

## DISPLACED PERSONS ASSESSMENT ANNEXES

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SUGGESTED DESPLAZADO FOOD BASKET OPTIONS  
BASED ON TITLE II COMMODITIES

DAILY RATION: 1

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

DAILY RATION: 2

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

# MORTALITY/DISAPPEARANCE SURVEILLANCE

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

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

Date \_\_\_\_\_ Measurement \_\_\_\_\_

Height  
 Weight  
 Arm Circum.

Most Important Cause:

<u>Infections</u>	<u>Injuries</u>	<u>Miscellaneous</u>
_____ Measles	_____ Fall, Burn	_____ Chronic Disease
_____ Polio	_____ Homicide, Legal	_____ Prematurity
	_____ Intervention	
_____ Tetanus	_____ War Injury	_____ Low Birth Weight
_____ Diphteria	_____ Other ( )	_____ Disappearance
		_____ ( )
_____ Tuberculosis		
_____ Pertussis		
_____ Malaria	<u>Malnutrition</u>	
_____ Dengue	_____ PEM	
_____ Meningitis	_____ Anemia	
_____ Typhoid	_____ Other ( )	
_____ Other Diarrhea/		
_____ Dehydration		
_____ Other ( )		

MALNUTRITION DATA SHEET FOR  
CHILDREN UNDER 5

DATE \_\_\_\_\_ INTERVIEWER \_\_\_\_\_

Identification Information:

Social Situation:

Name \_\_\_\_\_

Father at Home \_\_\_\_\_

Birth Date \_\_\_\_\_

Employed \_\_\_\_\_

Age \_\_\_\_\_

Number of Siblings \_\_\_\_\_

Sex \_\_\_\_\_

Age of Youngest Sibling \_\_\_\_\_

Camp \_\_\_\_\_

City/Town \_\_\_\_\_

Department \_\_\_\_\_

Family Food Source:

Recent History:

Camp Distribution Only \_\_\_\_\_

Diarrhea within 2 weeks

YES	NO
_____	_____

Last Food Delivery \_\_\_\_\_

Measles within 2 months

_____	_____
-------	-------

Breastfeeding

_____	_____
-------	-------

Nutritional Status \_\_\_\_\_

Bottlefeeding

_____	_____
-------	-------

Height \_\_\_\_\_ cm

Infant formula

_____	_____
-------	-------

Weight \_\_\_\_\_ kg

(Brand)

Arm Cir \_\_\_\_\_ cm

In SFP \_\_\_\_\_

Edema (+/o) \_\_\_\_\_

Current Status:

Food Supply

\_\_\_\_\_ Referred to Camp Breeding Program

Education

\_\_\_\_\_ Admitted to Hospital

Diarrhea

\_\_\_\_\_ Died

Other illness

Water/Sanitation

Follow-up (one month): Date \_\_\_\_\_

Arm Circumference \_\_\_\_\_

Recovering \_\_\_\_\_

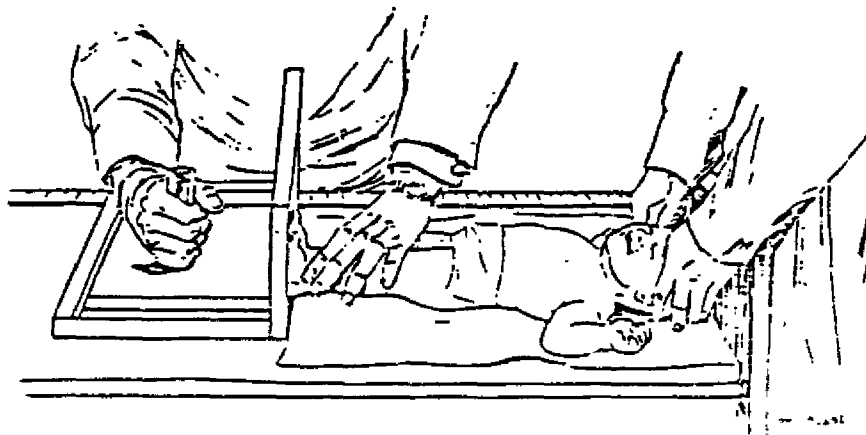
Other \_\_\_\_\_

*(b) Height measurement*

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

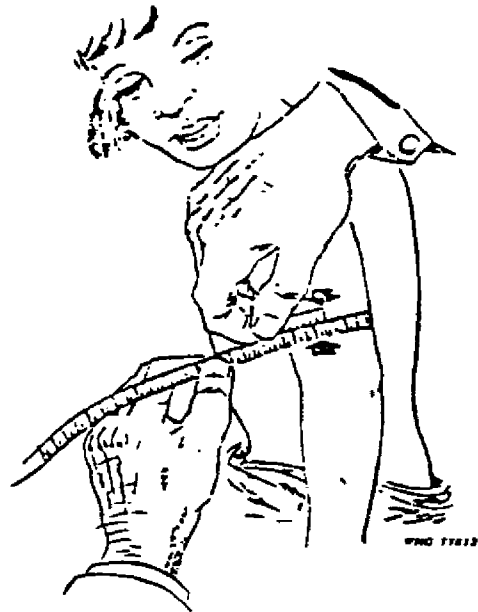
When an upright measure is used the subject's heels should be together and touch the base of the upright, and the buttocks, the back of the heels, and the upper back should be in contact with the measuring stick (which can be locally made). Measurement is to the highest point of the head when the child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

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

*(c) Arm-circumference measurement*

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

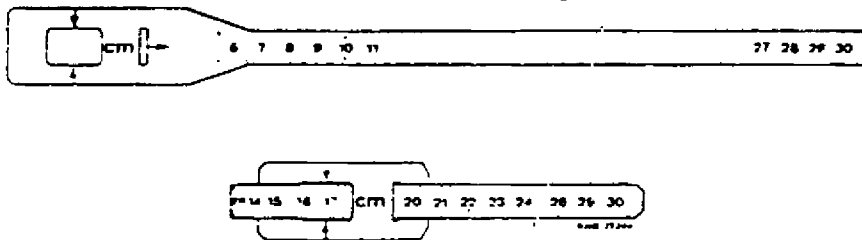
FIG 7. MEASURING ARM CIRCUMFERENCE



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

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

FIG 8. INSERTION TAPE



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

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

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

#### *Calculating and tabulating the percentage of the reference value*

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

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

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

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

#### *The classification of malnutrition*

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

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

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

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

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

TABLE 3. EXAMPLES OF CLASSIFICATION

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

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

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

## Organization of individual screening

### Objectives

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

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

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



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

I- EDUCACION NUTRICIONAL Y ALIMENTACION SUPLEMENTARIA A GRUPOS VULNERABLES

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

ANNEX 5

A C T I V I D A D	A N O S				
	1 9 7 9	1 9 8 0	1 9 8 1	1 9 8 2	1 9 8 3
— Niños menores de 5 años desnutridos:					
Programado	45.119	65.517	66.554	60.552	59.576
Inscrito	49.542	55.125	50.721	30.398	40.074
% Realizado	109.8	84.1	76.2	63.4	67.2
% Cobertura	9.4	10.2	9.0	8.	3.0
% beneficiarios atendidos en Alimentación Complementaria	19.5	22.3	23.9	23.	21
TOTAL :	77.142	116.036	93.864	79.136	59.576
Realizado	64.045	70.941	65.610	49.133	38.190
B- Educación Nutricional					26.301
- Cursos:	486	598	1.355	1.119	54.544
Realizado	326	453	748	022	924
% Realizado	67.1	75.7	55.2	73.4	90
Nº de madres :	12.131	14.954	33.004	27.810	26.952
Realizado	7.761	10.595	21.527	22.584	23.806
% Realizado	64	70.3	65.2	81	88

MFdet/jdes.-  
30/Enero/1984.-

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

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

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

PLANNED INDIVIDUAL DAILY RATION FOR DISPLACED PERSONS

(Phase II CONADES/DIDECO and GOES)

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

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\* Beans, salt, sugar have only sporadically been available.

SUPPLEMENTAL RATION FROM CONADES/DIDECO FOR JOBS PROGRAM WORKERS

UNDER TA 3611

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

MEMORANDUM.

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

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

DATE: February 6, 1984

SUBJECT: Upcoming Nutrition Survey of Desplazado Camps



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

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

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

PN:jwp

## INTRODUCCION

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

CAMPAMENTO: \_\_\_\_\_  
(nombre)

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

AÑOS \_\_\_\_\_ MESES \_\_\_\_\_

2. ¿Por qué dejó usted su lugar de origen y vino a San Salvador?

\_\_\_\_\_ "Conflictos de Guerra"  
\_\_\_\_\_ en busca de trabajo; falta de empleo  
\_\_\_\_\_ otros (especifique)  
\_\_\_\_\_

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

\_\_\_\_\_

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

5. ¿Cuántos han muerto? \_\_\_\_\_

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

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

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

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



## EL SALVADOR

### Intensive Immunization Campaign

#### I. Duties and Responsibilities

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

##### a. Vaccine Management

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

##### b. Immunization Teams

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

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

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

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

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

- e. Promotion and Publicity

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

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

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

MEMORANDUM

DATE : February 6, 1984

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

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

SUBJECT: Upcoming National Nutrition Survey

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

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

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

# DISPLACED FAMILY UNIT - EL SALVADOR

## REPRESENTATIVE ENERGY (Kcal) NEEDS

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

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

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

Source: Community Systems, Nutrition Assessment Report, 1977.

TEN MAJOR CAUSES OF DEATH  
EL SALVADOR 1980 & 1981

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

VACCINE - PREVENTABLE DISEASE SURVEILLANCE/FEEDBACK REPORT

DISEASE

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

AGE: \_\_\_\_\_ anos \_\_\_\_\_ meses Date of Report: \_\_\_\_\_

Date of illness: \_\_\_\_\_ Encuestador: \_\_\_\_\_

VACCINATION RECORD

DOSES OF RELEVANT VACCINE

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

CAUSE OF PROBLEM (for specific vaccine for this illness)

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

OUTCOME

\_\_\_\_\_ recovered, uncomplicated.  
\_\_\_\_\_ hospitalized with complication (Specify: \_\_\_\_\_)  
\_\_\_\_\_ died

## ANNEX 16

FOOD BASKET FOR MESA GRANDE CAMP  
FOR SALVADORAN REFUGEES

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



## HEALTH COMPONENTS OF JOBS PROGRAM

### SUPPLEMENTAL EVALUATION

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

#### Curative Health

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

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

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

## ORAL REHYDRATION SALTS

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

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

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

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

## 2. Cost and Composition of Oral Rehydration Salts

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

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

### 3. Parents Knowledge.

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

## PARASITE CONTROL PROGRAM

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

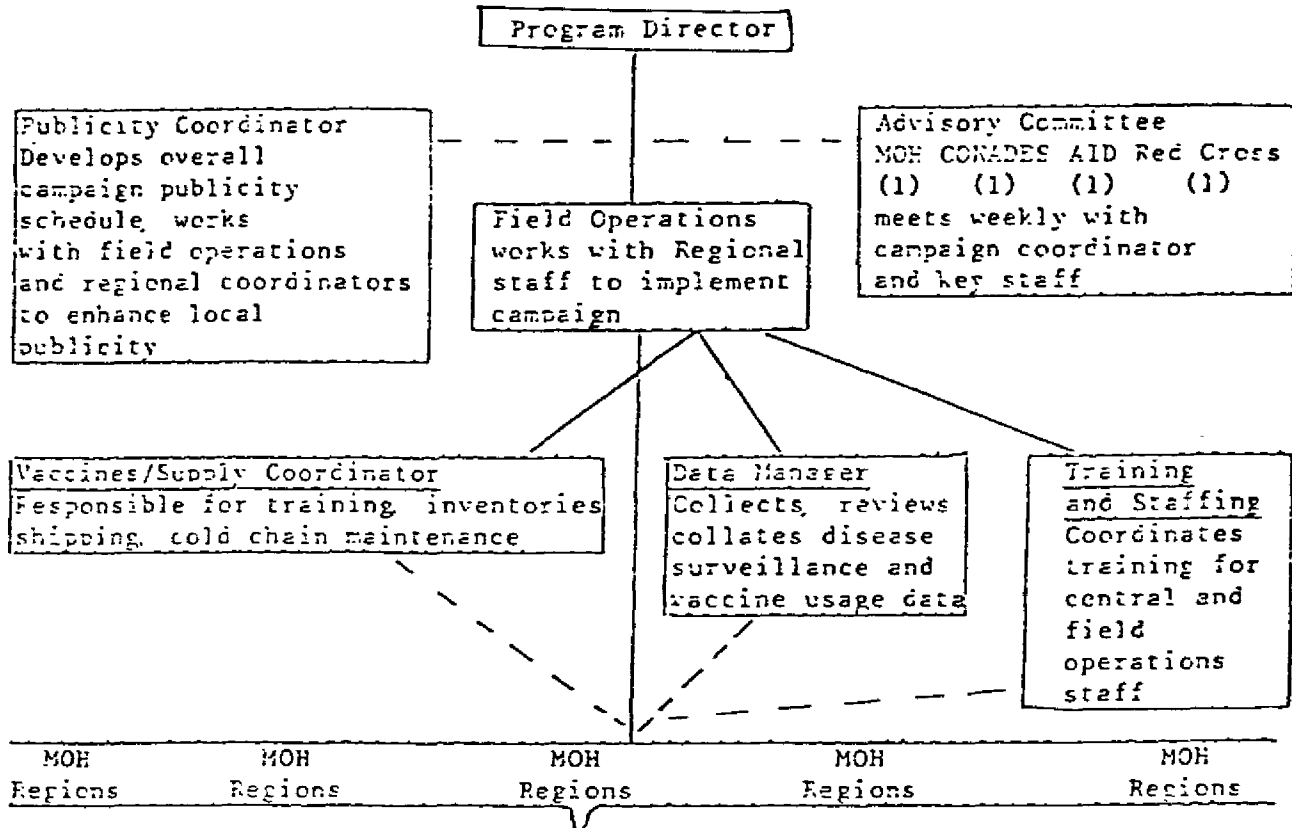
A comprehensive parasite control program consists of providing drugs within a context of improvements in sanitation, education, in use of shoes or sandals, and provision of increased quality and quantity of food. Each of these components is important in control of the parasites and their effects. On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

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

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

## IMMUNIZATION STAFFING PATTERN

### f. Staffing and Organization



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



## RECOMMENDED WATER SUPPLY STANDARDS FOR

### D.P. SETTLEMENTS IN EL SALVADOR

#### INTRODUCTION

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

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

#### STANDARDS

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

##### 1. Water Quantity

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

These quantities are basic minima. Where there are water supplies of different quality available to the camp (e.g.

- b) the minimum coliform standard shall be (MPN) 1-10 per 100 ml;
- c) chlorides shall be present in a concentration less than 600 mg/l.

#### Treatment

If the water does not meet the above coliform standards, it will require disinfection. Disinfection may take place by chlorination.

- 1) A chlorine liberating compound shall be added to the water to give a strength of 5.0 mg of available chlorine per liter. This may be adjusted.
- 2) After 30 minutes the residual chlorine shall not exceed 0.8 mg/l. The minimum contact time for chlorine disinfection will be 30 minutes.
- 3) All taps, pipes etc. used for the storage and distribution of water shall be disinfected before use.

#### Storage

Each camp shall have water storage capacity sufficient for 1/2 day. This capacity shall be computed on the basis of mean daily consumption.

#### Protection

- 1) All water facilities shall be sufficiently protected to prevent pilferage of water taps, damage to fittings and possible contamination of supply.

- 2) No source of pollution (e.g. latrine, dump) will be located within 30 meters of a water source.
- 3) General hygiene procedures shall be observed at all times to prevent possibilities of contamination.
- 4) Flexible hoses from the pressure main system shall not be used.

#### Drainage

At every source where water is available proper drainage channels and/or seepage pits shall be provided.

#### Maintenance

- 1) Any water source or potential water source shall be tested for the following:
  - determination of residual chlorine (free and combined);
  - bacteriological examination for coliform bacteria;
  - determination of hydrogen ion concentration;
  - determination of type of alkalinity.

These test will give an indication of the source potability and will determine the strength of chlorine solution required (if any).

- 2) Coliform tests shall be performed regularly on water samples taken from every point in the supply system (source, trucks, tanks etc.). This will check the efficacy of the disinfection process and will indicate sources of recontamination.

- 3) Where a pressure main system uses a continuous chlorination process, the chlorine level shall be checked at outlets.
- 4) The results of all tests shall be clearly and systematically recorded.

COMISION NACIONAL DE ASISTENCIA A LA POBLACION DESPLAZADA  
"CONADES"

SUBGERENCIA DE PROMOCION SOCIAL  
DEPARTAMENTO DE INVESTIGACION Y ESTADISTICA

CUADRO RESUMEN DE POBLACION DESPLAZADA EN ASENTAMIENTO

Diciembre 1983

<u>No.</u>	<u>DEPARTAMENTO</u>	<u>NUMERO DE ASENTAMIENTOS *</u>	<u>POBLACION</u>
1.	Sonsonate	3	403
2.	La Libertad	6	2,031
3.	San Salvador	7	1,269
4.	Chalatenango	35	6,866
5.	San Vicente	4	3,960
6.	Cabañas	17	4,944
7.	Cuscatlán	9	1,397
8.	Usulután	9	2,886
9.	San Miguel	6	304
10.	Morazán	<u>6</u>	<u>6,043</u>
	TOTAL .....	102 *****	30,103 *****

- \* Se entenderá por Asentamientos: Módulos, Escuelas, Iglesias o viviendas provisionales, agrupados en un área determinada, en donde se alojan únicamente familias desplazadas.

COMISION NACIONAL DE ASISTENCIA A LA POBLACION DESPLAZADA  
"CONADES"

SUBGERENCIA DE PROMOCION SOCIAL  
DEPARTAMENTO DE INVESTIGACION Y ESTADISTICA

LISTADO DE LUGARES DE CONCENTRACION DE LA POBLACION DESPLAZADA POR  
DEPARTAMENTO Y MUNICIPIO - Diciembre de 1983.

<u>ASENTAMIENTO</u>	<u>POBLACION</u>	<u>TOTAL</u>
<u>SONSONATE</u>		
1. Hacienda Canadá, C/El Presidio, Sonsonate	162	
2. Hacienda San Luis Tawil, Sonsonate	15	
3. Hacienda Miravalle	<u>226</u>	403
<u>LA LIBERTAD</u>		
1. Col. Hermosa Provincia, C/Lourdes, Colón	341	
2. Finca El Espino, ISTA, Antiguo Cuscatlán	89	
3. Asentamiento Betania, Zaragoza	648	
4. El Refugio, Costado Sur ITCA, Nva.San Salvador	762	
5. Hacienda Taquillo, C/Shalpa, J/Jicalapa	116	
6. Finca Florencia, Nuevo Cuscatlán	<u>75</u>	2,031
<u>SAN SALVADOR</u>		
1. Reparto San Isidro, por Fábrica INCO, Soyapango	226	
2. Río Las Cañas, C/El Tránsito, Soyapango	248	
3. Comunidad El Tránsito No. 3, San Marcos	229	
4. Carretera Troncal del Norte, Guazapa	280	
5. Col.Bolívar Km.4 1/2 Troncal Nte.,Ciudad Delgado	30	
6. Col. California No. 2 Km. 7 1/2 Blvd. del Ejército Nacional, Soyapango	58	
7. Comunidad San Henríquez, Soyapango	<u>198</u>	1,269

CHALATENANGO

1. Cas. La Sierpe	706	
2. Cas. Canyuco	110	
3. Cas. Chuptal	258	
4. Cas. Tepeyac	47	
5. Cas. Totolco	292	
6. Col. Fatima	391	
7. Col. Caja de agua	447	
8. Isla El Jaral	84	
9. Casa Comunal, Cas. El Dorado, C/San Bartolo Núcleo No. 2	22	
10. Poligono No.2, Cas. El Dorado, C/San Bartolo Núcleo No.2	62	
11. Poligono No.4, Cas. El Dorado, C/San Bartolo Núcleo No.2	50	
12. Poligono No.7, Cas. El Dorado, C/San Bartolo Núcleo No.2	54	
13. Poligono No.8, Cas. El Dorado, C/San Bartolo Núcleo No.2	51	
14. Poligono No.9, Cas. El Dorado, C/San Bartolo Núcleo No.2	56	
15. Poligono No.11, Cas. El Dorado, C/San Bartolo Núcleo No.2	60	
16. Poligono No.13, Cas. El Dorado, C/San Bartolo Núcleo No.2	88	
17. Poligono No.14, Cas. El Dorado, C/San Bartolo Núcleo No.2	54	
18. Poligono No.15, Cas. El Dorado, C/San Bartolo Núcleo No.2	71	
19. Champas, Cas. El Dorado, C/San Bartolo Núcleo No.3	17	
20. Poligono No.14, Cas. El Dorado, C/San Bartolo Núcleo No.3	53	
21. Poligono No.15, Cas. El Dorado, C/San Bartolo Núcleo No.3	44	
22. Bo. El Prado del Rastro, Tejutla	43	
23. Cas. El Coyolito, C/Quitalsol, Tejutla	819	
24. Bo. Las Delicias (Módulo), La Reina	29	
25. C/Llano Grande, Concepción Quezaltepeque	154	
26. Bo. El Centro (Módulo) Alcaldía Mopal. San Rafael	27	
27. Desvío a San Fco. Morazán (Módulo) San Rafael	27	
28. C/Potrerrillos, Nombre de Jesús	337	
29. C/Los Escalantes, Nombre de Jesús	210	
30. C/San Benito, San Antonio de La Cruz	610	
31. Cas. Angostura, C/El Tablón, El Paraíso	1,126	
32. C/Sta. Barbara (Casco de la Hacienda), El Paraíso	107	
33. C/Sta. Barbara (Calle Nueva), El Paraíso	67	
34. Col. El Roble, El Paraíso	242	
35. La Escuelona, San Francisco Lempa	<u>51</u>	6,866

### SAN VICENTE

1. Champas CARITAS, 2da. C.Pte. Bo. El Calvario, San Vicente	1,788	
2. Champas FENADESAL, Línea de Ferrocarril, San Vicente	774	
3. C/Las Minas, Antigua calle a Apastepeque, San Vicente	228	
4. C/Dos Quebradas, Antigua calle a Asapulapa, San Vicente	<u>1,170</u>	3,960

### CABAÑAS

1. El Bodegón, Sensuntepeque	43	
2. Llano de la Hacienda, San Isidro	279	
3. Cas. El Jute, San Isidro	70	
4. Cas. Las Minas, C/San Francisco, San Isidro	137	
5. C/El Tempisque, Guacotecti	48	
6. Cas. La Antena, Guacotecti	90	
7. Cas. El Centro, Guacotecti	54	
8. Cas. La Ermita, Guacotecti	84	
9. Cas. El Zacamil, Guacotecti	44	
10. BQ El Centro, Tejutepeque	483	
11. BQ El Calvario, Tejutepeque	1,122	
12. BQ San Antonio, Villa Victoria	241	
13. BQ El Centro, Villa Victoria	245	
14. Cas. Peña Colorada, Villa Victoria	114	
15. Col. El Siete, Ilobasco	504	
16. Col. La Palma, Ilobasco	893	
17. Col. San Rafael, Ilobasco	<u>493</u>	4,944

### CUSCATLAN

1. Hacienda e Ingenio Colima, Suchitoto	300	
2. Iglesia Santa Cruz Michapa	187	
3. Puente La Marimba, Oratorio de Concepción	161	
4. Predio Ex Kinder, BQ El Calvario, San José Guayabal	49	
5. Casa Comunal, Alcaldía San José Guayabal	45	
6. Iglesia San Agustín, BQ Sn. Agustín, Sn. José Guayabal	149	
7. El Rastro Municipal, San José Guayabal	54	
8. Las Presitas, San José Guayabal	336	
9. Cas. Agua Caliente, San José Guayabal	<u>116</u>	1,397



USulután

1. BQ Las Flores, Jiquilisco	48	
2. El Rastro, Berlín	188	
3. Calle salida a San Agustín, Berlín	501	
4. San José No. 2, BQ San José, Berlín	218	
5. La Chicharra, Fte. a Cementerio, Berlín	502	
6. Salida a Alegría No. 2, Berlín	681	
7. Instituto Nacional, Berlín	414	
8. BQ La Cruz, Villa El Triunfo	183	
9. BQ San Francisco, Villa El Triunfo	<u>151</u>	2,886

SAN MIGUEL

1. Hogar de Niños, 2a. Av. Sur, San Miguel	100	
2. Aldea San Antonio, Col. 4 de Mayo, San Miguel	40	
3. Talleres PROHMO, 10a. C. Ote. San Miguel	34	
4. Salida a Chapeltique, Fte. Edificio Batallón Cazadores, Ciudad Barrios	65	
5. Venta de Loza, BQ San Fco. El Tránsito	26	
6. Capilla Hospital San Juan de Dios, San Miguel	<u>33</u>	304

MORAZÁN

1. El Campo ARRIBA, San Francisco Gotera	1,200	
2. El Campo ABAJO por Unidad de Salud, San Fco. Gotera	1,040	
3. El Tianguis, entrada a San Francisco Gotera	2,072	
4. Asentamiento San José, C/San José, San Francisco Gotera	1,500	
5. Hacienda Santa Barbara, San Carlos	135	
6. Unidad de Salud, Delicias de Concepción	<u>96</u>	6,043

I. Servicios Iniciales (Initial Services)

Recepcion: *La Directiva*  
Reception:

Registracion y documentacion: *La Directiva*  
Processing/Documentation:

Exámenes preliminares (Salud) *La Enfermera*  
Screening (Health):

Asignaciones de trabajo: *Caja de Crédito de USA -*  
Task Assignments: *Intén (Ofic. AID)*

Asignaciones de sitios: *La Directiva*  
Locational assignments:

Materiales iniciales: *CONADES a través de la Alcaldía*  
Initial supplies: *Y CARITAS.*

Alimentos: *CONADES*  
Food:

Utensilios: *—*  
Utensils:

Ropa: *CONADES*  
Clothing:

Materiales: *CONADES*  
Materials:

II. Proteccion (Protection)

Evacuacion:  
Evacuation:

Proteccion:  
Protection:

Seguridad:  
Security:

Documentacion: CONADES, ALCALDIA MUNICIPAL  
Documentation:

Asistencia Legal: CONADES, ALCALDIA Munc.  
Legal assistance

### III. Servicios y Sitios (Site Services)

#### Viviendas Provisionales (Shelters)

Familias: 60 en 50 (campes). Una 420 perso.  
Families:

Solteros: 200 (Aprox.)  
Singles:

Solteros viejos: 20 (Aprox.)  
single elderly:

Ninos sin padre de familia 50 (Aprox)  
Unaccompanied:

Distribucion de materiales: CONADES  
Materials distribution

#### Agua (Water)

Chorros de agua, pozos, etc.: Un chorro público  
Water taps, wells, etc.:

Plancha reforzada  
Hard surface platform: -

Lavaderos  
Wash stands: -

Regaderas: -  
Showers:

Drenaje: Superficial  
Drainage:

Saneamiento (Sanitation)

Letrinas: *No. No hay terreno, solamente la Calle.*  
latrines:

Mantenimiento de letrinas: —  
latrine maintenance:

Rotacion de letrinas: —  
Latrine rotation:

Evacuacion de cieno: —

Evacuacion de cieno —  
latrine de sludging:

Control de vectores (Malla metalica): *Salud Pública.*  
Vector control (screens):

Control del ambiente: —  
odor control:

Energia electrica: —  
Lighting

Educacion publica *Salud Pública.*  
Public education

Drenaje (Drainage)

Instalacion: *Superficial*  
Installation:

Mantenimiento: *Direccion Gral. de Caminos.*  
Maintenance:

Control de vectores: *Salud Publica.*  
Vector control:

Educacion publica: *Salud Pública.*  
Public education:

Vector control

Anti-Malaria: *Salud Pública*  
Anti-Mosca:

Otros:  
Others:

Educacion publica *Salud Pública*  
Public education:

Recoleccion de Basura y su Retiro  
Waste Collection and Disposal)

Barriles de basura: *No*  
trash barrels:

Equipo de mantenimiento: *NO*  
Maintenance

Entierro de basura *una parte (en invierno)*  
Burial of waste

Quema de basura *En verano*  
Burning of waste

Retiro de desperdicios de medicinas: —  
Disposal of medical wastes:

Calles/Baches (Roads/Path)

Instalaciones: *Calle pública pavimentada*  
Installations:

Mantenimiento: *Direc. Gral. de Caminos.*  
Maintenance:

Materiales:  
Supplies:

Equipo:  
Equipment:

Alumbrado y Energia Electrica (Light and Power)

Instalaciones: *Nº*  
Facilities:

Conexiones: *Nº*  
Installations:

Combustible: *Nº*  
Fuel:

Mantenimiento: *Nº*  
Maintenance:

Control de Polvo (Dust Control)

Operaciones: *Calle pavimentada*  
Operations:

Equipo: —  
Equipment:

IV Salud (Health)

Unidades de Salud (OPC,S)

Miembros:  
Staffing:

Instalaciones:  
Facilities:

Materiales:  
Supplies:

Imprevistos:  
Outreach:

Alimentacion Intensiva (Intensive Feeding)

Equipo medico:  
Staffing:

Instalaciones:  
Facilities:

Materiales:  
Supplies:

logisticos:  
logistic:

Mantenimiento de datos  
records keeping:

Educacion Publica en Salud  
Public Health Education)

Instalaciones:  
Facilities:

Equipo profesional:  
Staff:

Materiales:  
Supplies:

Centros Suplementarios de Alimentacion  
(Feeding Centers Supplementary)

Miembros:  
Staffing:

Instalaciones:  
Facilities:

Racion Basica (Basic Ration

Equipo:  
Staffing:

Instalaciones:  
Facilities:

Materiales:  
Supplies:

Mantenimiento de datos:  
Record keeping:

Vefificacion:  
Verification:

Logisticos:  
Logistic:

Instalaciones para Cocinas  
(Cooking Facilities)

Instalaciones: *Cocinas corrientes*  
Facilities:

Combustible: *Leña*  
Fuel:

Educacion publica: —  
Public Education:

V Proyectos de Trabajo (Income Projects)

Generacion de empleo (Income generation)

Trabajo en el campamento: *No*  
in-camp jobs:

Trabajo fuera del campamento: *Caja de credito de usa-*  
Off-site jobs *lután, Proyectos de AID*

Mercados: *No*  
Markets:

Comercializacion de articulos producidos por  
desplazados *No*  
Marketing items produced by DP's

Otros: —  
Others:

Proyectos de auto-capacitacion  
Self help projects

Jardineria: *No*  
Gardening:

Artesanias: *No*  
Handicraft:

Otros: —  
Others:

Otros: —  
Others:



VI Servicios Sociales (Social Services)

Reunificacion: ~  
Reunification: -

Consejos profesionales: —  
Counseling:

Servicios legales: *Alcaldía M. y CONADEJ*  
Legal services:

Educacion (Education)

Instalaciones: *Nº*  
Facilities:

Profesores: *Nº*  
Teachers:

Materiales: *Nº*  
Supplies:

Materiales logísticos: —  
Supplies logistic:

Promocion y educacion publica: —  
Outreach and public education:

Instalaciones para usos multiples —  
(Multi Purpose Facilities)

Instalaciones: —  
Facilities:

Materiales: —  
Supplies:

Guarderia de Ninos (Children's Centers)

Instalaciones: —  
Facilities:

Las madres de casa; —  
Staff:

Equipo/materiales: —  
Equipment/Supplies: —

Seguridad: —  
Security:

Servicios sociales:  
Social services:

Instalaciones para recreacion *No*  
(Recreation facilities)

Equipo/materiales: —  
Equipment supplies: —

Alocacion del sitio: —  
Space allotment:

VII Administracion (Administration)

Instalaciones: *No*  
Facilities:

Equipo administrativo: *Junta Directiva*  
Staff:

Equipo: *No*  
Equipment:

Materiales: *No*  
Supplies:

Bodegas (Warehouses) *No*

Instalaciones: —  
Facilities:

Bodegueros: —  
Staff:

Equipo: —  
Equipment:

Control de vectores: —  
Vector control:

Seguridad: —  
Security:

Control de calidad: —  
Quality control:

Auditorias: —  
Audits:

Seguridad en el Campamento (Security in Camp)

Miembros/autoridad: *Junta Directiva. Policía Nacional*  
Staff/authority: *y Policía Municipal.* —

Medidas de proteccion: *No*  
Security measures:

SOLICITUDE DE REUBICACION VOLUNTARIA

1. POR LA PRESENTE DECLARO QUE LUEGO DE HABER TOMADO UNA DECISION RESPONSABLE Y POR MI PROPIA VOLUNTAD, SOLICITO SER REUBICADO A \_\_\_\_\_
2. ASI MISMO DEJO CONSTANCIA QUE ME REUBICACION SE EFECTUARA DIRECTAMENTE A \_\_\_\_\_
3. DECLARO COMPRENDER LO ANTERIORMENTE DICHO Y QUE ME LEIDO/ME HA SIDO LEIDO/TRADUCIDO. (Tachar lo que no corresponde)

SOLICITANTE:

NOMBRE COMPLETO: \_\_\_\_\_

FIRMA: \_\_\_\_\_

LUGAR Y FECHA: \_\_\_\_\_

DEPENDIENTES:

Nombre	Fecha de nacimiento	Sexo	Parentesco con Jefe de Familia
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FUNCIONARIO QUE CERTIFICA:

NOMBRE COMPLETO: \_\_\_\_\_

CARGO: \_\_\_\_\_

FIRMA: \_\_\_\_\_

LUGAR Y FECHA: \_\_\_\_\_

- NOTA:
- a) Toda persona mayor de edad que desse reubicarse debera llenar una solicitud por separado.
  - b) Los menores de edad se suponen comprendidos en la declaracion hecha por los padres excepto cuando manifiesten lo contrario y se les pueda considerar con juicio suficiente como para hacerlo.



United States Department of State

Washington, D.C. 20520

April 9, 1984

M E M O R A N D U M

TO : OPR/FAIM: WHPrice

FROM : RP/EO: DMKrumm *DKrumm*

SUBJECT: Declassification of LOU Document

On March 12, 1984 I drafted a Limited Official Use cable (State 072199) entitled "Implementation Annex to Displaced Persons Assessment." I neglected to include declassifying instructions.

As drafter, I understand from Ms. Joan Li, ext. 632-5199, that I can decontrol the cable by sending you this memorandum. Please change the record copy and issue instructions that all others be changed as well.

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ORIGIN RP-10

7420

INFO OCT-00 COPY-01 ADS-00 AID-00 INR-10 EUR-00 SS-00  
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DRAFTED BY RP/EO: DKRUMH  
APPROVED BY RP/IA: AEDWEY  
RP/ENA: CFLOYD  
LAC/CEN: ROUEENER SUBS,  
RP/EO: FAHARRIS  
ARA/PPG: LCLERICI (INFO),  
AID/OFDA: O DAVIDSON (INFO)

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P R 121459Z MAR 84  
FM SECSTATE WASHDC  
TO AMEMBASSY SAN SALVADOR PRIORITY  
INFO AMEMBASSY TEGUCIGALPA  
AMEMBASSY SAN JOSE  
AMEMBASSY MEXICO  
AMEMBASSY GUATEMALA  
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LIMITED OFFICIAL USE STATE 072199

ROME FOR FODAG

E.O. 12356 M/A  
TAGS: SREF, ES, EAID  
SUBJECT: IMPLEMENTATION ANNEX TO DISPLACED PERSONS  
ASSESSMENT

(BEGIN TEXT)

----- IMPLEMENTATION ANNEX TO -----  
----- DP ASSESSMENT TEAM REPORT -----  
----- FEBRUARY 1984 -----

## I INTRODUCTION AND SUMMARY -----

WHILE IN SAN SALVADOR, AID MISSION DIRECTOR DAGATA ASKED THE DISPLACED PERSONS ASSESSMENT TEAM TO DEVELOP AN IMPLEMENTATION ANNEX TO THE DISPLACED PERSONS ASSESSMENT REPORT. THE PURPOSE OF THE FOLLOWING ANNEX IS TO PRESENT THE TEAM'S PROFESSIONAL JUDGMENT ON HOW THE REPORT'S RECOMMENDATIONS MIGHT BEST BE IMPLEMENTED. THE ANNEX IS INTENDED TO BE OF ASSISTANCE TO AID/SAN SALVADOR IN DESIGNING ITS DISPLACED PERSON PROJECT PAPER

FOR THE NEXT YEAR. SUGGESTIONS FOLLOW FOR HOW THE TEAM WOULD GO ABOUT ESTABLISHING A COORDINATION UNIT, EXPANDING THE PROGRAM UNIT, INITIATING NUTRITION IMPROVEMENT ACTIVITIES, LAUNCHING RELOCATION AND TRANSITIONAL ACTIVITIES AND SELF HELP PROJECTS.

AN EFFORT HAS BEEN MADE TO SUGGEST THE GENERAL TIME FRAME IN WHICH DECISIONS SHOULD BE MADE AND WHICH ORGANIZATION SHOULD TAKE THE LEAD TO ORGANIZE A PARTICULAR ACTIVITY. THE TEAM BELIEVES THAT A NUMBER OF THESE ACTIVITIES CAN BE STARTED CONCURRENTLY AND THAT, WITH HELP AND SUPPORT FROM RP AND AID/WASHINGTON, DECISIONS RELATING TO SOME OF THE ITEMS SUCH AS THE SUPPLEMENTAL FEEDING PROGRAM CAN BE MADE FAIRLY QUICKLY. WE WOULD LIKE TO EMPHASIZE, HOWEVER, THAT A

HIGH LEVEL OF COORDINATION WILL BE NECESSARY BETWEEN RP AND AID, BOTH IN WASHINGTON AND IN EL SALVADOR, FOR THIS PROGRAM TO GO FORWARD IN A TIMELY FASHION. END SUMMARY.

## 2. ESTABLISHING THE COORDINATING UNIT -----

ESTABLISHING A COORDINATING UNIT TO FOCUS ATTENTION ON PROBLEMS IN DP CAMPS AND CONCENTRATIONS IS A HIGH PRIORITY. THE TEAM RECOMMENDS THAT THE BEST WAY TO ESTABLISH THE TYPE OF COORDINATION UNIT RECOMMENDED IN THE ASSESSMENT IS THROUGH A FEASIBILITY STUDY CARRIED OUT BY A RECOGNIZED AND HIGHLY QUALIFIED PVO. THE TERMS OF REFERENCE FOR THE STUDY WILL BE WRITTEN IN SUCH A WAY THAT IF FEASIBILITY IS ESTABLISHED, THE ACTUAL COORDINATION UNIT COULD BE INITIATED IMMEDIATELY UPON ITS COMPLETION. BY ASSIGNING A QUALIFIED AGENCY THE TASK OF DETERMINING FEASIBILITY, THE EXACT STRUCTURE AND THE OPERATING MECHANISMS CAN BE DEFINED FAIRLY ACCURATELY. WE HOPE THAT THE AGENCY CARRYING OUT THE FEASIBILITY STUDY WOULD THEN SET UP THE COORDINATION-UNIT IMMEDIATELY THEREAFTER.

IF FEASIBILITY IS ESTABLISHED, SUFFICIENT FUNDS FOR SALARIES, ADMINISTRATIVE AND OPERATING COSTS OF THE COORDINATION UNIT MUST BE PROVIDED. THE TEAM ESTIMATES THAT A COORDINATING UNIT WITH A DIRECTOR AND FIVE CORE PROFESSIONALS WILL COST IN THE VICINITY OF \$1 MILLION/YEAR TO SUPPORT.

THE FEASIBILITY STUDY SHOULD BE COMPLETED NO LATER THAN 15 MAY 1984. ESTABLISHING THE COORDINATION UNIT, AGAIN IF FEASIBILITY IS DETERMINED, SHOULD TAKE PLACE NO LATER THAN 31 JULY 1984.

## 3. EXPANSION OF THE PROGRAM UNIT AND ITS ACTIVITIES -----

THE ASSESSMENT REPORT RECOMMENDED AN EXPANSION OF THE SERVICE AREA NOW SERVED BY THE HEALTH AND JOBS PROGRAM TO ALL AREAS OF THE COUNTRY EXCEPT THE CAPITAL CITY OF SAN SALVADOR. TO IMPLEMENT THIS, THE REPORT RECOMMENDED THAT THE BUDGET BE INCREASED AND THAT STAFF BE INCREASED TO FACILITATE MANAGEMENT. THUS, THE FIRST STEP IS TO AMEND THE EXISTING PROGRAM AGREEMENT. SPECIFIC SECTIONS THAT SHOULD BE AMENDED INCLUDE:

A. THE SECTION WHICH DEFINES THE SERVICE AREA SHOULD BE EXPANDED TO INCLUDE ALL DEPARTMENTS OF THE COUNTRY AND SPECIFY THAT THE CITY OF SAN SALVADOR SHOULD CONTINUE TO BE OMITTED.

B. THE SECTION WHICH DEFINES THE PROGRAM UNIT STAFF SHOULD BE MODIFIED TO INCLUDE ONE ADDITIONAL ENGINEER, ONE SANITARIAN OR SANITARY ENGINEER AND ONE NUTRITIONIST. THESE INDIVIDUALS MIGHT BE TRANSFERRED TO THE COORDINATION UNIT IF ESTABLISHED. ALSO ONE ADDITIONAL PROGRAM OFFICER WHOSE DUTIES WOULD BE TO HELP COORDINATE THE JOBS PROGRAM AND ASSIST IN OVERALL ADMINISTRATION OF PROGRAM UNIT ACTIVITIES SHOULD BE HIRED. THIS PERSON WOULD ALSO BE RESPONSIBLE FOR CARRYING OUT THE ACTIVITIES OF THE LAND LEASE PROGRAM AND COORDINATING DEVELOPMENT OF SELF-HELP ACTIVITIES, IF THE DECISION IS MADE TO IMPLEMENT THOSE RECOMMENDATIONS.

C. THE SECTION WHICH DESCRIBES THE CONDITIONS FOR DISBURSEMENT OF FUNDS UNDER THE WORKS PROGRAMS TO THE CAJAS DE CREDITO SHOULD BE AMENDED TO SETUP A CAPITAL IMPROVEMENTS FUND TO PAY FOR MATERIALS, TOOLS AND TRANSPORTATION COSTS FOR THOSE ITEMS

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NECESSARY TO IMPROVE SANITATION, WATER SUPPLY AND OTHER ENVIRONMENTAL AND HEALTH CONDITIONS IN DP SETTLEMENTS. THE FUNDING SET ASIDE FOR CAPITAL IMPROVEMENTS SHOULD BE 750,000 DOLLARS. THIS SECTION SHOULD ALSO BE AMENDED AS NECESSARY TO DELETE THE REFERENCES TO THE PERCENTAGE OF EXPENDITURES FOR LABOR VERSUS MATERIALS FOR IMPROVEMENTS TO CLASS (A) PROJECTS.

WE BELIEVE THAT THESE CHANGES TO THE PROGRAM UNIT CAN BE CARRIED OUT AS SOON AS FUNDS BECOME AVAILABLE. THE ADDITIONAL TECHNICAL PERSONNEL FOR THE PROGRAM UNIT SHOULD BE ON BOARD NO LATER THAN THE END OF MAY 1984.

#### 4. INITIATING NUTRITION IMPROVEMENT ACTIVITIES-----

IMPROVING NUTRITIONAL STATISTICS OF THE DPS AS RECOMMENDED BY THE ASSESSMENT REPORT WILL ENTAIL THREE BASIC ACTIVITIES: A) IMPROVING THE FOOD BASKET, -BOTH IN QUANTITY AND QUALITY; B) ESTABLISHING SUPPLEMENTARY AND INTENSIVE FEEDING PROGRAMS; AND C) ESTABLISHING A NUTRITIONAL SURVEILLANCE SYSTEM AS PART OF THE OVERALL HEALTH SURVEILLANCE PROGRAM. THE TEAM RECOMMENDS THAT VOLUNTARY AGENCIES BE APPROACHED TO ESTABLISH THE SUPPLEMENTARY FEEDING PROGRAM. ONCE SELECTED THE VOLAG WOULD WORK CLOSELY WITH THE MINISTRY OF HEALTH (MSPAS). IDEALLY THE TEAM HOPES MSPAS WILL BE ABLE TO TAKE OVER TOTAL RESPONSIBILITY FOR THE PROGRAM AFTER APPROXIMATELY TWO YEARS. THE TEAM HOPES THAT AN EXPERIENCED VOLUNTARY AGENCY CAN BE FOUND TO CARRY OUT THIS ACTIVITY. IF NOT, THE FALL BACK POSITION IS TO ASK A QUALIFIED VOLAG TO LOAN STAFF TO THE COORDINATION UNIT TO SET UP THE PROGRAM AS A DEMONSTRATION PROJECT WITHIN MSPAS. IF THAT IS NOT POSSIBLE, A NUTRITIONIST SHOULD BE HIRED DIRECTLY BY THE COORDINATION UNIT TO HELP MSPAS. - VOLUNTARY AGENCIES TO CONTACT WITH KNOWN EXPERTISE IN SUPPLEMENTAL FEEDING INCLUDE CARE, CRS/CARITAS, WORLD VISION, CHURCH WORLD SERVICE/CESAD, CONCERN URBAN, SAVE THE CHILDREN RWK, AND PERHAPS FOOD FOR THE HUNGRY.

ASSUMING THAT A VOLUNTARY AGENCY CAN BE FOUND, THE FOLLOWING STEPS ARE RECOMMENDED:

A. RP SHOULD MEET WITH DIFFERENT VOLUNTARY AGENCIES TO DISCUSS THE NEED FOR SUPPLEMENTARY FEEDING AND SELECT AND RETAIN THE APPROPRIATE AGENCY.

B. SIMULTANEOUSLY, AID/EL SALVADOR SHOULD CONTACT MSPAS TO BEGIN LAYING THE GROUNDWORK FOR THEIR PARTICIPATION IN THE SUPPLEMENTARY FEEDING PROGRAM.

C. AS SOON AS THE VOLUNTARY AGENCY HAS BEEN IDENTIFIED, A MEETING WITH ALL INTERESTED-PARTIES INCLUDING MSPAS, USAID AND RP SHOULD BE SET UP TO DECIDE ON A SCHEDULE AND HOW THE PROGRAM WILL BE INITIATED. THESE ACTIVITIES SHOULD BE COMPLETED WITHIN APPROXIMATELY 60 DAYS.

SIMULTANEOUSLY ACTIVITIES TO IMPROVE THE QUALITY AND QUANTITY OF THE FOOD BASKET SHOULD BE INITIATED. USAID SHOULD ENTER INTO NEGOTIATIONS WITH WFP ABOUT THE POSSIBILITY OF HIRED THE FOOD MONITORS RECOMMENDED IN THE REPORT. IF POSSIBLE, THE TEAM RECOMMENDS THAT THEY BE HIRED AS TEMPORARY WFP STAFF AND THAT, AS SOON AS THE COORDINATION UNIT IS ESTABLISHED, THE FOOD MONITORS BE TRANSFERRED TO THE COORDINATION UNIT. IF THE COORDINATION UNIT IS NOT ESTABLISHED, A SECOND OPTION WOULD BE THAT THE MONITORS REMAIN WITH WFP.

THE FOOD AND MONITORING RESPONSIBILITIES SHOULD ALSO

INCLUDE NUTRITION SURVEILLANCE IN THE CAMPS. MOST NUTRITION SURVEILLANCE WILL BE CARRIED OUT AS PART OF THE SFP, BUT THE FOOD MONITORS SHOULD ALSO RECEIVE TRAINING IN HOW TO DO NUTRITION SPOT SURVEYS SO THAT END RESULTS OF FOOD DELIVERY CAN BE EVALUATED. THIS TRAINING MIGHT BE PROVIDED BY THE CENTERS FOR DISEASE CONTROL UNDER ITS AGREEMENT WITH RP OR MIGHT BE PROVIDED BY THE FFP REGIONAL OFFICE NUTRITIONIST IN GUATEMALA. AS SOON AS THE FOOD MONITORS ARE HIRED, A TRAINING PROGRAM FOR THE MONITORS SHOULD BE PROVIDED. THIS SHOULD BE FINISHED NO LATER THAN MAY 1984.

REDESIGN OF THE FOOD BASKET SHOULD COMMENCE IMMEDIATELY. THE PRINCIPAL RESPONSIBILITY SHOULD FALL TO WFP. FOOD FOR PEACE SHOULD BE APPROACHED TO PROVIDE RECOMMENDATIONS AND TECHNICAL ASSISTANCE TO WFP ON THE TYPES AND QUANTITY OF FOOD IN THE BASKET. SUITABLE ARRANGEMENTS FOR INCREASING FOOD SUPPLIES HOPEFULLY CAN BE MADE BY WFP. THE TEAM SUGGESTS THAT A CDC OR FFP NUTRITIONIST BE ASKED TO PARTICIPATE IN THESE ACTIVITIES. THIS ACTIVITY SHOULD TAKE PLACE NO LATER THAN 30 APRIL 1984.

AS SOON AS THE SUPPLEMENTARY FEEDING PROGRAM HAS BEEN DESIGNED, SUITABLE ARRANGEMENTS MUST BE MADE TO-- ESTABLISH THE PROGRAM AND ACQUIRE THE NECESSARY FOOD. THIS SHOULD BE PART OF THE AGREEMENT BETWEEN THE VOLUNTARY AGENCY CHOSEN TO CONDUCT THE PROGRAM AND SUBSEQUENTLY THE MSPAS. FUNDING MAY BE DIRECT TO THE VOLUNTARY AGENCY, TO THE AGENCY THROUGH THE COORDINATION UNIT OR TO MSPAS. A DETAILED PROPOSAL BY THE VOLUNTARY AGENCY OR THE COORDINATION UNIT SHOULD BE DEVELOPED NO LATER THAN MAY 31, 1984 DETAILING HOW THE PROGRAM -WILL BE ESTABLISHED AND DETAILING ADMINISTRATIVE AND LOGISTIC ARRANGEMENTS FOR ITS OPERATIONS.

#### 5. RELOCATION AND TRANSITIONAL ACTIVITIES-----

THE ASSESSMENT REPORT RECOMMENDED A BROAD SET OF ACTIVITIES AND PROGRAMS TO HELP DISPLACED PERSONS MAKE THE TRANSITION FROM RELIEF ROLLS INTO NORMAL LIVING SITUATIONS. THE RECOMMENDATION IS TO ESTABLISH AN OFFICE OF TRANSITIONAL SERVICES WHOSE PRINCIPAL RESPONSIBILITIES SHOULD BE TO HELP RELOCATE PEOPLE TO AREAS WHERE THEIR CHANCES FOR EMPLOYMENT WOULD BE IMPROVED AND TO REMOVE FROM THE ROLLS THOSE DPS WHO NO LONGER SHOULD RECEIVE SERVICES BECAUSE OF EMPLOYMENT OR AN OVERALL IMPROVEMENT IN THEIR CIRCUMSTANCES.

USAID SHOULD WORK WITH CONADES TO ESTABLISH THIS OFFICE. FUNDING SHOULD BE PROVIDED FOR STAFF AND CONSULTANTS TO INITIATE THE PROGRAM. A TWO-PART STUDY RESULTING IN A PLAN FOR THE OFFICE AND ITS VARIOUS SUB-PROGRAMS SHOULD BE PERFORMED. THE FIRST PART OF THE STUDY SHOULD ESTABLISH THE CRITERIA FOR THE TRANSITIONAL PROGRAM AND THE SECOND PART SHOULD ESTABLISH THE FRAMEWORK FOR THE RELOCATION PROGRAM. BECAUSE A NUMBER OF ACTIVITIES HAVE ALREADY BEEN CONCLUDED UNDER THE AEGIS OF CONADES, WORK ON THE STUDY COULD PROCEED RATHER QUICKLY. THE FRAMEWORK FOR THE OVERALL PROJECT -AND THE PLAN FOR IMPLEMENTATION SHOULD BE DEVELOPED NO LATER THAN JULY 31, 1984.

FUNDING SHOULD BE PROVIDED TO CONDUCT EACH OF THE TRANSITION PROGRAMS. THE BUDGET ITEMS WILL INCLUDE:

A. STAFF COSTS INCLUDING: A) DIRECTORS, B) ADMINISTRATIVE PERSONNEL, C) PROMOTERS, D) LOAN OFFICERS, E) LEGAL STAFF

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B. RELOCATION GRANTS

SUBSEQUENT CABLES.

C. REVOLVING LOANS FOR MICRO-ENTERPRISE DEVELOPMENT

ORP/IA- 1789X) SHULTZ

D. TEMPORARY HOUSING ALLOWANCES

E. TRANSPORTATION FOR ELIGIBLE PARTICIPANTS IN THE  
RELOCATION PROGRAM

F. PROMOTIONAL ACTIVITIES

FUNDING SHOULD ALSO BE PROVIDED AS NECESSARY TO PAY THE  
COSTS OF AN INDEPENDENT AGENCY TO CERTIFY THAT ALL  
RELOCATIONS ARE VOLUNTARY.

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G. SELF HELP PROGRAMS -----

SEVERAL DIFFERENT SELF HELP ACTIVITIES WERE RECOMMENDED  
IN THE ASSESSMENT REPORT. SOME ARE FOR WOMEN-PROJECTS;  
OTHERS ARE FOR HOME GARDENS, LAND LEASE PROGRAMS, SMALL  
FARMS AND OTHER TYPES OF ACTIVITIES.

EMPLOYMENT GENERATING ACTIVITIES SUCH AS HANDICRAFTS AND  
HOME GARDENS SHOULD BE CARRIED OUT UNDER THE DIRECTION  
OF A VOLUNTARY AGENCY SUCH AS SAVE THE CHILDREN - STOVE  
AND COOKING FACILITY IMPROVEMENTS SHOULD ALSO BE CARRIED  
OUT BY A VOLUNTARY AGENCY.

A FUND TO ESTABLISH THE LAND LEASE PROGRAM SHOULD BE  
ESTABLISHED AS PART OF THE PROGRAM UNIT BUDGET. IT  
WOULD BE ADMINISTERED BY THE PROGRAM UNIT AND WOULD BE  
USED TO PAY FOR THE LEASE COST OF LAND IN THE PROGRAM.  
LAND IMPROVEMENTS FOR GROWING WOULD BE PAID FOR UNDER  
THE WORKS COMPONENT OF THE JOBS PROGRAM. THE LAND LEASE  
PROGRAM SHOULD BE ESTABLISHED IMMEDIATELY SO THAT CROPS  
CAN BE GROWN DURING THE NEXT AGRICULTURAL CYCLE

H. SUMMARY OF BUDGET AND FUNDING SOURCES -----

THE FOLLOWING IS A ROUGH BREAKOUT OF FUNDS BY PERCENTAGE  
WHICH THE TEAM SUGGESTS AS GUIDELINES TO IMPLEMENT THE  
ASSESSMENT RECOMMENDATIONS:

---SFP (INCL RELATED HEALTH ACTIVITIES) PLUS MANAGEMENT/INTERAID CONCEPT	40 PERCENT
---JOBS PROGRAM/RELOCATION	45 PERCENT
---HYGIENE INCLUDING WATER, SANITATION, WASHING INSTALLATIONS	5 PERCENT
---SHELTER UPGRADING	5 PERCENT
---SELF HELP ACTIVITIES	5 PERCENT

OBVIOUSLY THE PROGRAM WHICH WILL EVENTUALLY BE  
IMPLEMENTED DEPENDS ON THE TOTAL AMOUNT OF FUNDING AND  
ITS TIMING. THE BUREAU FOR REFUGEE PROGRAMS HAS FUNDING  
AVAILABLE NOW AND WILL BE GENERALLY INCLINED TO SUPPORT  
THOSE ELEMENTS OF THE AID PROJECT PAPER WHICH ADDRESS  
THE NEED TO ESTABLISH A COORDINATION UNIT AND LAUNCH  
SUPPLEMENTAL FEEDING ACTIVITIES

I. ADDITIONAL RECOMMENDATIONS -----

THE ABOVE RECOMMENDATIONS ADDRESS ONLY THE ELEMENTS OF  
THE REPORT WHICH HAVE TO DO WITH PROGRAM DESIGN.  
ADDITIONAL INITIATIVES WHICH WILL ADDRESS NON PROGRAM  
ELEMENTS SUCH AS THE REGISTRATION PROCESS, MATERIAL  
ASSISTANCE AND PROTECTION WILL BE THE SUBJECT OF-

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