

THE GAMBIA

ISSUES PAPER

1983 Small Program Statement (SPS)

I. Introduction

The FY 1983 SPS for The Gambia is not a self-contained document; it must be read as an updating supplement to the FY 1982 SPS along with separate cables on health and agriculture strategy. The SPS proposes the goal of food self-sufficiency which would be approached by increasing rainfed food crop production and by leaving open the option of expanding food production through irrigation. It would also improve access to rural markets through improved road maintenance and would stabilize or increase availability of productive land through an integrated approach to land conservation and management. Finally, it would improve productivity through improved health and nutrition among farm families. The strategy takes into account already existing activities in soil and water conservation, mixed farming and resource management and forestry. New activities include a major multi-donor rural development program and assistance in establishing a rural primary health care system. Though not incorporated in the FY 1983 SPS update, the Mission's Primary Health Care (PHC) Strategy was set forth in Banjul 3213 dated 12/23/80, and the Mission's supplemental agricultural strategy is found in Banjul 1588 dated 6/12/80. (These cables are attached.) The Mission indicates it might submit a revised FY 1983 SPS by mid-calendar 1981 to coincide with the preparation of the FY 1983 ABS and the near completion of the GOTG's Second Five-Year Plan (SFYP).

Under the PHC Program, A.I.D. would construct and equip two division-level headquarters, seven dispensaries, three rural health centers, and fifteen rural laboratories. Mission agricultural strategy is to cooperate with the Gambia River Basin Commission in carrying out some of the remaining basic studies, aerial mapping and environmental studies especially, in order to facilitate progress in developing irrigated agricultural production. The goal is to provide stable food self-sufficiency, by the year 2000, by providing irrigated production as a stabilizing complement to rainfed food production.

A breakdown of projects in The Gambia is attached.

The Gambian economy revolves around groundnut production, and the country must import one-half of its main food staple of rice. This year's cereal crop was, however, better than last year's crop.

## II. REVIEW TOPICS

### A. Analysis Section

1. Issue: Does the SPS provide an analytical base for improving traditional rainfed agriculture?

Discussion: The SPS notes that AID is considering participation in crop production involving a wide range of appropriate technology packages. However, as was the case last year, there is no analysis of how or what the production potentials are, types of crops that might be produced or what the production potentials are, or what the relationship is between the proposal to develop rainfed agriculture and the outcome of the Bureau of Reclamation/Robert Nathan study on irrigated agriculture. What is the most appropriate system mix in terms of farmers' income and national food and cash-crop needs?

2. Issue: Does the SPS provide an adequate analytical basis for investment in irrigation during the planning period?

Discussion: While Banjul 1588 provides some justification for irrigation, there is actually no elaboration of the possibilities for achieving food self-sufficiency nor any analysis of the constraints, technical aspects, or economic aspects of achieving this goal. Nor is there any analysis of the possible tradeoffs with groundnut production and/or imported rice from neighboring countries. The SPS indicates that the relative prices with groundnuts and rice influence rice production and that groundnut production is the Government's main priority.

3. Issue: Does the SPS analysis imply the need for undertaking an analysis of Gambia's nutritional and health status?

Discussion: The analysis indicates that while food production has increased substantially this year, it remains below normal in a year when cash available in rural areas for purchasing food has fallen very low as a result of the drastic fall in groundnut production. Hence, there continues to be ground for belief that malnutrition and poor health in The Gambia continue to spread. There is striking evidence of poor health conditions.

#### B. Strategy Section

1. Issue: Does the SPS provide insufficient analysis and consideration of the income and employment-generating effects and of the recurrent-costs implications of its strategy.

Discussion: While the SPS notes the country's low per capita income and discusses the employment situation, these discussions are in a broad context and do not relate to a strategy target group. Findings related to small-farm income and the significance of off-farm employment to the farm family

budget are not discussed, nor are these considerations adequately incorporated into the strategy.

With respect to recurrent cost implications of health strategy, Banjul 3213 does address the question and does observe that the Government is prepared to ask The Gambia's rural communities to bear the major portion of health care despite the fact that urban-health-services costs in the Gambia are borne by the Government. Recurrent-cost implications of the remainder of the strategy are not touched upon despite a promise in last year's SPS to study the issue in depth, during the last several months, along with other Sahelian Missions.

There was no discussion of whether a Title II, Section 206 Program under PL-480 might be an appropriate vehicle for both optimizing employment effects and achieving certain development purposes such as building rural health centers and involving the rural poor in building local irrigation works.

2. Issue: Does the SPS strategy cover adequately the approved areas of concentration in agriculture and health?

Discussion: Though the Robert Nathan Study has been completed and incorporated into the United Nations study on the development of the Gambia River Basin, the SPS does not as yet provide adequate strategy-level discussion of how A.I.D. should approach development of Gambia's irrigation potential and the integration of this approach with our present concentration on rainfed agriculture. In the health area, AID/W concluded recently that a team should be dispatched to Banjul this month to assist the Mission in preparing an acceptable strategy in the health area. With respect to considering alternative strategic options to food self-sufficiency as a goal, an export orientation for example, the SPS does not yet address the

question. In reaction to these and other considerations, AID/W is sending within a few months a multi-sector team to develop an integrated strategy covering these fields plus issues related to energy, environment, human resources, proliferation of OPG's without planning, the latter issues being left over and unaddressed despite last year's guidance.

3. Issue: Do the implementation problems highlighted in the SPS raise serious questions about our policy towards assistance in the education and training areas?

Discussion: It has been suggested that perhaps the low literacy rate, the low primary-school enrollment rate, and the secondary-school enrollment rate indicate that the Mission should consider providing assistance in formal education in order to ameliorate the long-term needs for more educated people at the Government's disposal. It is also suggested that perhaps seminars in management training should be made available to the Government and that perhaps discrete local training components should be added to the participant training components of existing and forthcoming projects.

C. Proposed Assistance Levels

1. Issue: Are the proposed assistance levels appropriate?

Discussion: The Mission's proposed assistance levels are in excess of the approved assistance planning levels by \$1 to \$1.3 million per year. A substantial portion of the increase seems to be related to health and nutrition.

D. Geographic Office View

In the long run, we believe it will be possible to achieve food self-sufficiency in The Gambia by development of The Gambia River Basin and, on that basis, are in agreement with the SPS strategy objective which focuses

on the agricultural sector. In the absence of verifying analysis and strategy based on the Robert Nathan Study, the SPS continues to emphasize, cautiously, rainfed agriculture coupled with efforts to preserve and improve the productivity of the country's limited agricultural base. Thus, we are on the right track in The Gambia, but the sorting out and spelling out of the detailed strategy remains to be done during the next few months so as to integrate the necessary planning in irrigated agriculture. We continue to believe that the SPS fails to demonstrate the merits of moving ahead quickly to establish a mammoth health system and believe A.I.D.'s intervention should be deferred as well as scaled down until an adequate strategy is worked out and additional funding is sighted on the horizon. The SPS proposes an assistance level in excess of the approved levels and IPA. However, we support this higher level as being necessary to cover the new investments in irrigation. We feel AID/W should field the multi-sector team in time to enable the Mission to use results of its strategy determinations in preparing the FY 1983 ABS. We also feel the Health Strategy team should proceed to develop the health strategy despite any danger of raising the GOTG's expectations beyond those we might be able to meet.

THE GAMBIA PROJECTS

	<u>1978</u>	<u>1979</u>	<u>1980</u>	<u>1981</u>	<u>1982</u>	<u>1983</u>	<u>1984</u>	<u>1985</u>
<u>Gambia:</u>								
Soil & Water Res. Mgt. (\$2,517)	952	251	-	1,314	-	-	-	-
Mixed Farm. & Res. Mgt. (\$6,756)	-	849	2,530	2,657	720	-	-	-
Reforestation (\$1,575)	-	1,575	-	-	-	-	-	-
Rural Roads Maintenance (\$4,744)	-	1,500	1,300	1,444	400	100	-	-
Rural Dev. Program II (\$7,557)	-	-	-	400	3,480	3,677	-	-
CLUSA (PVO) (\$500)	-	-	400	100	-	-	-	-
Primary Health Care (\$1,200)	-	-	-	-	400	800	-	-
Albert Market (PVO) (\$1,593)	-	-	300	93	1,200	-	-	-
OICI Job Training (PVO) (\$600)	-	-	150	150	300	-	-	-
<b>TOTAL</b>	<b>952</b>	<b>4,175</b>	<b>4,680</b>	<b>6,158</b>	<b>6,500</b>	<b>4,577</b>	<b>2,700</b>	<b>1,000</b>
Gambia River Basin Development (\$13,200)	-	-	-	1,500	5,000	4,000	2,700	2,000

APPROVED PLANNING LEVELS

FY 80	3.0
FY 81	4.0
FY 82	6.5
FY 83	7.0
FY 84	7.3
FY 85	6.7
FY 86	6.2

INDICATIVE PLANNING LEVEL

FY 86 - \$ 8 million

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E.O. 12065: N/A

SUBJECT: PRIMARY HEALTH CARE STRATEGY

I. BACKGROUND: THE GAMBIA IS A VERY SMALL COUNTRY OF SOME 10,600 SQUARE KILOMETERS AND A POPULATION OF 1,170,000. THE COUNTRY EXTENDS 200 MILES INLAND FROM THE ATLANTIC OCEAN COVERING A TWENTY TO THIRTY MILE WIDTH ALONG BOTH SIDES OF THE GAMBIA RIVER. ITS CLIMATE IS SAHELIAN WITH INTERMITTENT DROUGHTS WHICH HAVE DEEPLY AFFECTED AGRICULTURAL PRODUCTION, THE COUNTRY'S MAJOR ECONOMIC ACTIVITY. VIRTUALLY DEVOID OF NATURAL RESOURCES, THE GAMBIA RANKS AMONG THE POOREST OF THE LDC'S. HEALTH CONDITIONS ARE PARTICULARLY APPALING. ESTIMATES VARY BUT IT IS WIDELY ACCEPTED THAT NEAR HALF OF ALL CHILDREN DIE BEFORE THE AGE OF FIVE. LIFE EXPECTANCY IS ABOUT 38. CHILDHOOD DISEASES COMBINED WITH MALARIA, POOR ATTITUDES TOWARD CHILD FEEDING, POOR SANITATION AND CONSEQUENT GASTRO-INTESTINAL PROBLEMS COMBINE TO CAUSE CONSIDERABLE INFANT MORBIDITY AND SUFFERING. DESPITE THIS DEPRESSING ENVIRONMENT, THE MINISTRY OF HEALTH (MOH), SUPPLEMENTED BY EXTERNAL ASSISTANCE, HAS ESTABLISHED AN IMPRESSIVE RECORD OVER THE PAST SEVERAL YEARS, PARTICULARLY IN THE ARE OF EXPANDED PROGRAMS OF IMMUNIZATION (WHICH RANKS AMONG THE MOST SUCCESSFUL IN THE WORLD) AND IS IN THE FOREFRONT OF NATIONS COMMITTED TO IMPROVING AND EXPANDING UPON THE DELIVERY OF RURAL HEALTH SERVICES.

II. OBJECTIVES:

A. THE GOVERNMENT OF THE GAMBIA (GOTG) APPROVED A NATIONAL PRIMARY HEALTH CARE PROGRAM PREPARED BY A JOINT WHO/ GOTG TEAM. THE PLAN IS DESIGNED TO BRING HEALTH SERVICES TO THE ENTIRE POPULATION BY THE YEAR 2000 IN HARMONY WITH THE ALMA ATTA PLEDGE. THE GOTG HAS GAINED INTERNATIONAL RECOGNITION OVER THE PAST TWO YEARS FOR ITS NATIONAL COMMITMENT AND FORWARD STRIDES IN THE PRIMARY HEALTH CARE AREA. THE APPROVED PLAN RESOLVES TO: (1) EXTEND, STRENGTHEN AND IMPROVE PRESENT SERVICES IN ORDER TO REACH THE MAJORITY OF PEOPLE WITH SIMPLE BUT EFFECTIVE HEALTH MEASURES AND THUS ENSURE THE ACCESSIBILITY OF COMPREHENSIVE HEALTH CARE TO ALL PEOPLE IN THE SHORTEST POSSIBLE TIME; (2) PROVIDE SERVICES FOR THE PREVENTION AND CONTROL OF THOSE DISEASES WHICH COMMONLY AFFECT THE COMMUNITIES, FOR WHICH SIMPLE AND EFFECTIVE HEALTH TECHNOLOGY IS AVAILABLE; (3) REDUCE THE IMBALANCE EXISTING BETWEEN URBAN AND RURAL COMMUNITIES IN THE PROVISION OF HEALTH SERVICES.

B. THE TARGETS OF THE APPROVED PROGRAM ARE TO ESTABLISH SOME 700 VILLAGE HEALTH SERVICES BY THE YEAR 2000, TO EXTEND HEALTH COVERAGE TO 30 PERCENT OF THE POPULATION BY THAT TIME, INCLUDING FULL IMMUNIZATION COVERAGE BY 1982 AND THE FULL RANGE OF MATERNAL AND CHILD HEALTH SERVICES BY 1985; EFFECT A 10 PERCENT REDUCTION IN MATERNAL MORTALITY BY 1985 AND A 50 PERCENT REDUCTION IN CHILD MORTALITY CAUSED BY COMMON INFECTIONS, DIARRHOEA AND MALNUTRITION BY THE SAME YEAR. THE STRATEGY IS TARGETED ON THE ERADICATION AND/OR REDUCTION OF THOSE DISEASES WHICH ARE THE MAIN CAUSES OF ILL-HEALTH AND DEATH.

C. THE ACTION PLAN IS TO BE IMPLEMENTED ON A PHASED RATHER THAN A PILOT BASIS AND IS CURRENTLY WELL INTO PHASE I IN WHICH HEALTH SERVICES ARE BEING INTRODUCED INTO SOME TEN VILLAGES. BY THE YEAR 2000 IT IS PLANNED THAT ALL 700 VILLAGE HEALTH SERVICE PROGRAMS WILL BE FUNCTIONING UNDER THE DIRECTION OF VILLAGE HEALTH COMMITTEES, WITH SOME 1,400 VOLUNTEER VILLAGE HEALTH WORKERS (VHW'S) TRAINED AND OPERATIONAL BY THAT TIME. TO ACHIEVE THIS GOAL, CONSIDERABLE MOH STAFF RECRUITMENT, ORGANIZATION AND TRAINING WILL BE REQUIRED TO SERVE AT THE SECONDARY (REGIONAL) AND TERTIARY (CENTRAL) LEVELS. IT WILL BE NECESSARY TO ESTABLISH FOUR MOBILE SUPERVISING TEAMS, EACH COMPRISING TWO MID-LEVEL HEALTH PROFESSIONALS, IN ORDER TO SUPPLEMENT THE SUPERVISION AND TRAINING OF VHW'S TO BE PRIMARILY GIVEN BY HEALTH CENTER AND DISPENSARY STAFF. TWO NEW DIVISIONAL HEALTH OFFICES WILL NEED TO BE ESTABLISHED FOR IMMEDIATE MANAGEMENT OF THE PHC PROGRAM AND TO SERVE AS THE LINK BETWEEN HEADQUARTERS AND THE FIELD. CENTRAL HEADQUARTERS STAFF AND ORGANIZATION ALSO WILL NEED TO BE STRENGTHENED. A HEALTH PLANNING UNIT AND FIELD MANAGEMENT SUPPORT SERVICES WILL NEED TO BE ESTABLISHED. A MAJOR EFFORT IN COORDINATION AND RE-ORIENTATION OF EXISTING HEALTH STAFF IS ALSO SCHEDULED TO PREPARE MOH PERSONNEL FOR A SHIFT IN EMPHASIS AND RESOURCES FROM THE TRADITIONAL CENTRAL HOSPITAL, CURATIVE TYPE SERVICES TO THE MORE PREVENTIVE ORIENTATION OF RURAL PRIMARY HEALTH CARE.

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III. CONSTRAINTS: THE OMNIPRESENT PROBLEMS OF ABSORPTIVE CAPACITY AND RECURRENT COSTS ARE UNDER EXHAUSTIVE REVIEW AT THE MOMENT WITHING THE GOTG. AN IDA HEALTH PLANNING ECONOMIST IS SCHEDULED TO ARRIVE SOON FOR THE PURPOSE OF UPDATING AND REFINING THE EXISTING RECURRENT COST ESTIMATES THAT HAVE BEEN DEVELOPED BY THE GOTG AND W.H.O. WHILE THE ESTIMATED COST OF THE PLAN OVER THE FIRST FIVE YEARS OF DOLLARS 5.6 MILLION IS NOT ENORMOUS, THE HEALTH SECTOR ALREADY IS RECEIVING A SUBSTANTIAL 7 PERCENT OF THE NATIONAL BUDGT. THERE IS LITTLE LIKELIHOOD OF THE HEALTH SLICE BECOMING LARGER DUE TO PRESSING DEMANDS IN OTHER CRITICAL SECTORS NOR IS THE PIE EXPECTED TO EXPAND IN THE FORSEEABLE FUTURE GIVEN THE POOR AGRICULTURAL PRODUCTION FORECASTS DUE TO ERRATIC RAINFALL PATTERNS IN RECENT YEARS. TWENTY TWO PERCENT OF THE PLAN'S COSTS ARE EXPECTED TO BE COVERED BY THE GOTG, 11 PERCENT BY THE RURAL POPULATION AND THE BALNCE OF 67 PERCENT BY EXTERNAL SOURCES. IT IS BELIEVED THAT THE EXTERNAL FINANCING, INCLUDING AID'S WILL BE FORTHCOMING AS AND WHEN THE GOTG SORTS OUR CONCLUSIVELY HOW IT INTENDS TO HANDLE THE 33 PERCENT TO BE MET DOMESTICALLY. IT IS A VERY TOUGH, POLITICAL ISSUE INASMUCH AS THE PLAN CALLS ON THE RURAL POPULATION, WHICH IS ALREADY THE POOREST SEGMENT OF THE SOCIETY, TO DIRECTLY ASSUME THE MAJOR COST OF PROVIDING THEIR COMMUNITIEIS WITH BASIC HEALTH CARE. THE RURAL POEOPLE ARE SO DESIROUS OF RECEIVING HEALTH CARE THAT THEY PROBABLY ARE PREPARED TO PAY WHEN THEY SEE WHAT IS AVAILABLE, BUT THE ISSUE OF EQUITY IS YET TO BE RESOLVED. SHOULD THE POOR FARMER PAY FOR HEALTH SERVICE THAT IS PRESENTLY FREE TO HIS MORE PROSPEROUS BRETHREN IN BANJUL AND SURROUNDING AREAS WHO NOW CONSUME 80 PERCENT OF THE HEALTH BUDGET? SHOULD THE POOR SUBSIDIZE THE RICH? THE NATIONAL CABINET IS PRESENTLY CONSIDERING THESE QUESTIONS FULLY RECOGNIZING THAT IS MUST REACH A POLICY DECISION ON THIS DELICATE ISSUE IN THE NEAR FUTURE IF ITS NATIONALL COMMITMENT TO A PRIMARY HEALTH CARE PROGRAM IS TO BE IMPLEMENTED ON A TIMELY BASIS.

IV. PROPOSED AIO ASSISTANCE:

A. THE MINISTRY OF HEALTH HAS BEEN ACTIVELY REQUESTING USAID PARTICIPTION IN THE PROGRAM FOR OVER ONE YEAR. AS DESCRIBED IN BOTH THE FY 1982 CDSS AND THE FY 1982 ABS, THE MISSION HAS BEEN POSITIVE IN ITS RESPONSE AND OUR EFFORTS TO FIELD A PIO TEMA OVER THE PAST SIX MONTHS HOPEFULLY WILL COME THE FRUITION IN THE NEAR FUTURE. OUR CONTENTION IS THAT INVESTMENT IN TERMS OF IMPROVED HEALTH AND NUTRITION SHOULD HAVE AS HIGH A CLAIM ON AID RESOURCES AS INVESTMENT IN INCREASED AGRICULTURAL PRODUCTION WHICH HAS BEEN OUR PRIMARY AREA OF CONCENTRATION, AS WELL AS THE GOTG'S. THE TWO SECTORS MUST BE DEVELOPED SIMULTANEOUSLY-THERE IS OBVIOUSLY LITTLE POINT OF WEALTH WITHOUT HEALTH AND VICE VERSA. WHILE THE PAYOFFS IN PURE ECONOMIC TERMS IN IMPROVED HEALTH SERVICES MIGHT BE MORE DIFFICULT TO QUANTIFY THAN THOSE IN INCREASED PRODUCTION THERE IS NO DOUBT THAT THE HIGH

MORBIDITY OF THE RURAL POPULATION, PARTICULARLY DURING THE MAY-JUNE PERIOD OF MAXIMUM HUMAN ENERGY REQUIREMENT, AS EXPLAINED ON PAGE 15 OF LAST YEAR'S CDSS, GREATLY AFFECTS AGRICULTURAL OUTPUT. WHEN COMBINED WITH THE SOCIAL EQUITY ISSUE, THERE IS A COMPELLING RATIONALE FOR INTERVENTION. THE GAMBIA IS A PARTICULARLY ATTRACTIVE TARGET BECAUSE OF ITS NATIONAL COMMITMENT TO PHC; ITS SMALL SIZE WHICH MAKES IT MORE MANAGEABLE; ITS ALREADY DEMONSTRATED SUCCESS IN MOH AND EPI SERVICES UPON WHICH THE BROADER PROGRAM IS BASED; AND, PERHAPS MOST IMPORTANTLY, THE MOH INVITATION TO U.S. TO PARTICIPATE IN THE FAMILY PLANNING ASPECTS OF THE MATERNALVHILD HEALTH ELEMENT OF THE PROGRAM.

B. REQUESTED U.S. ASSISTANCE IS ESSENTIALLY TO PROVIDE CONSTRUCTION AND EQUIPING OF TSO DIVISIONAL HEALTH TEAM REGIONAL HEADQUARTERS, SEVEN DISPENSARIES AND THREE RURAL HEALTH CENTERS AS WELL AS FIFTEEN RURAL LABORATORIES THROUGHOUT THE COUNTRY. NO LONG TERM TECHNICAL ASSISTANCE IS BEING REQUESTED FROM U.S. FOR SEVERAL REASONS; THE MOH IS ALREADY STAFFED WITH QUALIFIED GAMBIAN AND EXPATRIATE PROFESSIONALS AT THE SENIOR LEVELS; OTHER DONORS HAVE COMMITED THEMSELVES TO PROVIDE CERTAIN KEY PERSONNEL, E.G. THE WORLD BANK IS RECRUITING A HEALTH PLANNER/ECONOMIST, ADM THE GTZ HAS PROVIDED A DOCTOR TO HEAD ONE OF THE REGIONAL HEADQUARTER'S TEAMS; AND THE U.S. IS ALREADY WLL REPRESENTED IN THE HEALTH SECTOR. THE HIGHLY SUCCESSFUL SHDS/CDC EPI PROGRAM, WHICH HAS TWO U.S. PERSONNEL IN PLACE, WILL BECOME AN INTEGRAL PART OF THE PHC PROGRAM AND A U.S. PUBLIC HEALTH ADVISOR PROVIDED BY PROJECT CONCERN IS THE PRIME MOVER IN THE FIRST PHASE OF THE CURRENT ACTION PLAN.

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C. THE ESTIMATED COST OF OUR PARTICIPATION IS \$1.2 MILLION, REPRESENTING SOME 21 PERCENT OF THE PLAN'S TOTAL COST. IN ADDITION TO 33 PERCENT TO BE PROVIDED BY THE GOTG, THE REMAINING 46 PERCENT IS EXPECTED TO COME FROM OTHER EXTERNAL DONORS WHO HAVE MANIFESTED INTEREST IN VARIOUS ELEMENTS OF THE PLAN. THESE INCLUDE THE IBRD, UNFPA, THE GERMAN GOVERNMENT, WHO AND UNICEF. WHILE AID REP SUPPORTS THE GENERAL THRUSTS OF THE MOH REQUEST FOR OUR ASSISTANCE, WE WILL OF COURSE BE GUIDED BY THE FINDINGS AND CONCLUSION TO BE REACHED BY THE PIO TEAM WHICH WE EXPECT TO ARRIVE MOMENTARILY.

V. FOOTNOTE: A W.H. O. TEAM HAS JUST COMPLETED A STUDY ON THE HISTORY AND CURRENT STATUS OF THE PRIMARY HEALTH CARE PROGRAM IN THE GAMBIA WITH SPECIAL EMPHASIS ON THE ROLE OF EXTERNAL DONORS IN THE PROGRAM'S DESIGN AND DEVELOPMENT STAGES. DURING A RECENT INFORMAL REVIEW OF THE TEAM'S FINDINGS AT THE CONCLUSION OF THEIR IN-COUNTRY STUDY, THE TOPIC OF MOST SIGNIFICANCE CONCERNED THE EXCEEDINGLY LONG LEAD TIME DONORS SEEM TO REQUIRE BEFORE ACTUALLY COMING FORWARD WITH INPUTS AFTER THEY HAVE COMMITTED THEMSELVES TO PARTICIPATE IN A GIVEN PROGRAM. PERHAPS TWO YEARS IS THE NORM BETWEEN THE TIME OF COMMITMENT AND THE ACTUAL PROVISION OF EXTERNAL FUNDS OR OTHER RESOURCES. THE TEAM FOUND THAT THE MAJOR PROBLEM WITH THIS LAG IS THAT HOST COUNTRY EXPECTATIONS ARE RAISED AS A CONSEQUENCE OF THE PUBLICITY ATTENDANT ON THE INITIATION OF A NEW MAJOR NATIONAL PROGRAM SUCH AS PRIMARY HEALTH CARE AND THE GOVERNMENT MUST TAKE SOME IMMEDIATE ACTION, AS THE MOH HAS DONE WITH PHASE I. HOWEVER, IF TWO YEARS LAPSE BEFORE EXTERNAL DONORS FINALLY ENTER THE SCENE WITH INPUTS WHICH ARE CRUCIAL TO THE PLAN'S ULTIMATE SUCCESS, DISAPPOINTMENT IS BOUND TO SET IN AND WHATEVER MOMENTUM THAT WAS CREATED AT THE OUTSET WILL HAVE DISSIPATED. WHAT THE W.H. O. HOPES WILL COME OUT OF THIS STUDY IS THAT A MEANS MIGHT BE FOUND FOR EXTERNAL DONORS TO COORDINATE THEIR PLANNING AND COORDINATION MORE EFFECTIVELY AMONG THEMSELVES AND WITH THE HOST GOVERNMENTS AND IN THE PROCESS APPRECIABLY SPEED UP THE PREIMPLEMENTATION PROCESS. THE SLOW REACTION TIME AMONG THE PROPOSED DONORS INCLUDING AID TO THE GAMBIA'S PRIMARY HEALTH CARE PROGRAM IS ALREADY BEGINNING TO CAUSE SERIOUS CONCERN AND RESTLESSNESS AMONG GOVERNMENT OFFICIAL WHICH, IN THE STUDY TEAM VIEW, COULD HAVE BEEN AVOIDED OR AT LEAST ALLEVIATED WITH MORE COORDINATED EFFORT. WHILE IT IS NOTEWORTHY THAT THE GAMBIA WAS SELECTED FOR THE WORLD-WIDE STUDY OF DONOR-HOST COUNTRY COORDINATION IN PRIMARY HEALTH CARE PROGRAMS, IT REMAINS TO BE SEEN WHETHER THIS STUDY WILL ACTUALLY LEAD TO MORE CONCERTED AND EXPEDITIOUS DONOR INTERVENTION.

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2000 YIELDING ANNUALLY 67,000 MT ADDITIONAL OF HILLED RICE. WHEN ADDED TO THE PROPOSED IMPROVED RAINFED PRODUCTION, THIS WOULD YIELD 173,000 MT RICE AND RESULT IN OVERALL FOOD PRODUCTION OF 112.5 PERCENT OF PROJECTED REQUIREMENTS FOR THAT YEAR.

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INFO ARAF-01 AFCW-03 AFDR-06 AADS-01 DSAG-02 OSHE-01 CHS-01  
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E. O. 12065: N/A  
SUBJECT: FY 1982 ABS

REF: (A) STATE 94509, (B) STATE 149143, (C) BANJUL 1567

1. SUPPLEMENTAL ANALYSIS OF THE AGRICULTURAL SECTOR REQUESTED IN REF A IS CONTAINED HEREIN. THE HEALTH SECTOR ANALYSIS SHOULD BE AVAILABLE WITHIN ONE WEEK AND WILL FOLLOW BY SEPTEL.
2. GAMBIA AGRICULTURAL STRATEGY: CURRENTLY ALMOST ALL OF GAMBIAN AGRICULTURE IS RAINFED. NECESSARILY, IN THE SHORT-RUN EFFORTS TO RAPIDLY INCREASE CROP PRODUCTION FOR FOOD AND EXPORTS WERE CENTERED ON RAIN-FED TECHNOLOGY. THIS IS CONSISTENT, NOT ONLY WITH GAMBIAN CONDITIONS, BUT MORE OR LESS WITH CIRCUMSTANCES THROUGHOUT THE SAHEL AND WITH THE SAHEL DEVELOPMENT STRATEGY AS FORMULATED BY THE CLUB/CILSS. THAT STRATEGY RECOGNIZES THE DOMINANCE AND POSSIBILITIES OF RAIN-FED AGRICULTURE BUT IT ALSO ACKNOWLEDGES THE INHERENT LIMITATIONS. THESE ARE CLEARLY ILLUSTRATED BY THE CASE OF THE GAMBIA WHERE THE TWO MAJOR DISADVANTAGES TO AN AGRICULTURAL ECONOMY BASED PREDOMINANTLY ON RAIN-FED TECHNOLOGY ARE READILY IDENTIFIED. THESE ARE THE UNPREDICTABLE AND LARGE SCALE VARIATIONS IN RAINFALL AND CROP PRODUCTION FROM YEAR TO YEAR AND THE OVERALL LIMITATIONS OF RAIN-FED PRODUCTION, GIVEN THE BEST AVAILABLE RAINFALL AND THE APPLICATION OF THE OPTIMAL FEASIBLE TECHNOLOGY. THE RECENT UNDP DRAFT STUDY, DEVELOPMENT OF THE GAMBIA RIVER BASIN: EXECUTIVE SUMMARY, CLEARLY SHOWS THAT GIVEN OPTIMAL TECHNOLOGY AND INVESTMENT DURING THE NEXT TWENTY YEARS, BY THE YEAR 2000 THE GAMBIA WOULD BE ABLE TO PRODUCE ONLY 87 PERCENT OF ITS FOOD GRAIN REQUIREMENT (WHILE SUBSTANTIALLY INCREASING GROUNDNUT PRODUCTION AS WELL). HENCE THE NECESSARY LONG-TERM STRATEGY FOR AGRICULTURE IS TO ASSURE A CERTAIN QUANTITY OF IRRIGATED PRODUCTION UNDER FULL WATER CONTROL AND SECURE FROM CLIMATIC FLUCTUATIONS AS A STABILIZING COMPLEMENT TO RAINFED PRODUCTION AS WELL AS A SUPPLEMENT TO OVERALL PRODUCTION WHICH WILL HAVE THE POTENTIAL FOR ASSURING FOOD SELF-RELIANCE BY 2000. THIS IRRIGATION WE ASSUME, AT THE MOMENT, WILL BE BASED UPON WATER CONTROL MADE POSSIBLE BY THE PROPOSED YELITENDA ANIT-SALINITY BARRAGE AND POSSIBLY EVENTUALLY BY OTHER UP-RIVER DAMS. NECESSARY FIRST STEPS, SOME OF WHICH HAVE ALREADY BEEN COMPLETED, ARE THE BASE STUDIES FOR CONSTRUCTION, TECHNICAL, ECONOMIC AND FINANCIAL FEASIBILITIES, ENVIRONMENT, COMMUNITY EFFECTS ETC. AID REP IS PROPOSING TO COOPERATE WITH THE ONVG IN CARRYING OUT SOME OF THE REMAINING STUDIES ESPECIALLY IN THE AERIAL MAPPING AND ENVIRONMENTAL AREAS IN ORDER TO FACILITATE PROGRESS IN THE IRRIGATED SECTOR WHICH THE ANALYSIS SHOWS IS FUNDAMENTAL TO THE AGRICULTURE STRATEGY OF THE COUNTRY. THE UNDP REPORT INDICATES THAT, FOR EXAMPLE, WITH THE YELITENDA BARRAGE 16,400 HECTARES COULD BE UNDER IRRIGATION BY THE YEAR

3. IN SUMMARY, NATURE-IMPOSED AND PRACTICAL LIMITATIONS TO RAINFED AGRICULTURAL PRODUCTION FORCE IRRIGATION DEVELOPMENT. THE GAMBIA GOVERNMENT IS FULLY COMMITTED TO THIS COURSE, THE FIRST MAJOR PHASE OF WHICH WILL BE CONSTRUCTION OF THE YELITENDA BARRAGE. ALTHOUGH THE NECESSARY DATA FOR DETERMINING THE OPTIMAL STRATEGY FOR SUCH DEVELOPMENT ARE NOT YET COMPLETE, THE PRECEDING ILLUSTRATION BASED UPON RELATIVELY MODEST INVESTMENT ASSUMPTIONS, LIKELY DONOR CONTRIBUTIONS AND PRAGMATIC DEVELOPMENT INITIATIVES IN IRRIGATION AS WELL AS RAINFED AGRICULTURE, INDICATES THAT FOOD AND AGRICULTURE PRODUCTION GOALS FOR THE GAMBIA BY THE YEAR 2000 ARE ATTAINABLE. PARDON

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