseases.

The refugee/displaced persons in general have a very low knowledge of personal health measures and will benefit from a pilot development of educational training material.

Activities/steps

The approaches listed below will be followed:

- informal workshops where representatives of agencies/NGOs will exchange their experience/knowledge

- technical sessions where a special topic will be presented by top level experts and discussed by the participants.

- formal training courses based on material/publications developed for this purpose by the project. Training packages will be developed to permit a multiplier effort.

a) Informal workshops

The objective will be to stimulate exchange of information, dissemination of success or failure of new ideas among NGOs and government officials, both at national and regional level. The meeting tentatively scheduled for July 1986 (see page 12) will fall into this category. A similar regional meeting should be organized annually for the duration of the project. Annual national workshops will be organized in each country starting in the second year (in the first year, considerable number of "training activities" will be directly associated with the preparation of the survey).

b) Technical sessions

Three technical sessions will take place in August, September and October 1986 in El Salvador. The aim is to discuss malaria control, diarrhea control and water supply, respectively, in displaced persons settlements with health organizations in charge of this kind of health programs. Between 20-25 NGO's are expected to attend the sessions. Participants will be invited from other countries.

PAHO/WHO experts in each field will attend the meetings as well as the Ministry of Health in order to standardize and optimize technical procedures of non-governmental organizations.

Similar technical sessions will take place at national level in Costa Rica and other countries in the subsequent years. Support from the project would be mostly limited to recruitment of a recognized expert on the selected topic.

c) Development of training packages and courses

- Identification of needs

  At the occasion of the visits and meetings planned for 1986 (e.g., survey), specific needs for training material at various levels, as well as subregional resources

(technical, operational infrastructure, etc.) will be identified by PAHO staff and national counterparts. The topic will also be included in the agenda of the sub-regional meeting planned for July 1986.

- Inventory of existing material (ongoing)

For over 5 years, PAHO has been compiling an inventory of existing training material, publications, guidelines, etc. on refugee health management. Despite of a few outstanding contributions from individuals or agencies, such as HCR, very little is directly applicable to Central America and still less is available in Spanish. This inventory will be maintained and formalized.

Several agencies (UN or NGOs) are allocating priority (and resources) to the development of training material on refugees health programs and emergency management. The convenience of holding a meeting in Washington, D.C. with those agencies is being studied. The objectives would be to exchange information/consultation on planned activities and ideally to develop a joint approach/ sharing of responsibilities to ensure the availability of complementary material in several languages.

- Bank of visual material

A serious problem encountered by PAHO in the development of audiovisual material related to emergency management has been the identification of suitable photographic/ slide material to convey the intended message. Development of training package culturally applicable/acceptable will require the prior development of a bank of visual material (slides/videos/photographs) on relevant health problems/solutions in Central America. This activity will be carried out jointly with similar efforts undertaken by HCR, Red Cross, MSF, etc.

- Preparation of manuals/training package

It will be initiated in Costa Rica (consultants/contracts, etc.) in the second year and will be pursued for the remaining duration of the project. A complete package (text, illustrations, slides) often requires over 2 years from planning to dissemination. Suport of PASCAP, a PAHO center, will be sought, as required.

Subregional or national meetings (see page 12-15) will be used to review the draft versions of the packages or other training material as is routinely done at present for material on emergency preparednes developed by the Organization.

The final version of publications or training package will be reproduced and distributed at no cost on a large scale to top managers and health personnel (government, NGOs, etc.) in Central America.

- Support to training programs at national level

  In addition to the technical support to national training activities, the project will assist Ministries of Health, NGOs, etc. with basic audiovisual equipment. In the first year, assistance will be provided mainly to Costa Rica and in the subsequent years increasingly to other countries, as justified by the development of their specific training program.

8.9 Feeding and Nutrition

INCAP (Instituto de Nutrición para Centro América y Panamá

INCAP has prepared a comprehensive project of technical support to large groups nutrition programs. The project includes six areas of development, e.g., planning, training, technical cooperation, training material, research, evaluation and administration. INCAP has received funds from ROCAP/AID for implementing the project. Therefore, PAHO is coordinating with INCAP all aspects concerning the nutrition component in order to avoid duplications.

8.9.1 The project includes two subregional workshops on feeding programs for refugees/displaced persons in Guatemala in late April 1986.

8.9.2 Based on results of the workshop, a case study on analysis of operational system of feeding programs for refugees/displaced persons is to be prepared.

8.10 Evaluation

The first evaluation is scheduled for the third quarter of the second year. A team will visit all countries, present preliminary recommendations and draft the plan of action for the second phase.

These recommendations and the draft plan of action for the next three years will be reviewed at the occasion of the second subregional meeting in 1987 where national counterparts, PAHO focal points in Central America and agency representatives will participate.

9. Budget considerations

9.1 An estimated budget is attached for the first phase (two years). Budgeting by objectives and broad groups of activities have been adopted as the most operationally flexible and cost effective methodology. This approach is currently used for on-going grants in areas of considerable uncertainty, such as Disaster Preparedness.

9.2 The following priority will be adopted for delivery of technical cooperation (advisory services):

a) use of existing PAHO staff (including INCAP-PASCAP) at country or regional level (cost of travel being charged to the project).

b) local recruitment of Central American experts. Based on cost consideration, duration of services, the most convenient and economical mechanism will be adopted (e.g., detail from health services with additional remmuneration by the project, personal services contract...).

c) recruitment through normal U.N. procedures of fixed terms contract (an expensive and time-consuming procedure implying some long-term commitment from PAHO).

9.3 Every effort has been made to avoid cost duplication among the various groups of activities. However, some expenditures (travel, for instance) will have cross/segment implications and may not fall into a single budgetary category.

9.4 PAHO will strive to maintain direct supervision/control of any given expenditure by avoiding subcontracting for large segments. As a consequence, items of expenditures are generally for small amounts (average US$1,500) in the experience of the Emergency Preparedness Program responsible for the execution of this project. That implies time-consuming administrative supervision/processing and has direct implications in the budget (local administrator in Costa Rica to reinforce the local office).

9.5 The multicountry nature of this project, the location of refugee/displaced persons settlements outside the capital require transportation facilities (one vehicle is budgeted for a total of 4 professionals involved almost full-time in this project at local level).

9.6 Due to the delicate nature of the project, the direct liaison with a large number of agencies and the need for consultation with HQs an excellent access to telecommunications is a must.

Costs and equipment have been kept at a minimum still compatible with effective management at all levels of the project. Similarly, coordination with the headquarters of operational agencies (UNHCR, Red Cross...) will require extensive communication and travel.

9.7 In addition to this accounting/financial supervision carried out by PAHO, a computerized operational monitoring of expenditures is presently put into operation to maintain strict operational (as opposed to accounting) control of the flows of expenditures. The same system will permit constant adjustments to the detailed plan of operation based on financial situation, revised cost estimates and changing local priorities. This system is expected to be operating both at field and HQs level.

9.8 Expenditures can be differentiated in purely national expenditures (e.g., support to an activity in and for Costa Rica) and regional expenditures (e.g., a subregional meeting or development of training material).

9.9 Emphasis, when cost effective, will be placed on country-based expenditures.

SUMMARY OF PROJECTED EXPENDITURES
in US$

First phase

ACTIVITIES	First year		Second year	
	Netherlands	PAHO/Other Sources	Netherlands	PAHO/Other Sources
1. Project feasibility study and preparation of document	-	10,000	-	-
Subtotal		10,000		
2. Initial survey and information system				
- design/testing and review	25,000	5,000 (a)	N/A	N/A
- data collecting, including	105,000	10,000 (b)	N/A	N/A
training at national level		5,000 (a)	N/A	N/A
- analysis and dissemination	30,000	3,000 (a)	N/A	N/A
- statistical/epidemiological support in Costa Rica (2 X 12 months)	120,000	15,000 (b)	N/A	N/A
- information system: design, testing, etc.				
at regional level	5,000	10,000 (a)	15,000	15,000 (a)
at national level	20,000	-	115,000	-
- Meetings in Costa Rica	12,000	3,000	15,000	5,000
- Project vehicle(s), possibly local purchase from the League of Red Cross Societies fleet	14,000	3,000 (c)	3,000	3,000 (c)
Subtotal	331,000	54,000	148,000	23,000

ACTIVITIES	Netherlands	PAHO/Other Sources	Netherlands	PAHO/Other Sources
3. Development of human resources and intercountry/agencies coordination				
- general workshops				
intercountry	35,000	10,000 (d)	38,000	10,000 (a) 8,000 (e)
national	-	-	40,000	-
- technical sessions (cost 7,000/session)	14,000	7,000 (d)	21,000	7,000 (e) 7,000 (d) to be confirmed
- audiovisual/training material and courses Develop material (including bank of visual material, possible part time training officer, artwork, printing, reproduction, mailing...))	57,000	8,000 (a) 8,000 (e)	85,000	10,000 (e) 8,000 (a)
- Course/meetings	-	-	35,000	10,000 to be confirmed
- support to national projects (including equipment, library)	25,000	6,000 (a)	45,000	-
Subtotal	131,000	39,000	264,000	60,000
4. Support to National Public Health Programs				
- technical cooperation, especially in environmental health (PAHO staff members, consultants/ local or fixed term contract)	45,000	18,000 (d)	65,000	13,000 (d)
- Support for local implementation of recommendations by health services (1st year C. Rica only)	15,000	-	15,000	-
Subtotal	60,000	18,000	80,000	13,000

ACTIVITIES	First year		Second year	
	Netherlands	PAHO/Other Sources	Netherlands	PAHO/Other Sources
5. Technical cooperation on feeding and nutrition	-	200,000 (f) (approx.)	-	200,000 (f) (approx.)
Subtotal	-	200,000	-	200,000
6. Technical supervision (field and HQs) and evaluation				
- Costa Rica (P.4 part-time)	-	35,000 (d)	40,000	-
- Duty travel	18,000	10,000	19,000	8,000
- HQs . P.4 (part-time)	35,000	-	35,000	-
. consultants/cont.serv.	25,000	5,000 (e)	25,000	5,000 (e)
- Evaluation (on site visits and meeting(s)	-	-	20,000	5,000 (e)
Subtotal	78,000	50,000	139,000	18,000

(a) Associate Expert (Belgian Government
(b) Services/Time of PAHO/INCAP experts
(c) To be negotiated with Ministry of Health: gas, maintenance, chauffeur
(d) Current grant from OFDA/AID
(e) CIDA grant on Emergency Preparedness
(f) US grant to INCAP (5-year project)

ACTIVITIES	First year Netherlands	First year PAHO/Other Sources	Second year Netherlands	Second year PAHO/Other Sources
7. Miscellaneous direct costs in Costa Rica				
- Telecommunication				
. initial installation of telephone lines, telefac	7,500	1,000	-	-
. ongoing telephone, telex...	5,000	1,500	6,000	-
- Secretarial/administ.support				
. bilingual exec.secret.	10,000	-	11,000	-
. typist	3,000	3,000	4,500	1,500 to be confirmed
. local administrator	12,000	-	13,000	-
- Supplies and equipment				
. IBM AT	8,500	-	-	-
. Software/programming	-	3,000	5,000	-
. Office furniture (for 3 prof)	6,000	-	-	-
. Stationary, etc.	1,500	-	1,500	-
Subtotal	53,500	8,500	41,000	1,500
8. Miscellaneous direct costs in HQs/Washington, D.C.				
. telefac (installation)	4,500	-	-	-
. telephone, telex, etc.	4,000	2,000	5,000	1,000
. typist 1/2 time	7,000	-	7,500	-
Subtotal	15,500	2,000	12,500	1,000
9. Contingencies (10%) (unexpected direct/indirect cost, inflation, exchange rates fluctuations, etc.)	66,900	-	68,450	-
Subtotal from 1-9	735,900	381,500	752,950	316,500
10. Program Support Cost (13%)	95,700	-	97,850	-
TOTAL	831,600	381,500	850,800	316,500
			TOTAL GENERAL	US$2,380,400

BUDGET SUMMARY
in US$

ACTIVITIES	First year		Second year		TOTAL
	Netherlands	PAHO/ Others	Netherlands	PAHO/ Others	
1. Feasibility study		10,000			10,000
2. Initial survey	331,000	54,000	148,000	23,000	556,000
3. Development of human resources	131,000	39,000	264,000	60,000	494,000
4. Support to national public health prog.	60,000	18,000	80,000	13,000	171,000
5. Feeding/nutrition		200,000		200,000	400,000
6. Regional supervision	78,000	50,000	139,000	18,000	285,000
7. Miscellaneous direct costs in Costa Rica	53,500	8,500	41,000	1,500	104,500
8. Miscellaneous direct costs (HQS-Wash.D.C.)	15,500	2,000	12,500	1,000	31,000
9. Contingencies (10%) (unexpected direct/ indirect cost, inflation, exchange rates fluctuations, etc.	66,900		68,450		135,350
10. Program Support Cost (13%)	95,700		97,850		193,550
T O T A L	831,600	381,500	850,800	316,500	2,380,400