

OXFAM
NICARAGUAN OPERATIONS

by
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INTERTECT



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Within a week's time, approximately 16 OXFAM volunteers assembled at the British residency in Las Colinas, 10 kilometers outside of earthquake-ridden Managua, Nicaragua. The makeup of the group at that time was as follows: 4 doctors, 4 nurses, 3 community organizers, 1 nutritionist, 1 health educator, an agronomist, a pharmacist and 2 group coordinators.

This group had been pulled from OXFAM/CIIR projects in Central America to assist in the relief work. David Carter, OXFAM Regional Director, and Ian Charret, CIIR coordinator for Nicaragua and Honduras, were instrumental in recruiting the assemblage. Later, Reggie Norton, OXFAM-England, flew in to provide technical assistance.

OXFAM chose to concentrate their efforts in Masaya, a small town some 20 kilometers northeast of Managua. Following the earthquake, some 40,000 refugees flooded the small municipality of 29,000 inhabitants. A favorite adage in Masaya is "Managua had an earthquake but we have a people quake". City officials don't quite know how to handle the problems now faced by their city which has more than doubled in population.

Relief efforts on the part of OXFAM are being channeled in several directions at the present time, filling in where the need is greatest. The doctors are presently working in the local hospital, "Hospital de San Antonio". One doctor, Dr. Allen Greenwood, is handling pediatric cases; the others are assisting in minor surgery and the cataloging and sorting of incoming medicine for the hospital dispensary. The first week the medicine was slow in arriving but a shipment -- purchased in Panama and flown to Managua by Intertect -- arrived during the second week following the quake.

Work is also being done in conjunction with the municipal health inspector in charge of Masaya and the outlining municipalities. Dr. Steven Jones is presently conducting a survey of these small villages

with their influx of "damnificados" (refugees) to see what assistance can be provided through OXFAM and the local medical sources. Unfortunately, these areas tended to be the last to be serviced in all the confusion.

Within the city limits OXFAM, in conjunction with the local health clinic, launched an immunization campaign against measles, pneumonia and rubella. This work was done entirely by the volunteers under the auspices of the local clinic.

One of the tasks assigned the volunteers was assisting the Masaya "Comite de Emergencia" in forming community groups to collect data on the existing refugees within Masaya's 16 political zones.

Another problem which OXFAM volunteers found themselves tackling was that of food and its distribution. The enormous exodus from Managua to Masaya has put a great strain upon the once sleepy town, already economically depressed by an ongoing drought. The fear is that those who have sought shelter with friends and relatives will put an undue strain on their hosts if food is not readily available for them. If the food situation is not handled efficiently now, Masaya might have to face twice the number of hungry people in the following months.

At present, measures are being taken in conjunction with the Nicaraguan government and U. S. Armed Services to arrange temporary housing for the homeless who are presently taking refuge in the local plazas, schools and trainstation.

Provisions are being made for the installation of water and electrical facilities at Coyotepe Boy Scout camping grounds, now the site of Masaya's tent city. Nicaraguan Boy Scouts, refugee workers and U. S. Army personnel are erecting the tents under OXFAM's supervision. Preliminary plans called for shelter for some 1,200 persons.

The following is a more inclusive description of the Nicaraguan operation:

MEDICAL COMPONENT

The major part of this work has been completed. OXFAM relief doctors helped perform minor surgery during the first part of the crisis. Their participation gave relief to the full-time physicians employed at San Antonio who, working day and night, serviced the injured who came streaming in from Managua. Even though the more critical cases were moved to Honduras and Costa Rica during the first few days after the quake, there was still an extremely heavy case load.

There was a great need for medical supplies at this time, but they were not available because of the earthquake. Not until a week after the crisis did supplies come through. Then there was the problem of sorting and cataloging the incoming medicines. The problem arose in defining clearly for the spanish-speaking staff the common nomenclature for the labeled bottles. Without proper cataloging, it was likely the medicines would remain on the dispensary shelves collecting dust.

An assessment of the situation by the OXFAM medical team concluded that there were adequate and well-skilled hospital personnel available, but the equipment and refrigeration facilities were poor. Due to the absence of an auxiliary generator, for example, polio vaccine was spoiled when there was a power failure for three days after the disaster.

Approximately 2,000 adults were seen in a two-week period by the doctors at the 200-bed hospital. Many of those who needed hospitalization were forced to sleep on the hospital porch due to the lack of space. Dr. Allen Greenwood, a pediatric specialist brought in from Chimaltenango,

Guatemala, where he was conducting a paramedic program at the Behrhorst Clinic, saw approximately 80 to 100 children daily -- some with minor injuries, others with stomach and respiratory diseases.

Another very important aspect of the Nicaraguan medical component was the outreach work performed by Dr. Steven Jones, also from Chimaltenango. Working with Dr. Jimenez, the municipal health inspector, Dr. Jones surveyed the outlying areas around Masaya in search of information pertaining to medical needs and potential crisis situations. Again, he found a lack of even the basic medical necessities. Vouchers which had been forwarded to the capital's National Health Department had not been filled for a couple of months.

Some of the small municipalities, where vaccine was available, embarked upon immunization campaigns against typhoid and tetanus. Again, the lack of adequate equipment and refrigeration facilities was apparent.

Dr. Jones encouraged the health clinics to stress the installation of latrines for the displaced Managuans. (An OXFAM grant had previously been extended to a local factory to produce a concrete latrine unit and these proved extremely useful throughout the initial stages of the crisis.) A part of the outreach work within Masaya itself was handled by four nurses and a health educator who immunized 1,500 children against pneumonia, rubella and measles during the first week. The immunization project had to be terminated because the vaccine ran out and participation was slacking off.

After further examination of the situation, the OXFAM nurses felt health programs should be launched to prevent worms and parasitic infections. Basic hygiene classes are badly needed as well as instructions on the prevention and treatment of communicable diseases. At the present time, the group is exploring the possibility of distributing soap for hygienic purposes.

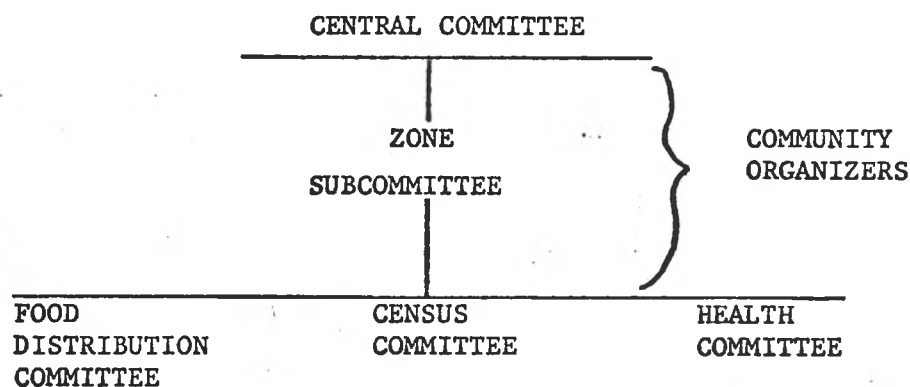
All measures were taken by the OXFAM medical corps to assist the municipalities in obtaining medicines, whether by supplying them directly from their stock or contacting the proper authorities.

COMMUNITY ORGANIZATION COMPONENT

The Nicaraguan government has established a committee entitled "El Comite de Emergencia". The purpose is to establish a systematic method of conducting and coordinating the relief work. The OXFAM team assisted the committee in organizing food distribution, recording the census, and coordinating medical sources.

Through this committee, the OXFAM volunteers were able to establish their credibility on the grassroots level. Jo and Kevin Tunnard and Bruce Clark, community organizers, worked diligently with "El Comite" in their efforts to bring together the residents in Masaya's 16 political zones. The zone committees are to be in charge of relief operations within their area.

The following is an illustration of the organizational format:



OXFAM community organizers found in the course of their work some problems in establishing interest in the residents; a few interested members would end up doing all the work and many were reluctant to accept responsibility.

In order to get a cross-section of ideas and needs, one damnificado, one resident and one student or teacher were selected to serve on the zone subcommittees.

CENSUS COMPONENT

After the earthquake the national emergency committee charged the UNAN, Universidad Nacional Autonoma de Nicaragua, with taking a census of the refugees in each zone. UNAN, a group of college students, aligned themselves with the Nicaraguan Red Cross to assist in the relief work. Three OXFAM volunteers worked with the group.

The census was to show how many Managuan refugees lived in the 16 zones, how many were in each family and what conditions they were living under. With this information they could issue each family a card indicating what their daily ration of food would be and their requirements for clothes or blankets.

Because the census was conducted on such a transitory group, it was difficult to keep track of the people. One week a family would be located in zone 13 and the next they would find relatives in another zone and move. Because of this, another census was taken two weeks after the quake.

The problems encountered under this component were improper recording on the part of the census takers, unintelligible writing, and mathematical mistakes. There was also the problem of distinguishing "damnificados" from residents. Everyone wanted to receive free food.

FOOD DISTRIBUTION COMPONENT

The effectiveness of this component relied heavily upon the accuracy of the zone census. Each zone would report in daily the quantity of food needed according to the census count on the refugees. The report was

given to the central committee who authorized the zone representatives to collect their food from the central "bodega" or warehouse. The census lists also determined who was entitled to a ration card. Without the card, a refugee could not receive any food. Each time a refugee collected his daily ration, it was marked on his card and the date and amount recorded on a list for the central committee. (The standard forms for this information are attached to this report.)

Each zone's food distribution group was responsible for providing transportation from the central bodega to the food distribution center. They were to provide manpower for loading and unloading the food and to assist in preparing a fixed schedule for the time of distribution. Mrs. Angela Greenwood, OXFAM's nutrition specialist, assisted these groups in instructing the populace on how to prepare their food.

At the beginning of the food distribution program, OXFAM had entertained the idea of supplementing the food rations with meat and powdered milk. This project was put into operation for two weeks and then terminated when the supplies were terminated. No plans are being made to resume this operation for the reason that it would be a never-ending program, since this is not a part of the Nicaraguan's normal diet, and to continue such a program would only create dependency on OXFAM.

As one can see, the food distribution program could and did have many problems. One main problem was committee members not showing up at the right place and at the right time. Often when any one of the organized groups were late, it put the time schedule for food distribution back as much as six hours. It was not uncommon to see people lining up for food to be distributed at 11 a.m. and still be waiting at 7 p.m. that same night.

HOUSING COMPONENT

On and about January 12th, OXFAM embarked upon a housing project.

In conjunction with the Nicaraguan government and the U.S. Armed Services, Nicaraguan volunteers began setting up a refugee camp on the outskirts of Masaya. Approximately 180 families were to be moved in within a week's time. Frederick C. Cuny of Dallas, Texas, -- a specialist in planning refugee camps on loan to OXFAM by INTERTECT -- was in charge of laying out the site which is located on the Nicaraguan Boy Scout camping grounds. A survey was made of previously established refugee camps in the area to see what problems had arisen and correct them before they happened in the new camp. Plans are being made to establish medical facilities within the camp. Water and light facilities have already been installed. The OXFAM health inspector is in charge of the installation of latrines and washing facilities. It is possible that OXFAM might adopt the management of the refugee camp as a permanent project.

COMITE PRO-DAMNIFICADOS DE MASATEPE

1000

CREDENCIAL PARA RECIBO DE ALIMENTO Y ROPA

NOMBRE DEL JEFE DE FAMILIA

CUADRA 12 DIRECCION

Nº DE MIEMBROS DE LA FAMILIA

ADULTOS: VARONES

VARONES

MUJERES

NIÑOS: MUJERES

FECHA

MIRACION FORRAS M
ALCALDE MUNICIPAL
MASATEPE

Handwritten note: 1000

NICARAGUA REPORT

On December 23, 1972, a major earthquake leveled Managua, the capital city of the Republic of Nicaragua. Ninety percent of the structures in the city received damage and, with the threat of more shocks imminent, the government ordered the city abandoned. With the exodus of 350,000 residents a major refugee problem, at first a localized problem, became national in proportion.

On December 28th, Intertect sent a team headed by Frederick C. Cuny to Managua to assist the OXFAM relief team assembling at Masaya, a locale 30 kilometers south of Managua to which an estimated 40,000 refugees had fled. The mission of the team was threefold: to provide limited logistics support by air (a light plane was put at OXFAM's disposal for air supply and transportation), to assist the Nicaraguan government in the establishment of its refugee camp program, and to prepare a report on OXFAM operations for OXFAM-America. Funding for the project was to be in three parts: travel to and from Nicaragua was paid by Intertect, salaries for staff by the Friends of Managua Committee, and expenses on site were to be met by OXFAM.

Upon arrival in Managua, the team established liaison with OXFAM and Catholic Institute for International Relations (CIIR) staff through the British Residence at Las Colinas. It was determined that first priority was the air operations. On January 1, 1973, Intertect initiated 7 days of flight operations including:

- Purchasing and delivery of priority medicines from the Free Zone in Colon, Panama;
- Transport of OXFAM Regional Director, David Carter, to Panama with priority aid requests;
- Transport of CIIR Regional Director, Julian Filachowski, on food purchasing missions to San Salvador and Guatemala;
- Transport of sick staff member to Guatemala City;

- Transport of CIIR volunteers to projects;
- Transport of CIIT Area Director, Ian Cherret to project;
- Various aerial photography missions.

During this period, Intertect also coordinated several air supply operations with the U. S. Army helicopter group at Managua, including delivery of one group of medicines from Managua to Masaya.

On the ground, D. S. Yeager, an Intertect volunteer, was assigned to assist the OXFAM field representative, David Mitchnik, in preparing a report on the various OXFAM projects and to prepare a series of photos for OXFAM records and public relations.

On January 6, 1973, the U. S. Army announced it was beginning construction of three refugee camps for the Nicaraguan government. Further disclosures, however, indicated that in reality the Army was only assuming responsibility for the erection of tents donated by the U. S. Government while offering only limited coordination in the remainder of construction. At this point, OXFAM offered to assist in development of a model camp at Coyotepe, 2 kilometers east of Masaya, with design and initial supervision to be under the direction of Intertect's Frederick C. Cuny. The Nicaraguan government accepted the offer and construction began on January 7, 1973.

During the following week, Phase I of the camp was completed. This phase included:

- Erection of tents for the first consignment of 188 families (approximately 800 people);
- Installation of major facilities for the first arrivals (initial sanitation and water facilities, however, remained only temporary until a later date);
- Location of all facilities and systems;
- Establishment of administrative center;
- Development of camp master plan and construction needs list (with priorities).

The camp utilizes a modified cross-axis plan developed by Intertect from plans first utilized in the Middle East. The layout facilitates

community organization and encourages self-sufficiency by the occupants. On the basis of the design, OXFAM was able to develop several proposals for long-range assistance to the refugees. Among those proposals being considered are:

- Operation and support of the camp's clinic;
- Provision of food and nutritional supplements;
- Development of social organization by OXFAM social workers;
- Development and support of refugee industries.

Limited assistance was provided to the U. S. Army Milgroup commander in establishment of the Army-sponsored camps at Tipitopa and El Retero. Direct assistance to these camps ended January 10th following the decision of OXFAM-Intertect not to rely on Army inefficiency and concentrate on the Coyotepe camp.

Intertect operations in Nicaragua ceased on January 14, 1973, with a final airlift of CIIR personnel returning to projects in Honduras and Guatemala.

The report of OXFAM operations for OXFAM-America was completed and submitted to that agency on January 29, 1973. A report on the Coyotepe refugee camp was also prepared for use by Intertect.