

DISPLACED PERSONS IN EL SALVADOR
AN ASSESSMENT

Assessment Team

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

March 15, 1984

I. EXECUTIVE SUMMARY

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

The principal findings and recommendations of this assessment are:

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

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

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

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

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

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

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

16. The technical capability of the AID Program Unit should be upgraded as should the capability of many PVOs now providing relief to displaced persons. Resources for training and improving specific technical skills are included in the report.
17. Protection remains a critical issue, particularly for non-registered displaced persons. Whether the threat is real or perceived, there is evidence that displaced persons feel sufficiently intimidated by "the situation" that they hesitate to play leadership roles in the relief effort. Development of indigenous leadership is a principal component of successful relief operations throughout the world. For similar reasons, some private voluntary organizations hesitate to become involved in relief efforts.

EL SALVADOR DISPLACED PERSONS ASSESSMENT

II. TABLE OF CONTENTS

I.	Executive Summary	i
II.	Table of Contents	vi
III.	Introduction	
	Background	1
	Considerations	6
	Methodology	9
	Studies	12
	Humanitarian Aid	14
	Principles of Humanitarian Action.	16
IV.	Health and Nutrition.	19
	Nutrition	19
	General Nutrition Situation in El Salvador.	19
	Nutrition and Health Situation Among DPs	22
	Nutrition Information Needs	26
	Mortality and Nutrition Survey	28
	Nutritional Bibliography.	44
	Conclusions	45
	Recommendations	46
	Nutrition Planning Overview.	48
	Nutrition Pipeline for DP Camps (chart).	51
	General Feeding Programs	52
	Supplementary Feeding Programs	58
	Therapeutic Feeding Programs	65
	Nutritional Surveillance System.	69
	Growth Monitoring.	71
	Breast Feeding Promotion	72
	DP Nutritional Survey.	73

IV.	Health and Nutrition (continued)	
	Curative Health Program	76
	On-going Vaccination Program	76
	Oral Rehydration Program	82
	Prevention of Respiratory Diseases	86
	Health Education for Mothers	87
	Intestinal Parasite Prevention and Treatment	88
	UNICEF Gobi Program	90
	Hospitalization Surveillance	91
	Mortality Surveillance Data	92
	Communicable Disease Surveillance Data	94
	Dental Care	96
V.	Assessment of Displaced Persons Food Situation	97
	U. S. Title II Programs	97
	Recommendations	106
VI.	Assessment of Jobs Program	112
	Jobs and Employment for Women	132
VII.	Assessment of Displaced Persons Camps	135
	Overview and Typology	135
	Shelter	143
	Water Supply	149
	Sanitation	153
	Washing Facilities	156
	Fly Control	161
VII.	Assessment of Displaced Persons Camps (continued)	
	Malaria Control	163
	Cooking Facilities	165
	Hygiene Awareness	167
	Security in DP Camps	171
	Land Lease for Displaced Farmers	174

VIII.	Assessment of Dispersed DP Status	175
IX.	Relocation Plan for Displaced Persons	180
X.	Management	189
	Program Management	189
	Volag and Coordination Issues.	196
	Comprehensive Management	198
	Improving Manageability of GOES Projects	205
	Data Collection and Analysis in Program Unit	206
XI.	Miscellaneous	208
	Evaluation of Voluntary Agency Capabilities.	208
	Protection Issues.	214
	DP Registrations Issues.	215
	DP Sanctuaries in San Salvador Archdiocese	220
	Phasing DPs out of the Relief Program.	225
XII.	Annexes Index	228

III. INTRODUCTION

BACKGROUND

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

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

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

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

** Unless otherwise noted, all figures are from CONADES

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

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

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

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

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

* Program Agreement

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

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

Terms of Reference

The terms of reference for the evaluation were:

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

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

SPECIFIC WORK TASKS

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

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

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

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

CONSIDERATIONS

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

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

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

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

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

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

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

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

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

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

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

METHODOLOGY

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

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

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

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

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

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

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

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

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

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

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

STUDIES CARRIED OUT AS PART OF THIS EVALUATION

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

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

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

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

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

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

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

E. Humanitarian Concerns and Humanitarian Aid

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

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

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

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

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

F. Principles of Humanitarian Aid

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

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

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

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

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

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

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