

PD AAG-886

5-21

AGENCY FOR INTERNATIONAL DEVELOPMENT  
**PROJECT DATA SHEET** *Feb 88*

1. TRANSACTION CODE  
 A = Add  
 C = Change  
 D = Delete

Amendment Number \_\_\_\_\_

DOCUMENT CODE  
 3

COUNTRY/ENTITY  
 ZIMBABWE

3. PROJECT NUMBER  
 613-0201

6130201004901

BUREAU/OFFICE  
 AFR

5. PROJECT TITLE (maximum 40 characters)  
 Small scale community rehabilitation - health

PROJECT ASSISTANCE COMPLETION DATE (PACD)  
 MM DD YY  
 04 04 81

7. ESTIMATED DATE OF OBLIGATION  
 (Under 'B.' below, enter 1, 2, 3, or 4)

A. Initial FY 80 B. Quarter 3 C. Final FY 80

8. COSTS (\$000 OR EQUIVALENT \$1 = )

A. FUNDING SOURCE	FIRST FY 80			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total						
(Grant) ESF	( 175 )	( 1825 )	( 2000 )	( 175 )	( 1825 )	( 2000 )
(Loan)	( )	( )	( )	( )	( )	( )
Other						
1.						
2.						
Host Country	-	553	553	-	553	553
Other Donor(s)						
<b>TOTALS</b>	175	2378	2553	175	2378	2553

9. SCHEDULE OF AID FUNDING (\$000)

APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE		D. OBLIGATIONS TO DATE		E. AMOUNT APPROVED THIS ACTION		F. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
ESF	534B	580		-	-	2000	-	2000	-
<b>TOTALS</b>				-	-	2000	-	2000	-

SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each)

11. SECONDARY PURPOSE CODE

SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)

A. Code	BRW	BS	BLW	EQTY
B. Amount	2000	1000	1000	2000

PROJECT PURPOSE (maximum 480 characters)

The objective of the project is to assist in the restoration of health services to the rural people of Zimbabwe. The specific purpose of the project is to rehabilitate the majority of the currently non-functioning approved council health clinics. A.I.D. will assist in achieving the objective and purpose of the project by financing the costs of reconstruction of facilities and the costs of providing necessary furnishings, drugs, related goods and services.

SCHEDULED EVALUATIONS

Interim MM YY MM YY Final MM YY

15. SOURCE/ORIGIN OF GOODS AND SERVICES  
 000  941  Local  Other (Specify) 999 935

AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a \_\_\_\_\_ page PP Amendment.)

17. APPROVED BY  
 Signature: *Alexander R. Love*  
 Title: Alexander R. Love, Director, REDSO/EA

Date Signed: MM DD YY  
 03 24 80

18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION  
 MM DD YY  
 04 03 80

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ACTION AID-59

CLINICS HAS ALREADY BEEN PROPOSED BY MINISTRY.

ACTION OFFICE AFSA-03

INFO ARAF-01 AFEA-03 AFRA-03 AFDP-02 AFHM-01 AFDR-06 CH6-01  
PPCE-01 PPDR-01 PPPB-02 GC-01 GCAF-01 PPEA-01 GCFL-01  
IA-01 IIA-02 IDCA-01 FM-02 AADS-01 C-01 CALI-02 CPP-01  
CPS-02 CSE-02 DSAG-02 DSHE-01 ED-01 CH8-01 ES-01 AAID-01  
SER-01 HEV-09 TRSY-05 MAST-01 AFDA-01 /067 A4

INFO OCT-01 SS-15 SP-02 INR-10 INRE-00 SSO-00 OES-09  
AGR-01 EB-08 10-15 /120 W

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O 241330Z MAR 80  
FM USLO SALISEURY  
TO SECSTATE WASHDC IMMEDIATE 450  
INFO AMEMBASSY NAIROBI  
AMEMBASSY MBABANE

UNCLAS SECTION 01 OF 12 SALISBURY 0708

AIDAC  
NAIROBI FOR REDSO

1. SUMMARY:

BASED ON DISCUSSIONS TO DATE, REDSO TEAM GENERALLY SUPPORTS PRIORITIES SET FORTH IN INITIAL EVALUATION BY HICKS/FARNHAM TEAM, PARTICULARLY THE HIGHEST PRIORITY ACCORDED TO RE-ESTABLISHMENT OF RURAL HEALTH SERVICES. WE CONCUR THAT MINISTRY OF HEALTH (MOH) IS WELL EQUIPPED TO ADMINISTER PROGRAM FOR REHABILITATION AND RECONSTRUCTION OF RURAL CLINICS. HOWEVER, FOR VARIETY OF ADMINISTRATIVE AND PROGRAMATIC REASONS DISCUSSED BELOW, WE ARE NOT ENTHUSIASTIC ABOUT CHANNELING ANY MAJOR PORTIONS OF ASSISTANCE THROUGH CHRISTIAN CARE OR OTHER VOLAGS AT THIS TIME. WE RECOMMEND THE BULK (\$1.9 MILLION) OF THE INITIAL CREDIT SHOULD BE MADE AVAILABLE TO MOH PROGRAM.

2. IN THE PROCESS OF DEVELOPING AID'S INITIAL GRANT TO ZIMBABWE UNDER PROJECT ASSISTANCE FORMAT AS REQUESTED SEPTEL, REDSO AND USLO HAVE ALSO BECOME FIRMLY CONVINCED THAT A PROGRAM ASSISTANCE CASH GRANT FROM GOZ POLITICAL AND ECONOMIC STANDPOINT AND FROM AID ADMINISTRATIVE/IMPLEMENTATION STANDPOINT. UNDERSTAND AID/W MAY FORCEEE DIFFICULTIES CHANGING HORSES AT THIS STAGE DUE TO CONGRESSIONAL NOTIFICATION ISSUE ETC, BUT BELIEVE SUFFICIENT DATA ALREADY EXISTS TO WRITE ADEQUATE PAAD AND GRANT AGREEMENT IN SHORT ORDER. SEPTEL FOLLOWS WITH DETAILED RATIONALE FOR AID/W AND STATE CONSIDERATION.

3. IN ADDITION TO PROPOSED HEALTH PROJECTS, POTENTIAL PROGRAMS IN RURAL SCHOOL REHABILITATION AND CROP PACK PROGRAM BOTH HAVE GOOD POTENTIAL FOR FOLLOW UP PROGRAMS, WITH THE AGRICULTURE ORIENTED CROP PACK PROGRAM HAVING HIGHER PRIORITY. IN ADDITION WE FEEL, AND THIS WILL BE EXPLORED FURTHER THIS WEEK, THAT DEVAG COULD PROBABLY HANDLE ANY MAJOR PROGRAM OF DISTRIBUTION CROP PACKS.

4. AS AN ADDITIONAL OBSERVATION, WHILE WE APPRECIATE ATTRACTIVENESS OF CONTRIBUTING TO A WIDER VARIETY OF NEEDS, THE INITIAL AID PACKAGE OF \$2.0 MILLION IS SMALL RELATIVE TO THE TASKS AT HAND, THE APPARENT ABSORPTIVE CAPACITY HERE, AND THE FIRM OFFERS OF ASSISTANCE BEGINNING TO EMERGE FROM OTHER DONORS. WE QUESTION THE WISDOM OF DILUTING THE IMPACT OF THIS SMALL AMOUNT OF ASSISTANCE BY SPRINKLING THE RESOURCES THROUGHOUT A VARIETY OF ORGANIZATIONS AND PROGRAMS. CONCENTRATION OF 1.9 MILLION ON REHABILITATING THE 159 DAMAGED OR DESTROYED RURAL HEALTH CLINICS PROGRAM (ESTIMATED TOTAL COST AT 2.6 MILLION) WOULD GIVE US A DIRECT ASSOCIATION AS THE RPT THE MAJOR DONOR TO THIS HIGH PRIORITY AND HIGHLY VISIBLE SUBSECTOR. PUBLICITY OF ASSISTANCE THROUGH RIBBON CUTTING CEREMONIES AND AFFIXATION OF PLAQUE OR SIGN TO REBUILT

5. WITH RESPECT TO THE AID/W CRITERIA OF RAPIDLY DISBURSING ASSISTANCE, THE RURAL HEALTH CLINIC PROGRAM WILL NOT MEET THE THREE MONTH DISBURSEMENT OBJECTIVE SET FORTH BY WASHINGTON. A SIX MONTH ESTIMATE FOR DISBURSEMENT RPT DISBURSEMENT OF THE BULK OF AID FUNDS WOULD APPEAR REALISTIC. HOWEVER, COMPLETION OF ALL CLINICS WOULD UNDOUBTEDLY TAKE 9 TO 12 MONTHS TIME. REHABILITATION OF MOST OF LESSEER DAMAGED CLINICS WOULD BE COMPLETED IN THREE TO SIX MONTHS TIME FRAME AND RE-EQUIPING AND RE-SUPPLY OF CLINICS WITH DRUGS AND EQUIPMENT COULD TAKE PLACE IMMEDIATELY FOR THOSE ABLE TO BEGIN OPERATIONS. OF COURSE THESE ESTIMATES ASSUME THE MOH FOLLOWS THROUGH ON ASSURANCES GIVEN TO REDSO TEAM THAT IT WILL PROMPTLY UNDERTAKE INITIAL PROCUREMENT AND HIRING OF ADMINISTRATIVE STAFF NECESSARY TO MOVE THE PROJECT QUICKLY.

6. REDSO IF FAR ENOUGH ADVANCED IN ITS DISCUSSIONS AND ANALYSIS OF THE RURAL CLINIC PROGRAM TO SATISFY BOTH SECTION 611 AND ENVIRONMENTAL REQUIREMENTS NECESSARY TO ENABLE EXECUTION OF AN OBLIGATING RPT OBLIGATING LSGA ON INDEPENDENCE DAY. 611E CERTIFICATE SIGNED BY REDSO DIRECTOR BEING POUCHED. THE ABBREVIATED PROJECT PAPER THAT FOLLOWS THIS SUMMARY CONTAINS ADMINISTRATIVE, TECHNICAL AND FINANCIAL ANALYSES WHICH SATISFY 611 (A) AND (E) REQUIREMENTS AND SUPPORT IEE NEGATIVE DETERMINATION AND WAIVERS. A DRAFT AUTHORIZATION IS ALSO INCLUDED. LSGA IN FINAL STAGES OF PREPARATION AND DRAFT LANGUAGE WILL BE CABLED SEPTEL.

7. WITH RESPECT TO RECOMMENDATION THAT ASSISTANCE BE PROVIDED THROUGH THE GOVERNMENT, WE UNDERSTAND THAT WASHINGTON HAS CONCERNS RE THE CONTINUING STABILITY OF THE CIVIL SERVICE BUREAUCRACY AND THE FEASIBILITY OF MOH TIMELY PROGRAM IMPLEMENTATION. WHILE THERE ARE NO IRONCLAD GUARANTEES THAT PROBLEMS WILL NOT DEVELOP WITHIN THE MINISTRY - OUR SIGNALS AT THIS TIME ARE HIGHLY FAVOURABLE AND THE MOH IS FAR AND AWAY A BETTER PROSPECT THAN CHRISTIAN CARE FOR

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Department of State

INCOMING  
TELEGRAM

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ACTION AID-59

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B. BACKGROUND.

ACTION OFFICE AFDA-01

INFO 044F-01 AFEA-03 AFPA-03 AFDP-02 AFHW-01 AFDR-06 CH6-01  
PPCE-01 PPOF-01 PFFE-02 GC-01 GCAF-01 PFEA-01 CEFL-01  
IA-01 IIA-02 IDCA-01 FM-02 MADG-01 C-01 CALI-02 CPP-01  
CPC-02 CSE-02 DGRU-02 DCHH-01 ED-01 CH8-01 ES-01 AAID-01  
SER-01 HEW-05 TRSY-05 MAST-01 AFDA-01 /067 A3

INFO OCT-01 SC-15 GP-02 IHR-10 IHRH-00 SSO-20 OES-03  
AGR-01 EB-03 10-15 /120 W

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O 241330Z MAR 60  
FM USLO SALISBURY  
TO SECSTATE WASHDC IMMEDIATE 451  
INFO AMEMBASSY NAIROBI  
AMEMBASSY MBABANE

UNCLAS SECTION 02 OF 12 SALISBURY 0700

AIDAC

NAIROBI FOR REDSO

RESTORATION OF RURAL HEALTH SERVICES (SEE ABBREVIATED PP FOR DETAILS)

8. REDSO ANALYSIS BASED ON COMPLETION FIVE DAYS OF DISCUSSIONS WITH GOVERNMENT OF ZIMBABWE-RHODESIA REPRESENTATIVES, MEETINGS WITH LOCAL NON-GOVERNMENT ORGANISATIONS E.G. CHRISTIAN CARE, CATHOLIC CHURCH, FAMILY PLANNING ASSOCIATION AND SESSION WITH OTHER INTERNATIONAL PVO'S E.G. ICRC, OXFAM, AND SAVE THE CHILDREN FOUNDATION. ON FRIDAY HACKIE ATTENDED FIRST HEALTH CO-ORDINATING AND REVIEW SESSION ON FUTURE HEALTH ASSISTANCE PROGRAMS, CHAIRED BY SECRETARY OF HEALTH BURNETT-SMITH, AND ATTENDED BY MEMBERS OF ALL VOLAG WORKING IN HEALTH, ICRC, AND MOH OFFICIALS. THIS SESSION ALLOWED EXCHANGE OF VIEWS BETWEEN PARTIES ON PROPOSED PROGRAMS AND MOH PRIORITIES. AID WAS ONLY BILATERAL DONOR PRESENT. IN THE CONTEXT OF THE ABOVE SUMMARY AND BASED ON THE FOLLOWING DETAILED

COMMENTS, WE REQUEST AID/W AND DEPARTMENT CONCURRENCE ON THE FOLLOWING

POINTS:

(A) CONCURRENCE IN PROGRAMING \$1.9 MILLION THROUGH THE MOH FOR THE RURAL HEALTH CLINIC PROGRAM AND \$100 THOUSAND TO BE HELD FOR SELF HELP PROJECTS TO BE APPROVED BY USLO.

(B) AID/W CONCURRENCE ON CAST GRANT, OR BARRING THIS, CONCURRENCE TO NEGOTIATE AN OBLIGATING LIMITED SCOPE GRANT AGREEMENT.

IN VIEW OF THE URGENCY ACCORDED THIS ACTIVITY BY YOURSELVES - WE ASSUME WE CAN HAVE YOUR CONCURRENCE BY TOMORROW, MARCH 25. OUR AGREEMENTS WILL BE DRAFTED BY THEN AND WE WISH TO OPEN NEGOTIATIONS. END SUMMARY.

ABBREVIATED PROJECT PAPER

I. PROJECT DESCRIPTION SUMMARY

A. THE PROJECT

THE OBJECTIVE OF THE PROJECT IS TO ASSIST IN THE RESTORATION OF HEALTH SERVICES TO RURAL PEOPLE OF ZIMBABWE. THE SPECIFIC PURPOSE OF THE PROJECT IS TO REHABILITATE THE MAJORITY OF CURRENTLY NON-FUNCTIONING APPROVED COUNCIL HEALTH CLINICS. AID WILL ASSIST IN ACHIEVING THE OBJECTIVE AND PURPOSE OF THE PROJECT BY FINANCING THE COSTS OF RECONSTRUCTION OF FACILITIES AND THE COSTS OF PROVIDING NECESSARY FURNISHINGS, DRUGS AND RELATED GOODS AND SERVICES

PRIMARY HEALTH CARE SERVICES IN THE RURAL AREAS OF ZIMBABWE ARE GENERALLY DELIVERED THROUGH CLINICS. PRIOR TO THE DISRUPTION IN THE COUNTRY THERE WERE ABOUT 400 CLINICS, 277 OF WHICH WERE APPROVED COUNCIL CLINICS, ABOUT 70 WERE MISSION AFFILIATED, AND THE REMAINDER WERE INDUSTRIAL MEDICAL CLINICS. THE RURAL HEALTH SERVICES ARE SUPERVISED BY THE FIVE PROVINCIAL MEDICAL OFFICERS OF HEALTH IN MASHONALAND, MANICALAND, NAT-BELELAND, MIDLANDS AND VICTORIA AS THE WAR PROGRESSED MORE AND MORE HEALTH SERVICE FACILITIES WERE FORCED TO SHUT. PRESENTLY OF ABOUT 100 MISSION AFFILIATED FIXED MEDICAL FACILITIES, 51 ARE CLOSED. OF THE COUNCIL CLINICS 159 ARE CURRENTLY CLOSED.; CLINICS LOCATED IN PROTECTED VILLAGES WERE OFTEN ABLE TO REMAIN OPEN BUT COULD NOT BE VISITED BY MOH PERSONNEL.

AS ACTIVITIES IN THE RURAL AREAS WERE CURTAILED THE HEALTH CARE BURDEN

FELL ON THOSE RURAL HOSPITALS WHICH REMAINED OPEN. HOWEVER, THESE HOSPITALS WERE ILL EQUIPPED TO HANDLE THE LARGER INCREASES IN OUT-PATIENT CARE. AS CLINICS WERE ABANDONED UNDER THE WARTIME CONDITIONS EXISTING, LOCAL INHABITANTS LOOTED THE CLINICS, THE ROOFING SHEETS BEING IN ESPECIALLY HIGH DEMAND. SOME CLINICS WERE COMPLETELY DESTROYED BY BOMBING, OR BEING BURNT DOWN.

RESTORATION OF ALL RURAL SERVICES, ESPECIALLY HEALTH, IS SEEN AS A TOP PRIORITY OF THE NEW GOVERNMENT. THE EXODUS OF RURAL PEOPLE INTO URBAN AREAS HAS PLACED A LARGE BURDEN ON ALL SOCIAL SERVICES, AND THE RAPID RETURN OF DISPLACED PERSONS TO THEIR AREAS OF ORIGIN IS DESIRED BOTH BY GOVERNMENT AND BY MANY OF THE PEOPLE THEMSELVES.

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ACTION AID-59

ACTION OFFICE AFSA-02

INFO A441-01 AFEA-03 AFRA-03 AFDP-02 AFH4-01 AFDR-06 CH6-01  
PPCE-01 PFDP-01 PPF8-02 RF-01 GC47-01 FFEA-01 GCFL-01  
IA-01 IIA-02 IDCA-01 IIR-02 A40S-01 C-01 CALI-02 CPP-01  
CPS-02 CCE-02 DSAG-02 DCNE-01 ED-01 CHC-01 ES-01 AAID-01  
SER-01 HEW-09 TRCY-05 MAST-01 AFDA-01 /267 A3

INFO OCT-01 SS-15 SP-02 IIR-10 INRE-00 SSG-03 CES-09  
AGR-01 EE-03 10-15 /120 W

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INFO AMEMBASSY NAIROBI  
AMEMBASSY MOGADISHU

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NAIROBI FOR REDSO

SOME WILL ACTIVELY ATTEMPT TO REMAIN IN THE MORE ATTRACTIVE URBAN ENVIRONMENT, ESPECIALLY THE YOUNGER ADULTS. OTHERS BECAUSE OF TOTAL DESTRUCTION OF THEIR HOMES WILL PROBABLY TRY TO REMAIN ONLY UNTIL THE PLANTING SEASON IN SEPTEMBER, OCTOBER AND NOVEMBER. IT IS IMPORTANT TO GIVE PEOPLE SOMETHING TO GO HOME TO, AND LACK OF HEALTH SERVICES MAY KEEP WOMEN AND CHILDREN IN THE TOWNS. THE NEW MINISTER FOR HEALTH, MR HERBERT USHEWOKUNZE, SEES RESTORATION OF RURAL CLINICS AS HIS FIRST PRIORITY.

CLINICS IN RURAL AREAS ARE STAFFED BY MEDICAL ASSISTANTS, PARAMEDICAL STAFF WITH A THREE YEAR TRAINING PROGRAM. IN LARGER CLINICS WITH MORE THAN A SINGLE STAFF PERSON, STATE REGISTERED NURSES (SPN) OFTEN ASSIST. AS CLINICS CLOSED, SOME MEDICAL ASSISTANTS

LEFT AND FOUND WORK IN URBAN AREAS. MEDICAL ASSISTANTS IN THE PAST WERE MAINLY TRAINED IN MISSION PROGRAMS AND IN THEIR AFFILIATED HOSPITALS AND CLINICS. ALL EXCEPT ONE TRAINING PROGRAM IS CURRENTLY CLOSED SO CLINICS WILL HAVE TO BE DESTAFFED FROM A STATIC POOL. THE MOH HAS UNDERTAKEN TO FIND STAFF FOR ANY RE-OPENED CLINIC, EVEN IF IT HAS TO HIRE LESS QUALIFIED INDIVIDUALS. THERE IS A RECOGNITION THAT MEDICAL STAFF SERVING IN THE ARMED FORCES AND OFTEN TRAINED OVERSEAS WILL SEEK EMPLOYMENT. THE MOH IS PLANNING TO EXAMINE THE PROBLEMS OF THEIR EMPLOYMENT AND RETRAINING.

## C. FINANCIAL CONSIDERATIONS.

FINANCING FOR RURAL CLINICS HAS BEEN PROVIDED BY THE MOH TO THE EXTENT OF 55 PERCENT OF THE CAPITAL COSTS AND 50 PERCENT OF THE SALARIES OF THE APPROVED STAFF. THE OPERATING COSTS OF RUNNING THE COUNCIL CLINICS WERE IN GENERAL MET BY THREE SOURCES: ABOUT ONE THIRD FROM FEES CHARGED PATIENTS, ONE THIRD FROM THE MOH GRANT SUPPORT AND ONE THIRD FROM THE LOCAL RATES GENERATED FROM SUCH ITEMS AS CHARGES MADE AGAINST BEER-HALLS. THE MOH GIVES EACH CLINIC A THREE MONTHS SUPPLY OF DRUGS AND A BASIC STOCK OF MEDICAL INSTRUMENTS AND SUPPLIES ON OPENING. THEREAFTER, THE CLINICS PAY FOR THEIR DRUG SUPPLIES.

THE MOH PROPOSES TO BEAR THE COMPLETE COST OF RECONSTRUCTION OF THE CLINICS. IN VIEW OF THE LACK OF LOCAL CASH THIS WILL BE THE ONLY WAY TO ASSURE A TIMELY RE-OPENING. REOPENED CLINICS WILL BE REEQUIPPED ON AN AS NEEDED BASIS FOR FURNITURE AND ESSENTIAL SUPPLIES. DRUGS IN THE AMOUNT OF A STANDARD QUARTER'S SUPPLY WILL BE GIVEN TO ALL RE-OPENED CLINICS. THUS THE MOH WILL BE INVOLVED IN A REBUILDING PROGRAM FOR 159 CLINICS, SOME OF WHICH ARE MINIMALLY DAMAGED, OTHERS HAVING ONLY WALLS LEFT STANDING. THE MINISTRY OF INTERNAL AFFAIRS HAS BEEN ABLE TO GIVE PRELIMINARY ESTIMATES ON 58 CLINICS. OTHERS

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ARE LOCATED IN DISRUPTED AREAS AND FOR THE TIME BEING CANNOT BE VISITED. FURTHER DETAILS WILL ARRIVE FROM THE PROVINCIAL MEDICAL OFFICERS FOR HEALTH (PMOH) AS SOON AS THEY CAN VISIT ALL FACILITIES.

## D. ADMINISTRATIVE CONSIDERATIONS.

WITHOUT LOCAL AID STAFF, THE PROGRAM WILL HAVE TO FUNCTION UTILIZING THE CAPACITY OF THE MOH. IT HAS A WELL DEVELOPED AND STABLE CORE OF SENIOR STAFF, BACKED BY SUPPORTING PERSONNEL IN CENTRAL MEDICAL STORES

AND MINISTRY OF WORKS. THE FIVE PMOH'S HAVE ALL BEEN STATIONED IN THEIR AREAS FOR SOME YEARS, AND KNOW THE LOCAL SOURCES FOR MATERIAL

AND SKILLED LABOR. THE PROGRAM OUTLINED WILL REQUIRE MINIMAL ASSISTANCE OR MONITORING BY AID PERSONNEL.

## II TECHNICAL AND ADMINISTRATIVE ANALYSIS

## A. TECHNICAL ASPECTS

THE PHYSICAL STRUCTURES OF THE RURAL APPROVED CLINICS RANGE FROM SIMPLE TWO AND THREE ROOM STRUCTURES OF LOCALLY FIELD BRICK TO A MORE ELABORATE MODEL (ABOUT 45 BY 20 FEET) WITH TREATMENT ROOM, WAITING ROOM, STORAGE ROOM, OFFICE, LABOR WARD AND PRE-DELIVERY WAITING AREA. MOST CLINICS HAVE SIMPLE HOUSING LOCATED IN THE SAME COMPOUND FOR THE STAFF, AND WASHING AND TOILET FACILITIES ARE LOCATED ADJACENT TO THE CLINIC. SOME CLINICS LOCATED IN AREAS REQUIRING GREATER SECURITY FOR NURSES HAVE ATTACHED HOUSING. ROOFS ARE ALMOST ALL OF ASBESTOS SHEETING. WINDOWS ARE OF A SINGLE SIZED LOCALLY MANUFACTURED STEEL FRAME UNIT. CONSTRUCTION HAS BEEN DONE ORIGINALLY, AND REPAIRS WILL BE EFFECTED BY LOCAL CRAFTSMEN. THE PHYSICAL STRUCTURE IS OF MORE DURABLE CONSTRUCTION THAN IN MANY AFRICAN

COUNTRIES, BUT THE SIZE AND DESIGN OF THE UNITS SEEMS APPROPRIATE TO THE LEVELS OF CARE BEING OFFERED.

THE STAFFING OF THE CLINICS WITH MEDICAL ASSISTANTS SUPPLEMENTED BY NURSES IS APPROPRIATE. IN AREAS WHERE TRAVEL WAS POSSIBLE AN SRN MADE MONTHLY SUPERVISORY VISITS TO CLINICS. THE MAJORITY OF MEDICAL ASSISTANTS ARE FEMALE AND OFFER A FULL RANGE OF MATERIAL AND CHILD CARE SERVICES. MOTHERS RECEIVE PRE-NATAL EXAMINATIONS AND OFTEN DELIVER IN THE FACILITY. FAMILY PLANNING SERVICES AND SUPPLIES ARE AVAILABLE. WELL-BABY CLINICS ARE HELD AND "ROAD TO HEALTH" CHARTS

UTILIZED. EACH CLINIC IS SUPPOSED TO HAVE A REFRIGERATOR, ALMOST ALL OPERATING ON KEROSENE, AND THEY SERVE AS THE CENTER FOR IMMUNIZATION SERVICES. THESE SUFFERED DURING THE WAR, THE COLD CHAIN ONLY USUALLY EXTENDING TO THE HOSPITALS, AND WILL NEED TO BE

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ACTION 010-50

RURAL HEALTH SERVICES FOR SOME TIME. THE SENIOR ADMINISTRATIVE STAFF, ESPECIALLY THE DEPUTY SECRETARY AND THE CHIEF FOR HEALTH AND THE LARGEST AND MOST POPULATED PROVINCE) HAVE BEEN INVOLVED IN THE REPLANNING EFFORT. MOST DECISIONS WILL BE MADE WITH THEM.

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THERE IS RECOGNITION THAT CHANGES WILL COME, BUT THEIR EXACT FORM IS NOT KNOWN. "FREE MEDICAL CARE" HAS BEEN DECLARED AS AN OBJECTIVE OF THE NEW GOVERNMENT. THE RELATIONSHIPS BETWEEN MISSION AFFILIATED MEDICAL FACILITIES AND NON FACILITIES WILL REQUIRE

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001-97 001-98 001-99 001-100

REDEFINITION. MEDICAL STAFF OF THE FORCES WILL REQUIRE INTEGRATION AND RETRAINING FOR PEACETIME SERVICES INCLUDING FOR THE TIME BEING APPROPRIATE FOR REPLANNING THE HEALTH DELIVERY SYSTEM. SENIOR OFFICIALS RECOGNIZE THAT PRESENT BUDGETARY SPLIT OF APPROXIMATELY 90 PERCENT FOR CURATIVE CARE AND 10 PERCENT FOR PREVENTIVE SERVICES IS NOT APPROPRIATE. IF PRESENT PLANS FOR RURAL SERVICE DELIVERY CENTERS RECEIVE GENERAL SUPPORT, SOME CLINICS MAY BE MORE APPROPRIATELY VISITED AT THESE LOCATIONS. HOWEVER, EVEN WITH THE NUMEROUS POLICY PLANNING OPTIONS AS YET UNDECIDED, ALL PARTIES AGREE ON THE URGENCY OF GETTING APPROVED RURAL CLINICS RE-ESTABLISHED. SINCE THE FINANCING SUGGESTED IS INSUFFICIENT TO INCLUDE ALL CLINICS, ANY LOCATED IN AREAS WHICH NOW APPEAR DEPOPULATED CAN BE LEFT FOR LATER DECISION-MAKING ON THEIR FUTURE DISPOSITION.

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AMEMBASSY NAIROBI

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REINSTITUTED. MEASLES IS A PARTICULARLY ACUTE PROBLEM AT THE PRESENT TIME. THE MEASLES IMMUNIZATION PROGRAM WILL NEED SUPPORT FROM MOBILE TEAMS PENDING RESTORATION OF FULL CLINIC SERVICES TO ALL AREAS.

THE ORGANIZATIONAL PLAN FOR THE REHABILITATION OF CLINICS WILL BE THE RESPONSIBILITY OF THE TWO SENIOR OFFICIALS OF THE MOH. IN VIEW OF THE URGENCY OF THE EFFORT AND THE PRIORITY ACCORDED TO IT, THEY PLAN TO ADD AN ADMINISTRATIVE ASSISTANT AND CLERK TO ASSIST THE PROGRAM. THE CENTRAL STORES IS ALERT

THE MOH WOULD LIKE TO RE-STAFF WITH THE SAME LEVELS OF TRAINED PERSONNEL AS BEFORE. IT IS HOPED THAT SUFFICIENT MEDICAL ASSISTANTS WILL BE AVAILABLE AND WILLING TO RETURN TO RURAL AREAS. IN THE EVENT THAT SUFFICIENT MEDICAL ASSISTANTS CANNOT BE ATTRACTED BACK TO POSITIONS IN RURAL CLINICS, THE MOH HAS UNDERTAKEN TO STAFF THOSE CLINICS ON A TEMPORARY BASIS WITH PERSONS WITH A LOWER LEVEL OF MEDICAL TRAINING. URBAN MEDICAL FACILITIES MAY PROVE TO PROVIDE PREFERABLE WORKING CONDITIONS TO SOME. THE MISSION CONDUCTED TRAINING PROGRAMS WERE ORIENTED TOWARDS PRODUCING INDIVIDUALS ABLE TO WORK WITH MINIMAL SUPERVISION IN RURAL AREAS, AND CAPABLE OF MAKING GOOD CLINICAL JUDGEMENTS. AT LEAST ONE MISSION IS CONSIDERING HOW TO RESTART THEIR MEDICAL ASSISTANT TRAINING PROGRAM. IT IS HOPED THAT PARAMEDICAL TRAINING PROGRAMS (INCLUDING THE VILLAGE HEALTH WORKERS) WILL RECEIVE DONOR SUPPORT TO RESTART. EARLY INDICATIONS WERE THAT THERE WAS INTEREST IN ASSISTING TRAINING. BOTH THE NUMBER AND TRAINING OF STAFF FOR CLINICS ARE APPROPRIATE FOR RESTARTING THE MAJORITY OF RURAL CLINICS. THE DRUGS SUPPLIED TO THE CLINICS FOLLOWED A STANDARDIZED LIST OF UNDER 100 ITEMS WHICH SEEM APPROPRIATE TO THE LEVEL OF CARE RENDERED. THE LIST OF MEDICAL EQUIPMENT WAS SUFFICIENT TO COVER MOST USUAL OUTPATIENT SERVICES, SIMPLE SUTURING, AND ROUTINE OBSTETRICAL CASES. THE CLINICS ARE FURNISHED WITH BEDS, CHAIRS, TABLES AND CUPBOARDS MADE LOCALLY. BEDDING MATERIALS, EQUIPMENT SUCH AS BOWLS, STANDS, TRAYS, WEIGHING SCALES ARE PURCHASED BY CENTRAL MEDICAL STORES. THEY ALSO PROCURE ALL THE MEDICAL INSTRUMENTS, SMALL LABORATORY SUPPLIES, CONSUMABLE MEDICAL SUPPLIES SUCH AS BANDAGES, LINEN, GAUZE USED. BOTH DRUGS AND VACCINES COME FROM THE SAME SOURCE.

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THE SIZE AND SPECIFICATIONS OF THE PHYSICAL STRUCTURES ARE APPROPRIATE FOR RURAL CLINICS. THE MOH HAS PROVIDED ADEQUATE ASSURANCE THAT THEY WILL STAFF THE CLINICS WITH PERSONNEL HAVING THE NECESSARY QUALIFICATIONS TO SERVE RURAL CLINICS. DRUGS AND MEDICAL SUPPLIES ARE OF THE TYPES AND MAGNITUDE NORMALLY NEEDED TO DELIVER GOOD PRIMARY CARE TO A RURAL POPULATION.

11 B. ADMINISTRATIVE ASPECTS

THE MOH HAS BEEN CONSIDERING THE PROBLEMS OF REHABILITATION OF

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TO THE NEEDS, AND UTILIZING THE ALREADY PREPARED STANDARDIZED
CLINIC LIST IS ASSESSING STOCKS AND REVIEWING TENDERS TO SEE
IF SUPPLEMENTARY TENDERS CAN BE UTILIZED TO MAKE UP SHORT-FALLS
ON SOME ITEMS. THE MINISTRY OF PUBLIC WORKS WILL PURCHASE
FOR THE MOH THE NEEDED CONSTRUCTION ITEMS WINDOW FRAMES,
ROOF SHEETING AND TIMBER ITEMS. ORDERS FOR THE MAJORITY OF
THESE SUPPLIES WILL BE PLACED AS EARLY AS POSSIBLE SINCE THEY
ARE EXPECTED TO BE IN GREAT DEMAND FOR BOTH RE-CONSTRUCTION
AND BUILDING OF NEW FACILITIES.

THE PROVINCIAL MEDICAL OFFICERS FOR HEALTH HAVE IMPORTANT ROLES.
THEY ARE ALL EXPERIENCED PEOPLE WHO HAVE LIVED IN THEIR AREAS FOR
SOME YEARS. THEY HAVE TO SECURE THE ESTIMATES FOR THE CLINICS
IN THEIR AREA UTILISING MINISTRY OF INTERNAL AFFAIRS AND MINISTRY
OF PUBLIC WORKS PERSONNEL. THEY WILL BE RESPONSIBLE FOR SETTING
THE PRIORITIES FOR INDIVIDUAL CLINIC RECONSTRUCTION. THEY WILL
KNOW THE AVAILABILITY OF LOCAL CRAFTSMEN AND MATERIALS.
LOCAL LABOR WILL BE UTILIZED AS FAR AS POSSIBLE. FIRED BRICKS
ARE MADE AT RURAL LOCATIONS THROUGHOUT THE COUNTRY. LOCAL
CARPENTERS MAKE DOORS, TABLES, CHAIRS AND CUPBOARDS. SINCE THE
PROGRAM WILL IMPOSE A SUBSTANTIAL ADDITIONAL BURDEN ON THE
PHO'S, IT IS ANTICIPATED THAT THEY WILL EACH NEED TO
HIRE A LOCAL BUILDING SUPERVISOR. THE PHO WILL BE RESPONSIBLE
FOR ALL CONSTRUCTION MATERIALS

ORDERED LOCALLY SUCH AS CEMENT AND BRICKS THEY WILL HAVE TO ARRANG
E
FOR THE TRANSPORT OF LOCALLY ACQUIRED MATERIALS. THE PHO'S
HAVE ALL SUPERVISED CONSTRUCTION PROJECTS IN THE PAST, AND THEIR
CORE OF LOCAL HEALTH INSPECTORS HAVE EXPERIENCE IN THESE AREAS.
IT IS EXPECTED THAT THIS PROGRAM WITH THE ADDITION OF SOME TEMP-
ORARY STAFF (CONSTRUCTION SUPERVISORS) IS WELL WITHIN THE CAPACITY
OF THE MOH PERSONNEL WHO WILL BE INVOLVED.

1) C. CONSIDERATION OF ALTERNATIVE GRANTEES

1. CHRISTIAN CARE

CHRISTIAN CARE (CC), THE PVO WHICH HAS PROVIDED ASSISTANCE
TO REFUGEES, POLITICAL PRISONERS AND THEIR FAMILIES AND OTHER
NEEDY GROUPS DURING THE WAR IS FACING A RAPIDLY CHANGING SCENE.
ITS OWN LEADERSHIP SHIFTED THIS PAST WEEKEND AS FATHER ROBERT,
THE EXECUTIVE DIRECTOR FOR SOME YEARS, STEPPED DOWN AT THE ANNUAL
BOARD MEETING. A NEW STAFF WILL NEED TIME TO FIND ITS FEET.

THE WORLD COUNCIL OF CHURCHES, ONE OF THE MAJOR SUPPORTERS OF

CHRISTIAN CARE HAS EXPENDED \$1 MILLION OVER THE PAST FOUR YEARS.
ADDITIONAL FUNDS HAVE COME FROM A WIDE VARIETY OF CHURCH
AFFILIATED AGENCIES, STATES AND INTERNATIONAL AGENCIES. FUNDS
ARE ALSO CRITICAL AND ONE IMPORTANT PROGRAM SUPPORTED BY A MULTI-
DENOMINATIONAL COMMITTEE IS PROVIDED BY WITHDRAWAL FROM C.C. AS CHURCHES
REGAIN THEIR NORMAL ACTIVITIES IN POST-WAR TIME USE.

MANY OF C.C.'S ACTIVITIES WERE CARRIED OUT THROUGH OTHER AGENCIES.
INDIVIDUAL CHURCHES WERE GIVEN FUNDS TO USE AS THEY DEEMED NECESSARY.
EVEN THE FOUR URBAN BRANCH OFFICES OF C.C. HAVE A GREAT DEAL OF
AUTONOMY AS THEY ARE RUN BY LOCAL COMMITTEES. WHILE THIS MAXIMIZED
RESPONSIVENESS TO LOCALLY CHANGING SITUATIONS, IT MAKES ANY PROGRAM
ACCOUNTABILITY EXTREMELY DIFFICULT.

THE HEALTH PROJECTS OF C.C. HAVE BEEN A MINOR PART OF ITS
ACTIVITIES. ONE FIELD HOSPITAL WAS BEEN DONATED TO C.C. AND
IS CURRENTLY BEING UTILIZED LARGELY FOR OUTPATIENT CARE.
ANOTHER IS EXPECTED IN ABOUT THREE WEEKS. BOTH WILL BE STAFFED
AND SOME SUPPORT PROVIDED BY STATE CHILDREN WHO WISH TO
USE THE HOSPITALS AS A BASE FOR THEIR MOBILE PEDIATRIC TEAMS.
THE USE OF FIELD HOSPITALS IS NOT VIEWED WITH FAVOR BY MOH.
MOST OF THE VOTING OR REDCO. THERE IS GENERAL AGREEMENT THAT
PREVAILING CONDITIONS IN THE COUNTRY-SIDE DO NOT WARRANT THE
USE OF INTENSIVE CARE AND SURGICAL FACILITIES OFFERED, AND THAT
THE MONEY DONATED COULD BE BETTER UTILIZED ON OTHER ACTIVITIES.

OTHER PROGRAMS OF C.C. INVOLVE AID TO INTERNAL REFUGEES. NOT ENOUGH
IS KNOWN ON THEIR EXACT NUMBERS, LOCATIONS OR NEEDS. THE MAJOR
EMPHASIS OF THE GOI IS ON ASSURING THEIR RETURN TO AREAS OF ORIGIN
AS FAST AS POSSIBLE. RESTORATION OF SOCIAL SERVICES IS VIEWED
AS AN IMPORTANT PART. PROVISION OF NECESSARY HOUSEHOLD ITEMS
AND CLOTHING HAS BEEN ASSISTED BY C.C. BLANKETS WERE SAID TO HAVE
BEEN DONATED IN SUFFICIENT QUANTITY BY A VARIETY OF AGENCIES.

DISTRIBUTION OF CROP PACKS WAS DISCUSSED, BUT NO PROGRAM OR PLAN
HAD BEEN DEVELOPED BY C.C. THIS AREA SEEMS TO BE MUCH MORE
APPROPRIATELY HANDLED BY DEWAG WHO HAVE PRIOR EXPERIENCE AND A
PROGRAM OUTLINED.

BASED ON DISCUSSIONS HELD WITH CHRISTIAN CARE, OTHER PVO'S,
NGO'S, MISSION PERSONNEL AND MOH OFFICIALS - REDCO HAS
RESERVATIONS ABOUT CHANNELING SIGNIFICANT PORTION OF AID
THROUGH THIS CONDUIT AT THIS TIME BASED ON NUMBER FACTORS.

- (1) PREOCCUPATION OF CHRISTIAN CARE WITH ESTABLISHMENT AND
OPERATION FIELD HOSPITALS - PROGRAM NOT SUPPORT BY
REDCO TEAM, MOH OR NUMBER OTHER NGO'S.
- (2) LACK OF PLANNING FOR OTHER PROGRAMS TO IMPROVE RURAL MEDICAL
SERVICES.
- (3) CATHOLIC CHURCH INDICATED THAT IT HAD LITTLE INTEREST
IN U.S.A. I.D. ASSISTANCE, DID NOT EXPECT TO LOOK TO
CHRISTIAN CARE FOR HELP AND WOULD GO IT ALONE (FYI: CATHOLICS
ACCOUNT FOR BETTER THAN 50 PERCENT OF MISSION AFFILIATED
RURAL HOSPITALS AND CLINICS).
- (4) LIMITED ADMINISTRATIVE STAFF OF CHRISTIAN CARE AT THIS TIME
AND NEW EXECUTIVE DIRECTOR (A MR. SIDILO, A CIVIL SERVANT IN
BULAWAYO).
- (5) EVIDENCE OF PAST FRICTION AND CONTINUING DISAGREEMENTS BETWEEN
MOH AND CHRISTIAN CARE.

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CONTINUED TO PAGE OF 8 TRANSMISSION EQUIPMENT IN BATTLE HEAD,  
THIS EQUIPMENT CONTAINING EXPLOSIVES AND IS DANGEROUS.

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REDSO WOULD ACTION THIS IS A PRIORITY CASE. THE TEAM FELLOWS ON  
AGRICULTURE AND RURAL DEVELOPMENT. THE REDSO WOULD BE IN 1 YEAR AND  
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6. AGRICULTURAL SECTOR

THE REDSO TEAM EXPLORED WITH THE DEPARTMENT OF DEVELOPMENTAL  
AGRICULTURE (DEVAG) OF THE MINISTRY OF NATURAL RESOURCES AND  
RURAL DEVELOPMENT PROSPECTS FOR AID PARTICIPATION IN CROP PACK  
PROGRAM. DEVAG (D PECTOR BUREAU) ADVISED THAT LAST YEAR DEVAG  
EXPEND 11.5 MILLION RHODESIAN DOLLARS (APPROXIMATELY  
U.S. \$ 2,500,000) ON AN INITIAL CROP PACK PROGRAM THAT  
INVOLVED 25 TO 30,000 FARMERS. THIS, ROUGHLY 150,000 TO  
100,000 INDIVIDUALS (FROM FAMILY MEMBERS) BENEFITED AT  
A PER FAMILY AVERAGE COST OF U.S. \$ 20.00 PER FARMER.

THE CROP PACKS INCLUDED SUCH CROPS SUCH AS COTTON AND  
FOOD CROPS SUCH AS WHEAT, MILLER AND SOYBEAN. CROP PACK COMMODITIES  
WERE PURCHASED IN BULK BY DEVAG AND DISTRIBUTED TO STAGING  
POINTS THROUGHOUT THE COUNTRY. INDIVIDUAL QUALIFYING  
FARMERS WERE PROVIDED WITH CHEQUE ALLOWING THEM TO DRAW CRODS,  
FERTILISER AND PESTICIDE FROM THE DISTRIBUTION CENTER. DEVAG  
INDICATED THEY COULD HANDLE A LARGER NATIONAL PROGRAM IN THE  
SAME MANNER AND ALSO NOTED THAT THE AGRICULTURAL FINANCE  
CO-OPERATION HAD PILOTTED A SIMILAR PROGRAM ON A LOAN BASIS TO  
SOME FARMERS. DEVAG ITSELF OPERATED ONLY A GRANT PROGRAM.

WITH RESPECT TO THE TIMING OF CROP PACK DISTRIBUTION, DEVAG  
INDICATED A YEAST-BLE SEED CROP PACK COULD BE DONE AT ALMOST  
ANY TIME AS WATER SOURCES WERE AVAILABLE TO AFRICAN FARMERS  
IN MANY AREAS IN SUFFICIENT QUANTITIES TO SUPPORT VEGETABLE  
PRODUCTION.

MAJOR CASH AND GRAIN CROPS WOULD BE TIMED FOR DISTRIBUTION  
LATER IN THE YEAR. DEVAG, HOWEVER, STRESSED THE NEED FOR EARLY  
COMMITMENT OF FUNDS (E.G. POSSIBLY BY MAY) SO THEY COULD BEGIN  
DETAILED PLANNING, PROCUREMENTS, ETC. FOR A FULL PROGRAM.  
DEVAG'S PROGRAM LAST YEAR WAS LESS EFFECTIVE BECAUSE THEY WERE  
LATE IN MANY AREAS IN DELIVERY OF INPUTS.

NOTE: STUBS AVOIDED GIVING COST ESTIMATE ON POSSIBLE NATIONAL  
PLAN BUT PROPOSED DETAILS EARLY NEXT WEEK. IT SEEMS OBVIOUS TO US  
THAT ASSISTING RETURN FARMERS TO RE-ESTABLISH THEIR FARMS AND  
SUSTAINANCE/CASH CYCLE WILL BE A CRITICAL NEED. PROGRAM CONCEPT  
WAS, ACCORDING TO DEVAG, BEEN BLESSED AT REVIEW SESSION LAST  
WEEK BY THE MINISTER OF RECONSTITUTED MINISTRY OF RURAL DEVELOPMENT  
AND NATIONAL RESOURCES.

CROP PACKS WILL NOT HAVE SAME VISIBILITY AS ON GROUND STRUCTURES  
SUCH AS SCHOOLS AND CLINICS BUT FROM STANDPOINT OF SUBSTANTIVE

1. GOV PROCUREMENT PROCEDURES  
GOVERNMENT PROCUREMENT IN ZIMBABWE IS BASED ON THE COMPETITIVE  
MODEL. DRUGS AND MEDICAL SUPPLIES REQUIRED BY MOH ARE PROCURED  
THROUGH THE GOVERNMENT'S CENTRAL MEDICAL STORES. OTHER  
COMMODITIES SUCH AS FURNITURE ARE PROCURED EITHER BY THE MINISTRY  
OF WORKS OR THE GOVERNMENT CENTRAL STORES. MOH IS CHARGED FOR  
ALL ITS PURCHASES FROM THESE GOVERNMENT STORES, EACH OF WHICH  
HAS STOCKS ON HAND AND PROCURE VIA LOCAL OR INTERNATIONAL TENDERS  
AS NEEDED TO MAINTAIN INVENTORY LEVELS. GOV TENDERS ARE ISSUED  
LOCALLY AS WELL AS TO SOURCES OF SUPPLY OUTSIDE ZIMBABWE. LOCAL  
FIRMS RECEIVE A SLIGHT PREFERENCE, USUALLY 5 TO 10 PERCENT OF BID PRICE.  
FOR PROCUREMENTS OF R5 500 OR LESS, THE MOH MAY BUY AT "BEST ADVANTAGE,"  
THAT IS, ORAL QUOTATION ARE SOUGHT FROM A NUMBER OF SOURCES.  
FOR PROCUREMENTS BETWEEN R5 500 AND R5 2500, FORMAL (BUT WRITTEN)  
TENDERS MAY BE ISSUED  
AND JUDGED BY A COMMITTEE APPOINTED BY THE PROCURING AGENCY ITSELF  
(E.G. CENTRAL MEDICAL STORES). FOR PROCUREMENTS IN EXCESS OF  
R52500, FORMAL TENDERS ARE REQUIRED AND  
FINAL APPROVAL MUST BE OBTAINED FROM THE GOVERNMENT TENDER BOARD.  
EMERGENCY PURCHASES AT ANY VALUE MAY BE MADE AT BEST ADVANTAGE WITH  
PERMISSION OF THE GOVERNMENT TENDER BOARD. IN SUMMARY, THE GOV  
PROCUREMENT SYSTEM APPEARS TO BE EFFICIENTLY RUN, AND ITS PRO-  
CEDURES ARE COMPATIBLE WITH AID REQUIREMENTS. THE USE OF MOST  
COUNTRY PROCUREMENT FOR ALL COMMODITIES REQUIRED FOR THIS PROJECT  
WOULD SEEM ENTIRELY APPROPRIATE.

2. SOURCE AND ORIGIN OF PROJECT COMMODITIES.  
THE COMMODITIES REQUIRED FOR THE PROJECT FALL ROUGHLY WITHIN  
THE FOLLOWING CATEGORIES:-  
(1) FURNITURE, SIMPLE MEDICAL SUPPLIES, BUILDING MATERIALS AND  
SOME APPLIANCES (I.E. SMALL REFRIGERATORS FOR VACCINES) ARE  
MANUFACTURED LOCALLY.

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IUGA-01 FM-11 HNDU-01 O-01 OHLV-02 OPR-01 OPS-02 OSE-02  
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- (B) VACCINES, MIXTURES, AND MOST DRUGS ARE EITHER MADE OR COMPOUNDED LOCALLY, WITH LOCAL OR CODE 935 RAW MATERIALS, AND ARE THEREFORE INDIGENOUS GOODS.
- (C) OTHER DRUGS, CHEMICALS AND MEDICAL EQUIPMENT ARE PURCHASED ON THE LOCAL MARKET AS IMPORTED SHELF ITEMS.
- (D) LIMITED AMOUNT OF DRUGS AND MEDICAL EQUIPMENT ARE IMPORTED DIRECTLY FROM CODE 935 COUNTRIES.

IT IS ESTIMATED THAT UP TO 30 PERCENT OF THE REQUIRED COMMODITIES LIE IN CATEGORY (C) AND THAT ROUGHLY 20 PERCENT ARE IN CATEGORY (D) ABOVE, APPROXIMATELY U.S. \$ 155,000 AND \$ 104,000 RESPECTIVELY. GIVEN THE NUMBER OF INDIVIDUAL ITEMS INVOLVED (APPROXIMATELY 230 ON THE

NON STANDARD RURAL CLINIC EQUIPMENT LIST) AND THE FACT THAT GOZ OFFICIALS DID NOT KEEP DETAILED RECORDS ON THE ORIGIN OF IMPORTED SHELF ITEMS DURING THE PERIOD OF U.N. SANCTIONS (THE POPULAR MOTTO BEING "DON'T ASK"), IT IS NOT POSSIBLE TO PIN DOWN THE ORIGIN OF SOME COMPONENTS IN INDIGENOUS GOODS AND IMPORTED SHELF ITEMS AT THIS TIME. HOWEVER, IT IS KNOWN THAT THE DIRECTLY IMPORTED ITEMS ARE PRINCIPALLY OF BRITISH, SOUTH AFRICAN, SWISS, JAPANESE, TAIWANESE AND PAKISTANI ORIGIN. IT COULD BE ASSUMED THAT THE IMPORTED COMPONENTS OF LOCALLY PROCURED SHELF ITEMS HAVE THEIR ORIGIN IN THE SAME COUNTRIES.

3. SOURCE/ORIGIN WAIVER

IN ORDER TO SIMPLIFY PROCUREMENT PROCEDURES AND TO ELIMINATE NON-ESSENTIAL AID MONITORING OF PROCUREMENT UNDER THIS PROJECT, IT IS RECOMMENDED THAT THE IMPORTED SHELF ITEM LIMITATION BE INCREASED TO U.S. \$ 175,000 FOR THIS PROJECT AND THAT A SOURCE AND ORIGIN WAIVER FROM CODE 000 TO CODE 935 BE ISSUED COVERING ALL DRUGS, MEDICAL SUPPLIES, FURNISHINGS AND EQUIPMENT REQUIRED UNDER THIS PROJECT. THE SOURCE AND ORIGIN WAIVER SHOULD BE IN THE AMOUNT OF U.S. \$125,000. IT IS FURTHER RECOMMENDED THAT BOTH WAIVERS BE APPROVED AS PART OF THE AUTHORIZATION.

THE JUSTIFICATION FOR THESE WAIVERS IS BASED UPON AID HB 1 SUPP G CHAPTER 504B (1) AND (7). REHABILITATION OF THE RURAL HEALTH CLINICS MUST COMMENCE IMMEDIATELY IN ORDER TO MEET THE MEDICAL CARE NEEDS OF THOUSANDS OF WAR-DISPLACED PERSONS NOW RETURNING TO THEIR HOME AREAS IN THE TRIBAL TRUST LANDS. EVEN BEFORE THE PHYSICAL STRUCTURES ARE COMPLETELY REBUILT (E.G. DOORS AND WINDOW COMPLETED), HOWEVER, MEDIC

SUPPLIES, DRUGS AND SOME EQUIPMENT AND FURNISHINGS WILL BE REQUIRED T O

ENABLE THE CLINICS TO BEGIN OPERATING. THESE ITEMS MUST BE MADE AVAILABLE UPON OR SHORTLY AFTER PROJECT APPROVAL IF THE IMMEDIATE RELIEF PURPOSES OF THE PROJECT ARE TO BE FULFILLED. ONE OF THE GOZ'S PRESENT SOURCES OF SUPPLY, INCLUDING ITS CENTRAL MEDICAL STORES WHERE MOST OF THE REQUIRED COMMODITIES ARE CURRENTLY IN STOCK, THOUGH NOT NECESSARILY IN SUFFICIENT QUANTITIES FOR THE ENTIRE PROJECT, WILL ASSURE THAT THE REQUIRED COMMODITIES ARE AVAILABLE TO MEET THE EMERGENCY. REQUIRING THAT EXISTING STOCKS BE BY-PASSED IN ORDER TO PROCURE FROM 000 SOURCES WOULD UNDULY DELAY PROJECT IMPLEMENTATION.

IT SHOULD ALSO BE NOTED THAT MOST REQUIRED COMMODITIES NOT ALREADY IN STOCK IN GOZ FACILITIES ARE AVAILABLE FROM OR THROUGH LOCAL SUPPLIERS IN THE PRIVATE SECTOR. THIS MARKET CREATED SUBSTANTIAL EMPLOYMENT LOCALLY AND SHOULD BE SUPPORTED BY DONORS AT THIS CRITICAL STAGE IN ZIMBABWE'S DEVELOPMENT. THE IMPOSITION OF A REQUIREMENT THAT COMMODITIES NOT ALREADY IN STOCK IN GOZ FACILITIES HAVE THEIR ORIGIN, IF NOT THEIR SOURCE, IN THE U.S. WOULD BE INJURIOUS TO THE LOCAL ECONOMY AND, TO SAY THE LAST, COUNTERPRODUCTIVE.

ACCORDINGLY IT WOULD APPEAR NECESSARY FOR THE SUCCESS OF THIS PROJECT, AND IN THE INTERESTS OF U.S. FOREIGN POLICY AND OBJECTIVES OF THE FOREIGN ASSISTANCE PROGRAM, TO RAISE THE IMPORTED SHELF ITEM LIMITS AND TO ALLOW PROCUREMENT FROM CODE 935 COUNTRIES AS REQUESTED.

11 E. ENVIRONMENTAL IMPACT (IEE)

THE IMPACT ON THE PHYSICAL STATE OF THE ENVIRONMENT IS EXPECTED TO BE MINIMAL. CLINICS ARE BEING RESTORED TO THEIR PREVIOUS CONDITION ON THE SAME LOCATIONS WITH THE SAME BUILDING MATERIALS. THE

PRIOR WATER SUPPLY SYSTEM WILL BE RESTORED TO A FUNCTIONING CONDITION

LATRINES ARE MAINLY OF THE PIT TYPE AND THESE WILL BE REDUG IF NECESSARY, OR THE PHYSICAL BUILDING REHABILITATED. THE WASHING SHOWERS, IF PREVIOUSLY PRESENT, WILL ALSO BE RESTORED TO THEIR PRIOR STATE. THE WATER AND SANITATION ASPECTS WILL BE EXAMINED BY THE LOCAL HEALTH INSPECTORS.

THE POPULATION IN THE AREAS SERVED WILL HAVE THE SAME LEVEL OF HEALTH CARE RESTORED THAT THEY HAD AVAILABLE PRIOR TO THE DISRUPTION. IMMUNIZATION SERVICES WILL BE GRADUALLY EXPANDED IN RURAL AREAS, THUS ASSURING SURVIVAL OF LARGER NUMBERS OF CHILDREN. FAMILY PLANNING

SERVICES ARE OFFERED AT ALL CLINICS, HOPEFULLY ASSURING BETTER CHILD SPACING. THE DRUG LIST FOR CLINICS HAS BEEN IN USE FOR SOME YEARS, THOUGH A FEW NEWER DRUGS MAY BE UTILISED AND A FEW DELETED.

THE STANDARD DRUG LIST IS SIMILAR TO THAT UTILIZED IN RURAL CLINICS WORLD-WIDE. THE ITEMS USED ARE EFFACIOUS AND NOT DANGEROUS WHEN USED IN A NORMAL MANNER BY PARAMEDICAL PERSONNEL. PARAMEDICAL CLINIC STAFF HAVE BEEN TRAINED TO DEAL WITH MOST COMMON AILMENTS SEEN IN PRIMARY CARE CLINICS, AND TO REFER MORE SERIOUS COMPLAINTS TO THE NEXT HIGHER LEVEL. DRUGS AND SERVICES WILL RAISE THE HEALTH STATUS OF THE RURAL POPULATION.

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IDCA-01 FM-01 W-03-01 O-01 CALI-03 CPP-01 CPS-01 CCE-03  
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IN VIEW OF THE LACK OF SIGNIFICANT ENVIRONMENTAL IMPACT AS DELINEATED ABOVE, IT IS RECOMMENDED THAT A NEGATIVE DETERMINATION BE MADE.

NOTE FYI AID/4 SHOULD PREPARE THE ICE FACE SHEET FOR SIGNATURE BY APPROPRIATE OFFICIAL.  
END FYI.

III FINANCIAL ANALYSIS

A. HOST COUNTRY FISCAL PROCEDURES, TAXATION AND AUDIT.

THE MINISTRY OF FINANCE (MOF) HAS THREE POTENTIAL METHODS FOR HANDLING OF THE ALLOCATION OF AID FUNDS TO RECIPIENT MINISTRIES AND/OR NON-GOVERNMENTAL BODIES.

- A - NORMAL PARLIAMENTARY VOTE - A PROCEDURE WHICH WILL NORMALLY TAKE FOUR TO SIX WEEKS.
  - B - PRESIDENTIAL APPROVAL - A SPECIAL WARRANT PROCEDURE REQUIRING PRESIDENTIAL APPROVAL, FOLLOWED BY A 14 DAY WAITING PERIOD DURING WHICH PARLIAMENT MAY OBJECT.
  - C - A NEW PROPOSED "NATIONAL TRUST FUND FOR RELIEF AND REHABILITATION". WHEN ESTABLISHED, THIS FUND WILL BE EMPOWERED TO RECEIVE DONATIONS AND TO CHANNEL SUCH FUNDS TO OPERATING MINISTRIES OR PRIVATE ENTITIES. IF FUNDS FROM THE TRUST ARE CHANNELLED THROUGH GOVERNMENTAL MINISTRIES, NORMAL PARLIAMENTARY APPROVAL IS STILL REQUIRED. SINCE THE RURAL HEALTH CLINICS ARE NOT OWNED BY GOZ, THEY WOULD BE ELIGIBLE RECIPIENTS AND DIRECT TRUST FUND DISBURSEMENTS COULD BE MADE.
- HOWEVER, THE HITCH IN THE APPROACH IS THAT THE TRUST FUND CANNOT LEGALLY BEGIN TO FUNCTION UNTIL PARLIAMENT APPROVES IT, AND THIS IS EXPECTED TO TAKE THE NORMAL FOUR TO SIX WEEKS. AFTER SUBMISSION TO PARLIAMENT. NO SUBMISSION DATE IS YET ESTABLISHED.
- WHEN THE FUND BEGINS OPERATION IT WILL BE ADMINISTERED BY MINISTRY OF FINANCE, AND CHAIRED BY MINISTER OF FINANCE WITH THE MINISTERS OF EDUCATION AND SOCIAL AFFAIRS AS MEMBERS.

THE MOF HAS STRESSED THAT THE WARRANT PROCEDURE IS AN "EMERGENCY" PROCEDURE FOR USE WHEN FUNDS ARE NEEDED IMMEDIATELY. FROM THE MOF STANDPOINT, IT IS QUESTIONABLE WHETHER MORE THAN A PORTION OF THE FUNDS REQUIRED FOR CLINIC REHABILITATION WOULD QUALIFY FOR THE WARRANT PROCEDURE. AN ADDITIONAL PROBLEM RAISED BY GOZ FISCAL PROCEDURES IS THAT FUNDS APPROPRIATED FOR THIS FISCAL YEAR WOULD EXPIRE UNLESS ACTUALLY EXPENDED BY THE END OF THE FISCAL YEAR (I.E. JUNE 30), IN WHICH CASE SUCH FUNDS WOULD HAVE TO BE RE-APPROPRIATED FOR NEXT

NOTE: FYI AFTER DISCUSSING THE ABOVE OPTIONS AT MOF (WITH DEPT SECRETARY WALTERS), WE PROMISED THAT WE WOULD FURTHER DEFINE THE PROGRAM AND RETURN THIS WEEK TO GOZ WITH AN APPROPRIATE APPROPRIATION PROCEDURE BASED ON ACTUAL PROGRAM REQUIREMENTS. WE DID NOT DISCUSS CASH GRANT MECHANISM AT FIRST SESSION BUT INDICATED INTENTION TO MAKE SUBSTANTIAL CASH ADVANCE AGAINST PROGRAM.

WALTERS RAISED TAXATION ISSUE AND WE CONFIRMED AID COULD NOT FINANCE TAXES. OPT.CMS WERE EITHER WAIVER, REFUND, OR GOZ FUNDING. WALTERS INDICATED THEY OBJECTED TO WAIVER OF TAXES BUT WOULD CONSIDER APPROPRIATION OF TAX COMPONENT. THERE APPEARS TO BE GENERAL RECOGNITION OF AID'S INABILITY FINANCE TAXES BUT DETAILS NEED BE NEGOTIATED. WE HOPE TO GET TO WORK ON THIS NEXT WEEK ONCE WE GET WASHINGTON'S GREEN LIGHT ON WHICH FORM OF AGREEMENT WE WILL USE, E.G. CASH GRANT OR OBLIGATING LOGA.

REFTEL INDICATED THAT AUDIT BY COMPETENT CHARTERED FIRM WOULD BE REQUIRED. SINCE PROGRAM AS RECOMMENDED BY REDSO TEAM WOULD BE RESTRICTED TO GOZ MINISTRIES WE DO NOT BELIEVE UTILIZATION OF CHARTERED FIRM IS NECESSARY OR APPROPRIATE. GOZ HAS ADEQUATE INTERNAL AUDIT CAPABILITY AND ANY NECESSARY AUDITS WILL BE BUILT AROUND THAT CAPABILITY. END FYI

III B. PROPOSED AID DISBURSEMENT SYSTEM

TWO PROPOSED DISBURSEMENT SYSTEMS ARE UNDER CONSIDERATION E.G.  
(A) IF CASH GRANT IS UTILIZED AND (B) IF PROJECT ASSISTANCE PROCEDURES ARE USED.

- (A) CASH GRANT DISBURSEMENT PROCEDURES - UNDER THE CASH GRANT APPROACH AID WOULD MAKE AVAILABLE THE \$1.9 MILLION IN ONE INITIAL DISBURSEMENT AT REQUEST OF GOZ MINISTRY OF FINANCE IN RESPONSE TO FINANCING REQUEST DELIVERED TO USLO, AID WOULD DEPOSIT FUNDS INTO ACCOUNT OF GOZ IN BANK LOCATED IN U.S. NAMED BY GOZ.

GOZ WOULD DEPOSIT LOCAL CURRENCY AT HIGHEST LEGAL RATE INTO SPECIAL ACCOUNT. DISBURSEMENTS FROM SPECIAL ACCOUNT WOULD BE FOR PORTION OF COST ASSOCIATED WITH RECONSTRUCTION, REHABILITATION, EQUIPMENT AND SUPPLY OF 155 CLINICS. PROCEDURES WOULD BE THOSE CONSIDERED APPROPRIATED BY GOZ. AID WOULD NOT MONITOR PROCEDURES BUT WOULD REQUIRE GOZ TO PROVIDE REPORTS SHOWING CUMULATIVE DEPOSITS TO AND DISBURSEMENTS FROM SPECIAL ACCOUNT AND PERIODIC AND FINAL REPORT SHOWING DISBURSEMENTS FOR RURAL CLINICS.

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COMMENT FYI THE ABOVE PROCEDURE IS STRAIGHT FORWARD, SIMPLE TO ADMINISTER AND WOULD REQUIRE ESSENTIALLY NO INTERFERENCE BY AID IN GOZ NORMAL OPERATING PROCEDURES - WHICH WE BELIEVE TO BE ADEQUATE TO THE TASK AT HAND. REDSO RECOMMENDS THIS PROCEDURE AS PREFERABLE IN VIEW OF THE EMERGENCY NATURE OF THIS ASSISTANCE AND THE CURRENT LACK OF IN-COUNTRY AID STAFF TO MONITOR AND ASSIST USLO AND GOZ IN IMPLEMENTATION OF PROJECT. END FYI.

(B) PROJECT ASSISTANCE DISBURSEMENT PROCEDURES.

IF AIDU/2 DOES NOT APPROVE OF THE CASH GRANT APPROACH THE FOLLOWING DISBURSEMENT PROCEDURE IS PROPOSED.

UPON RECEIPT OF REQUEST BY GOZ - AID WOULD MAKE AVAILABLE TO GOZ A CASH ADVANCE EQUAL TO 30 DAYS ANTICIPATED CASH REQUIREMENTS. GOZ WOULD DRAW AGAINST ADVANCE FOR PAYMENT OF ELIGIBLE GOODS AND SERVICES ASSOCIATED WITH RURAL HEALTH CLINIC REHABILITATION PROGRAM. DOCUMENTATION ON EXPENDITURE WOULD BE SUBMITTED TO AID - PAID THROUGH EAAC NAIROBI.

DETAILED RECORDS ON EXPENDITURES WOULD BE REQUIRED AND THESE WOULD BE SUBJECT TO AID T. PROCUREMENT OF GOODS AND SERVICES WOULD BE SUBJECT TO AID PROCEDURES AND, TO BE WORKABLE, WOULD REQUIRE SOURCE ORIGIN WAIVERS AS DISCUSSED ABOVE.

THIS PROCEDURE WOULD ALSO RESULT IN DELAYED AVAILABILITY OF CRITICALLY NEEDED FOREIGN EXCHANGE TO NEW GOVERNMENT.

NOTE FYI THIS PROCEDURE IS PERFECTLY WORKABLE BUT WOULD REQUIRE GREATER GOZ DOCUMENTATION ON EXPENDITURES AND GREATER AID MONITORING THAN WOULD A CASH GRANT. END FYI

III C. ANALYSIS OF COSTS AND PROJECT BUDGET

THE GOZ MINISTRIES OF HEALTH AND OF PUBLIC WORKS HAVE PROVIDED ESTIMATES OF COSTS OF REPAIR OF SOME 33 RURAL HEALTH CLINICS. VARIOUS PROVINCIAL OFFICIALS PARTICIPATED IN THE EXERCISE AND ESTIMATES VARY SOMEWHAT IN QUALITY AND DETAIL. ESTIMATES FROM SOME AREAS, FOR EXAMPLE, CONTAIN AN ITEMIZED BREAKDOWN OF DAMAGE TO EACH CLINIC IN THE AREA COUPLED WITH REPAIR ESTIMATES THAT SEEM TO REFLECT CAREFUL ANALYSIS OF EACH COST ITEM OTHER ESTIMATES, HOWEVER, ARE OBVIOUSLY ROUGH, WITH OVERAGED LUMP SUM VALUES BEING ASSIGNED TO REPAIR COSTS FOR ALL CLINICS IN THE AREA. IT IS LIKELY THAT SOME ESTIMATES MADE BY PROVINCIAL OFFICIALS WERE INFLATED IN AN EFFORT TO OBTAIN LARGER SUMS FROM THE CENTRAL GOVERNMENT FOR RECONSTRUCTION IN THEIR

AREAS. THE NON-HOT ESTIMATES FROM THE PROVINCE OF REPERTO, WHICH COMPLETED MORE REPAIRS RELATIVELY SOON THAN SOME OTHER HEALTH CLINICS AND HAD ASSIGNED THE IMMEDIATELY AVAILABLE LIMITED DOWNWARD TO REPAIR COSTS THAT ARE IN LINE WITH THE FUND REPLENISHMENT TO 1-1000 ITEMS (SEE ABOVE) WERE NOT AT ALL ACCURATE. IN THE OTHER CLINICS, HOWEVER, THE REPAIRS WERE CALLED FOR BY RECONSTRUCTION WAGONS CALCULATED BY THE AID OFFICERS IN THE ILLUSTRATIVE FINANCIAL FORM IS NOT NEARLY AS ACCURATE.

AS INDICATED EARLIER, BECAUSE OF LOOTING AND/OR WAR OR WEATHER DAMAGE, THE VAST MAJORITY OF THESE ARE NOW REASONABLY ACCURATE.

AS INDICATED EARLIER, BECAUSE OF LOOTING AND/OR WAR OR WEATHER DAMAGE, THE VAST MAJORITY OF THE 159 CLOSED CLINICS WILL REQUIRE COMPLETE REPLACEMENT OF FURNISHINGS, EQUIPMENT AND DRUGS. THE QUANTITIES OF THESE ITEMS PER CLINIC HAS BEEN ESTABLISHED BY THE MOH IN THE FORM OF A STANDARD SUPPLY LIST, AND COSTS OF THESE COMMODITIES (AGGREGATING R200125) ARE WELL ESTABLISHED. WHILE THE MOH PROVIDED THE FINANCING OF THE ORIGINAL CLINIC CONSTRUCTION AND SUPERVISED THE ACTUAL BUILDING, THE RURAL CLINICS SYSTEM WAS COMPLETED GRADUALLY OVER A NUMBER OF YEARS, RELYING HEAVILY ON TIME CONSUMING TRIBAL COUNCIL SELF-HELP MEASURES. THE PRESENT REHABILITATION AND RECONSTRUCTION EFFORTS WILL BE A FORCED PACE EFFORT AND THE MOH HAS BEEN ENCOURAGED TO AND SUFFICIENT TEMPORARY STAFF TO INSURE TIMELY IMPLEMENTATION. THE MOH, AFTER REVIEW, HAS INDICATED THAT IN ORDER TO MOBILIZE THE REHABILITATION EFFORT SO THAT A MAJORITY OF THE 159 INOPERATIVE CLINICS WILL BE OPERATIONAL WITHIN SIX TO TWELVE MONTHS, IT WILL REQUIRE ADDITIONAL ADMINISTRATIVE STAFF (ONE OR TWO ADMINISTRATIVE ASSISTANTS) AND AT LEAST FIVE LOCAL BUILDING SUPERVISORS (ONE FOR EACH PROVINCE). MOH ESTIMATES THAT SALARIES AND OVERHEAD FOR THESE TEMPORARY STAFF ADDITIONS, PLUS THE COST OF HIRING TRANSPORTATION FOR SUCH PERSONS, WILL RUN AT ABOUT TEN PERCENT (APPROXIMATELY R8124,000). THESE ESTIMATES APPEAR REASONABLE.

FINALLY, THE BUDGET INCLUDES AN ESTIMATE FOR INFLATION (10 PERCENT), WHICH IS NOT OUT OF LINE WITH UNOFFICIAL ESTIMATES IN COUNTRY, AND FOR CONTINGENCIES (15 PERCENT). RECURRENT COSTS SUCH AS SALARIES FOR MEDICAL STAFF WORKERS, REPAIR OF FURNISHINGS, NORMAL REPLENISHMENT OF DRUGS AND BUILDING WILL BE BORNE, AS THEY WERE BEFORE THE RECENT ESCALATION OF THE WAR, BY THE GOZ.

TOTAL FINANCING REQUIRED TO REHABILITATE ALL 159 INOPERATIVE MOH CLINICS IS ESTIMATED AT US \$2.57 MILLION. IT IS CLEARLY UNDERSTOOD BY THE GOZ THAT TOTAL AID FUNDS AVAILABLE FOR THE PROJECT ARE US \$1.9 MILLION AND THAT THIS PROJECT WILL IN ALL LIKELIHOOD ENTAIL THE REHABILITATION OF A LESSER NUMBER OF CLINICS. THE SHORTFALL OF NEARLY \$700,000 WILL EITHER BE COVERED BY THE GOZ FROM GENERAL REVENUES, OTHER DONORS OR LOCAL SELF-HELP CONTRIBUTIONS OF LABOR AND/OR MATERIALS. IN ADDITION, THE MOH HAS SUGGESTED THAT SINCE ITS ESTIMATES ARE VERY CONSERVATIVE, ACTUAL COSTS COULD BE SOMEWHAT LOWER THAN THE ESTIMATES.

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IN SECTION 611 OF THE FOREIGN ASSISTANCE ACT  
AND SECTION 611A.

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THIS PROJECT WILL FINANCE ONLY THE REHABILITATION OF EXISTING  
CLINICS BASED UPON STANDARD MOH LIST FOR THE FULL SAMPLE,  
TWO TO ONE ROOM RATIO STRUCTURES. WHITE WALL - INTERIOR  
FLOOR PLAN FOR A LARGER DIVISION. WALL OF RICHWOOD. MOH  
PERSONNEL WILL OPERATE ALL REHABILITATED CLINICS UNDER THE  
PROJECT IN ACCORDANCE WITH EXISTING MOH STANDARDS AND PROJECT REG.

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BASED UPON THE PRECEDING ANNEXES AND THE FACT THAT AID IS NOT  
COMMITTED TO FINANCE RECONSTRUCTION OF ALL PRESENTLY INOPERATIVE  
MOH RURAL CLINICS, BUT ONLY THE NUMBER THAT CAN BE PUT INTO  
OPERATION

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SECT 611A.  
WITHIN THE LIMITS OF AID FINANCING, THE FINANCIAL  
AND TECHNICAL PLANNING FOR THIS PROJECT ARE CONSIDERED TO BE  
ADEQUATE.

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B. SECTION 611 (E)  
THE DIRECTOR OF PECO/EA, AS THE RESPONSIBLE AID OFFICER HEREBY  
CERTIFIED THAT TO THE BEST OF HIS KNOWLEDGE AND BELIEF THE  
COUNTRY PRESENTLY HAS THE CAPABILITY (IN BOTH FINANCIAL AND  
HUMAN RESOURCES TERMS) TO EFFECTIVELY MAINTAIN AND UTILIZE  
THE PROJECT.

FAIRBANKS FOR REDSO

9. CONDITIONS, COVENANTS AND NEGOTIATING STATUS  
GIVEN THE NATURE OF THIS PROJECT, THE NEED FOR EXPEDITIOUS  
DISPERSAL OF FUNDS AND THE DETERMINATION TO USE THE LIMITED  
SCOPE PROJECT AGREEMENT FORMAT, NO SPECIAL CONDITIONS PRECEDENT  
ARE RECOMMENDED FOR THE INCLUSION IN THE AGREEMENT. HOWEVER, A  
COVENANT BY GRANTEE TO PROVIDE APPROPRIATE PUBLICITY, IN  
THE FORM OF A PLACE OF SIGN, FOR EACH CLINIC REHABILITATED WITH  
AID FINANCING WILL BE INCLUDED IN THE AGREEMENT.

IF THE SHORTFALL IS NOT REDUCED BY ONE MEANS OR ANOTHER, AID  
IS CONTRIBUTION AS INDICATED ABOVE WILL FINANCE REHABILITATION  
OF LESS THAN THE FULL 159 CLINICS. THUS, THE ONUS IS  
ON THE MOH TO STRETCH AID FUNDS FOR THIS PROJECT AS FAR AS  
POSSIBLE. GIVEN THE PRIORITY THIS PROJECT ENJOYS WITHIN THE  
MOH AND THE EXPECTED EFFICIENCY OF THE MINISTRY'S STAFF, THERE  
IS EVERY REASON TO BELIEVE THIS WILL OCCUR. TO THIS END,  
LANGUAGE WILL BE INCLUDED IN THE PROJECT AGREEMENT REFLECTING  
THAT THE CO-OPERATING COUNTRY WILL UNDERTAKE TO SECURE  
OTHER FINANCING FOR THE COMPLETE REHABILITATION OF ALL MOH  
RURAL CLINICS. THE ILLUSTRATIVE FINANCIAL PLAN AND BUDGET  
CONTAIN A BREAKDOWN OF COST ESTIMATES FOR THE RECONSTRUCTION  
AND REFURNISHMENT OF THE 159 INOPERATIVE MOH RURAL CLINICS.

DISCUSSIONS REGARDING THE IMPLEMENTATION OF THIS PROJECT HAVE  
BEEN HELD WITH OFFICIALS WITHIN THE MINISTRY OF FINANCE,  
MINISTRY OF HEALTH AND THE RELEVANT AID PROCUREMENT ENTITY.  
NO SPECIAL NEGOTIATING PROBLEMS ARE ANTICIPATED, EXCEPT FOR  
THOSE USUALLY ASSOCIATED WITH NEGOTIATING A FIRST AID GRANT  
AGREEMENT WITH A HOST GOVERNMENT.

ILLUSTRATIVE FINANCIAL PLAN & BUDGET

VI DRAFT PROJECT AUTHORIZATION

I ESTIMATED COST OF RESTORING EACH CLINIC

COST COMPONENT	RHODESIAN DOLLAR AMT
- AVERAGE COST OF RECONSTRUCTION (BASED ON COST ESTIMATED FOR 58 CLINICS)	5650
- 3 MONTH INITIAL SUPPLY OF DRUGS (BASED ON MOH STANDARD SUPPLY LIST)	580
- MEDICAL EQUIPMENT (MOH LIST)	675
- REFRIGERATOR (MERGOLINE) (MOH LIST)	600
- FURNISHINGS (MOH LIST)	250
- TOTAL FURNISHINGS, EQUIPMENT, DRUGS	2125

GRANT TOTAL PER CLINIC  
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II ESTIMATED COST OF PROJECT

- REPAIR OF BUILDINGS 159 X 5650	898 350
- REFURNISHMENT OF FURNISHINGS EQUIPMENT DRUGS 159 X 2125	337 675
- SUBTOTAL	1 236 025
- SUPERVISION & TRANSPORT (10 PERCENT)	123 625
- INFLATION (10 PERCENT)	123 625
- CONTINGENCIES (15 PERCENT)	185 435

GRAND TOTAL FOR PROJECT	F81 669 910
TOTAL IN US \$ AT (1.54)	US\$2 370 120
TOTAL US FINANCING	US\$1 900 000
REMAINDER TO BE FINANCED BY GO2	US\$ 670 120

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C O R R E C T E D C O P Y (TEXT)

NAIROBI FOR REDCO

NAME OF COUNTRY/ENTITY: ZIMBABWE NAME OF PROJECT:  
ZIMBABWE RURAL CLINIC REHABILITATION  
NUMBER OF PROJECT:

1. PURSUANT TO SECTION 531 OF THE FOREIGN ASSISTANCE ACT OF 1961, AS AMENDED, I HEREBY AUTHORIZE THE (PROJECT) FOR ZIMBABWE (COOPERATING COUNTRY) INVOLVING PLANNED OBLIGATIONS OF NOT TO EXCEED 1,800,000 IN GRANT FUNDS OVER A ONE YEAR PERIOD FROM DATE OF AUTHORIZATION, SUBJECT TO THE AVAILABILITY OF FUNDS IN ACCORDANCE WITH THE A.I.D. OYB/ALLOTMENT PROCESS, TO HELP IN FINANCING FOREIGN EXCHANGE AND LOCAL CURRENCY COSTS FOR THE PROJECT.

2. THE PROJECT CONSISTS OF THE REHABILITATION AND UPGRADING OF RURAL HEALTH FACILITIES AND SERVICES IN ZIMBABWE. AID WILL ASSIST THE COOPERATING COUNTRY BY FINANCING THE SERVICES, FACILITIES, EQUIPMENT AND SUPPLIES NECESSARY FOR THE PROJECT.

3. THE PROJECT AGREEMENT(S) WHICH MAY BE NEGOTIATED AND EXECUTED BY THE OFFICER(S) TO WHOM SUCH AUTHORITY IS DELEGATED IN ACCORDANCE WITH A.I.D. REGULATIONS AND DELEGATIONS OF AUTHORITY SHALL BE SUBJECT TO THE FOLLOWING ESCROW TERMS AND COVENANTS AND MAJOR CONDITIONS, TOGETHER WITH SUCH OTHER TERMS AND CONDITIONS AS A.I.D. MAY DEEM APPROPRIATE.

4A. SOURCE AND ORIGIN OF GOODS AND SERVICES

GOODS AND SERVICES, EXCEPT FOR OCEAN SHIPPING, FINANCED BY A.I.D. UNDER THE PROJECT SHALL HAVE THEIR SOURCE AND ORIGIN IN THE COOPERATING COUNTRY OR IN THE UNITED STATES, EXCEPT AS A.I.D. MAY OTHERWISE AGREE IN WRITING.

OCEAN SHIPPING FINANCED BY A.I.D. UNDER THE PROJECT SHALL, EXCEPT AS A.I.D. MAY OTHERWISE AGREE IN WRITING, BE FINANCED ONLY ON FLAG VESSELS OF THE UNITED STATES.

B. COVENANTS  
THE COOPERATING COUNTRY SHALL COVENANT THAT IT WILL PROVIDE APPROPRIATE PUBLICITY TO ACTIVITIES ASSISTED UNDER THE PROJECT, EXCEPT AS A.I.D. MAY OTHERWISE AGREE IN WRITING.

C. WAIVERS  
THE FOLLOWING WAIVERS TO A.I.D. REGULATIONS ARE HEREBY APPROVED:

1. THE SOURCE AND ORIGIN REQUIREMENTS OF PARAGRAPH 3A ABOVE ARE HEREBY WAIVED TO PERMIT PROCUREMENT OF COMMODITIES REQUIRED UNDER THE PROJECT, INCLUDING DRUGS AND MEDICAL EQUIPMENT AND EQUIPMENT FROM COUNTRIES INCLUDED IN A.I.D. GENERAL AID CODE 935, PROVIDED THAT THE TOTAL VALUE OF SUCH COMMODITIES DOES NOT EXCEED \$100,000.

2. THE DOLLAR LIMIT FOR IMPORTED SHELF ITEMS, AS SET FORTH IN A.I.D. HANDBOOK 1, SUPP. B, CHAPTER 15, SECTION 4B, IS HEREBY RAISED TO \$100,000. FOR REASONS SET FORTH IN THE ABBREVIATED PROJECT PAPER, IT IS DETERMINED THAT EXCLUSION OF PROCUREMENT FROM FREE WORLD COUNTRIES OTHER THAN THE COOPERATING COUNTRY AND COUNTRIES INCLUDED IN CODE 941 WOULD SERIOUSLY IMPED ATTAINMENT OF U.S. FOREIGN POLICY OBJECTIVES AND OBJECTIVES OF THE FOREIGN ASSISTANCE PROGRAM.

(NOTE FYI: RE PARA 3 ABOVE, REQUEST AID/W IDENTIFY U.S. PERSON(S) TO EXECUTE GRANT AND ENSURE THAT SUCH PERSON(S) HAS EXECUTION AUTHORITY. END FYI). DAVIDOW

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