

PD-AAF-833

2680305/4/78

B 2

AGENCY FOR INTERNATIONAL DEVELOPMENT  
PROJECT PAPER FACESHEET

1. TRANSACTION CODE  
 A ADD  
 C CHANGE  
 D DELETE

2. DOCUMENT CODE  
PP  
3

3. COUNTRY ENTITY  
Lebanon

4. DOCUMENT REVISION NUMBER  
0

5. PROJECT NUMBER (7 digits)  
268-0305

6. BUREAU/OFFICE  
A. SYMBOL  
B. CODE

7. PROJECT TITLE (Maximum 40 characters)  
Health Sector Rehabilitation

8. ESTIMATED FY OF PROJECT COMPLETION  
FY

9. ESTIMATED DATE OF OBLIGATION  
 A. INITIAL FY 78  
 B. QUARTER 3  
 C. FINAL FY 78 (Enter 1, 2, 3 or 4)

10. ESTIMATED COSTS (\$000 OR EQUIVALENT \$) -

A. FUNDING SOURCE	FIRST FY			LIFE OF PROJECT		
	B. FX	C. G	D. TOTAL	E. FX	F. G	G. TOTAL
AID APPROPRIATED TOTAL	4,900		4,900	4,900		4,900
(GRANT)						
(LOAN)						
OTHER U.S.						
HOST COUNTRY		1,000	1,000		1,000	1,000
OTHER DONOR(S)	500		500	500		500
TOTALS	5,400	1,000	6,400	5,400	1,000	6,400

11. PROPOSED BUDGET APPROPRIATED FUNDS (\$000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	PRIMARY TECH. CODE		E. 1ST FY		H. 2ND FY		K. 3RD FY	
		C. GRANT	D. LOAN	F. GRANT	G. LOAN	I. GRANT	J. LOAN	L. GRANT	M. LOAN
(1) SSA	510	549		800					
(2) SSA	520	580		1700					
(3) SSA	530	500		2000					
(4) SSA	540	510		400					
TOTALS									

A. APPROPRIATION	N. 4TH FY		O. 5TH FY		LIFE OF PROJECT		12. IN-DEPTH EVALUATION SCHEDULED
	P. GRANT	Q. LOAN	R. GRANT	S. LOAN	T. GRANT	U. LOAN	
(1) SSA					800		MM YY 01   7   9
(2) SSA					1700		
(3) SSA					2000		
(4) SSA					400		
TOTALS					4900		

13. DATA CHANGE INDICATOR. WERE CHANGES MADE IN THE PID FACESHEET DATA BLOCKS 12, 13, 14 OR 15 OR IN PRP FACESHEET DATA, BLOCK 12? IF YES, ATTACH CHANGED PID FACESHEET

1 = NO  
2 = YES

14. ORIGINATING OFFICE CLEARANCE

SIGNATURE: William F. Gelabert  
 TITLE: Director, NE/TECH

15. DATE DOCUMENT RECEIVED IN AID/W OR FOR AID/W DOCUMENTS. DATE OF DISTRIBUTION  
 DATE SIGNED: MM DD YY  
 13 7 78

DEPARTMENT OF STATE  
AGENCY FOR INTERNATIONAL DEVELOPMENT  
WASHINGTON, D. C. 20523

ASSISTANT  
ADMINISTRATOR

PROJECT AUTHORIZATION  
AND REQUEST FOR ALLOTMENT OF FUNDS

PART II

Name of Country: Lebanon

Name of Project: Health Sector  
Rehabilitation

Number of Project: Grant No. 268-0305

Pursuant to Part II, Chapter 4, Section 532 (Security Supporting Assistance Funds), of the Foreign Assistance Act of 1961, as amended, I hereby authorize a Grant to the Republic of Lebanon (the "Cooperating Country") of not to exceed Four Million Nine Hundred Thousand United States Dollars (\$4,900,000) to finance the foreign exchange and local currency costs of the project as described in the following paragraph.

The project's purpose is to assist Grantee's efforts to re-establish health and social/health services disrupted or terminated by recent hostilities.

The project will finance the foreign exchange and local costs of technical advisory services, commodities, training, and a limited amount of operating expenses of the Grantee with respect to the project.

I hereby authorize the initiation of negotiation and execution of the Project Agreement by the officer to whom such authority has been delegated in accordance with A.I.D. regulations and Delegations of Authority, subject to the following essential terms and covenants and major conditions as A.I.D. may deem appropriate:

a. Source and Origin of Goods and Services

Except as A.I.D. may otherwise agree in writing, goods and services financed under the project shall have their source and origin in the United States or the Cooperating Country.

b. Conditions Precedent to Initial Disbursement

Prior to any disbursement, or the issuance of any commitment documents under the Project Agreement, Grantee shall furnish in form and substance satisfactory to A.I.D.:

(1) a statement of the person or persons acting as Grantee's representative, plus specimen signature of each such person; and

(2) such other information and documents as A.I.D. may reasonably request.

c. Other Conditions

Prior to any disbursement, or the issuance of any commitment documents under the project to finance a particular subproject proposed under the Grant, Grantee shall, except as A.I.D. may otherwise agree in writing, furnish in form and substance satisfactory to A.I.D. a detailed description of the subproject, its purposes, the organization in charge of its implementation, and a detailed cost estimate for the activity, including both the amounts proposed for A.I.D. financing and for financing from other sources.

d. Covenants

The Grantee shall covenant that it will provide or cause to be provided for the Project on a timely basis all funds, in addition to the Grant, and all other resources required to carry out the Project effectively.

78/ Joseph C. Wheeler

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Joseph C. Wheeler  
Bureau for Near East  
18 MAY 1978

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Date

AGENCY FOR INTERNATIONAL DEVELOPMENT  
**PROJECT IDENTIFICATION DOCUMENT FACESHEET**  
 TO BE COMPLETED BY ORIGINATING OFFICE

1. TRANSACTION CODE  
 A A = ADD  
 C C = CHANGE  
 D D = DELETE

PID  
 2. DOCUMENT CODE  
 1

3. COUNTRY/ENTITY  
 Lebanon

4. DOCUMENT REVISION NUMBER

5. PROJECT NUMBER (7 DIGITS)  
 268-0305

6. BUREAU/OFFICE  
 A. SYMBOL NE B. CODE 3

7. PROJECT TITLE: (MAXIMUM 40 CHARACTERS)  
 Health Sector Rehabilitation

8. PROPOSED NEXT DOCUMENT

A.  3 2 = PRP  
 3 = PP

B. DATE  
 MM YY  
 04 78

10. ESTIMATED COSTS  
 (\$000 OR EQUIVALENT, \$1 = )

FUNDING SOURCE		BA5525
A. AID APPROPRIATED		
OTHER	1.	
U.S.	2.	
B. HOST COUNTRY		
C. OTHER DOWNS (S)		
TOTAL		

9. ESTIMATED FY OF AUTHORIZATION/OBLIGATION

a. INITIAL FY  78 b. FINAL FY  78

11. PROPOSED BUDGET AID APPROPRIATED FUNDS (\$000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	PRIMARY TECH. CODE		E. FIRST FY		LIFE OF PROJECT	
		C. GRANT	D. LOAN	F. GRANT	G. LOAN	H. GRANT	I. LOAN
(1) SSA	510	549		800		800	
(2) SCA	520	580		1700		1700	
(3) SSA	530	500		2000		2000	
(4) SSA	540	510		400		400	
TOTAL				4900		4900	

12. SECONDARY TECHNICAL CODES (maximum six codes of three positions each)

13. SPECIAL CONCERNS CODES (MAXIMUM SIX CODES OF FOUR POSITIONS EACH)

BU BR

14. SECONDARY PURPOSE CODE

15. PROJECT GOAL (MAXIMUM 240 CHARACTERS)

The goal of the project is the rehabilitation of post-war Lebanon.

16. PROJECT PURPOSE (MAXIMUM 400 CHARACTERS)

The purpose of the project is the rehabilitation of health services.

17. PLANNING RESOURCE REQUIREMENTS (staff/funds)

N/A

18. ORIGINATING OFFICE CLEARANCE

Signature William F. Gelabert *William F. Gelabert*

Title Director, NE/TECH Date Signed MM DD YY

19. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION

MM DD YY

April 5, 1978

MEMORANDUM

TO : Near East Advisory Committee  
FROM : NE/TECH, William F. Gelabert  
SUBJECT: NEAC on the Health Sector Project Paper  
(268-0305) for Lebanon

The A.I.D. team which visited Lebanon in July found an enormous need in the health sector which was far beyond A.I.D.'s capacity to fill. Working with the GOL and other donors, a number of priority activities were identified for possible funding and tentative government approval was reached on the activities. A second AID/W visit in September 1977 was used to develop the activities in detail. While one activity, or project, the El Kafa'at Prosthetist Training project has already been obligated because of its pressing need, it made sense to develop the other activities under an umbrella project which would permit flexibility in handling individual activity funding and development in recognition of the reconstruction and rehabilitation nature of our program in Lebanon.

The activities in the attached paper vary in their stage of development. Both the Tripoli Hospital and Municipality of Beirut procurement specifications are in the process of being finalized and could go forward immediately following obligation. In several areas, the GOL has specifically requested expert assistance to advise them on overall plans of action, such as a national plan for vocational rehabilitation, in addition to commodity procurement. The project paper and implementation has been designed to permit various approaches and different levels of activity within the context of rehabilitation of the health sector.

While requests have been formally received for both the Tripoli Hospital and the Municipality of Beirut projects, at the time of this writing a single request for the "Health Sector" project has not been received and would be required before project authorization.

The project committee has raised no issues for discussion at the NEAC.

Clearances:

GC/NE, GBisson (draft)  
NE/DP, RCohen (subs)  
NE/JLS, BRichardson (subs)  
NE/PD, DMandel (draft)  
DS/HEA, VWeyman (subs)

## TABLE OF CONTENTS

I.	SUMMARY AND RECOMMENDATIONS	1
II.	BACKGROUND	3
	1. The Setting	3
	2. The Providers	9
	3. The State of the System - Post War	12
	4. New Directions	16
III.	The Project	23
	1. Subproject: Vocational Rehabilitation	26
	a. Description	26
	b. Stage of Development	28
	c. Implementation	28
	d. Recommended conditions prior to disbursement	28
	e. Supporting Documents	29
	2. Subproject: Socio-Medical Centers	30
	a. Description	30
	b. Stage of Project Development	31
	c. Implementation Considerations	32
	d. Supporting Documents	33
	3. Subproject: Municipality of Beirut Restoration of Public Health Services	34
	a. State of Project Development	36
	b. Project Implementation	36
	c. Supporting Documents	36
	4. Subproject: Tripoli Hospital	37
	a. Description	37
	b. Stage of Development	38
	c. Implementation Considerations	39
	d. Financial Analysis	39
	e. Technical Issues	39
	f. Supporting Documents	40
	5. Subproject: Emergency Medical Services	41
	a. Description	41
	b. Phase I and Phase II	42
	c. Stage of Development	43
	d. Implementation	43
	e. Supporting Documents	43

6.	Subproject: MOH Communicable Disease Surveillance and Epidemiology	44
	a. Description	44
	b. Stages of Development	45
	c. Implementation	45
	d. Supporting documents	45
7.	Subproject: MOH Environmental Sanitation	46
	a. Description	46
	b. Stage of Development	47
	c. Implementation	47
	d. Supporting Documents	47
	Shelf Projects	48
IV.	Project Implementation	50
	A. Implementing Organizations	50
	B. Activity Identification, Development and Approval	50
	C. Implementation	52
	D. Evaluation Plan	52
	E. Environmental Impact Statement	54
	F. Social Soundness Analysis	54
	G. Waiver Requests	54
	A.I.D. Handbook 3 - Project Checklist	55
	Threshold Decision based on Initial Environmental Examination	64
	Initial Environmental Narrative Discussion	65
	Impact Identification and Evaluation Form	66

## PROJECT PAPER

### Lebanon: Health Sector Rehabilitation

#### I. SUMMARY AND RECOMMENDATIONS

1. Grantee: The Government of Lebanon
2. Implementing Agency: The Council for Development and Reconstruction
3. Amount: \$4.9 million
4. Project Purpose: To assist the GOL's efforts to re-establish health and social/health services disrupted or terminated by the war.
5. Project Description: The grant will finance the foreign exchange and local costs of technical advisory services, commodities, training, and a limited amount of operating expenses. The grant is not limited to a single activity but is designed to address a number of needs in the post war health sector. Section III of this document discusses the areas of activities to be addressed.
6. Grantee Contribution: The GOL will provide salaries and expenses of government workers connected with the sub-projects and salaries of GOL representatives sent out of the country for observational or other training.
7. Authorized Source of Services: It is anticipated that most consulting services and commodities will be of U.S. source. However, from time to time there may be a

need to utilize other institutions or to purchase equipment suitable to the electrical system. The authorized sources of services, therefore, will be Code 941 and Lebanon.

8. Grant Application: See request annex \_\_\_\_\_.
9. Country Team Views: The country team has recommended authorization of the proposed grant.
10. Source of Funds: FY 1978 Security Supporting Assistance
11. Statutory Requirements: All statutory criteria have been met. See Project Statutory Checklist, Annex \_\_\_\_\_.
12. Recommendations: Authorization of a grant of \$4.9 million on terms and conditions as set forth in Annex \_\_\_\_\_.

Project Committee

NE/TECH/HND:ELeonard (Chairman)  
NE/JLS:WNance/BRichardson  
NE/CD/SJI:DMandel  
NE/DP/PR:RCohen  
GC/NE:GBisson  
SER/CM/ROD/NE:FMoulton  
DS/H:ITaylor

## II. Background

### A. The Health Sector in Lebanon

#### 1. The Setting

U.N. documents since the early 60's have only facility and personnel information for the health system in Lebanon. Vital statistics and causes of morbidity and mortality have not been reported by the GOL. In the area of communicable diseases the 1976 WHO Statistics Annual does present the number of reported cases, estimated (see Table 1) but no record of immunization coverage.

The most recent data available\* indicate that during the 1960's

"gastrointestinal diseases, including typhoid and dysentery, as well as tuberculosis, diphtheria, polio and eye infections, were the most prevalent diseases. They were spread by lack of sanitation facilities, polluted drinking water and poor personal and food hygiene."<sup>1</sup>

Smallpox has been eradicated. Malaria was eradicated by the mid 60's. Schistosomiasis is prevalent, particularly in South Lebanon. Hepatitis is endemic although most of the cases are mild.<sup>2</sup> The 1973 WHO report on communicable diseases show a continuation of this same pattern although the numbers of cases reported (see Table 1) do not tie with repeated comments by health officials and others interviewed that typhoid, paratyphoid and hepatitis are endemic.<sup>3</sup>

<sup>1</sup> Lebanon Country Handbook, Dept. of State, p. 90

<sup>2</sup> *ibid*

<sup>3</sup> See also report in the periodical "Magazine" p. 1, in Lebanon Desk files

In 1973, Lebanon had one doctor per 1,330 people. This was about twice as many doctors per person as Syria and Jordan (see Table 2). Lebanon also had much better dental coverage, in terms of total number of dentists than the surrounding countries. However, the ratio of nurses, 1 per 3,670, is strikingly low.

Lebanon has four times as many beds as Egypt (see Table 3). However, 122 of the 143 hospitals in Lebanon are private versus 211 of 1,444 in Egypt. The beds are concentrated in Beirut with the most underserved areas being the two poorest mohaphazats, Beqaa and Southern Lebanon (Table 4). Medical personnel are even more unevenly distributed with over 60% of medical personnel located in Beirut with 14% of the population, and only 9% of the personnel in Beqaa and Southern Lebanon where 34% of the population lives.

Because of the political pressures impinging on any major decisions in Lebanon today and before the war, the Ministry of Health, among others, has chosen to avoid difficult decisions by letting the private market operate freely. This laissez-faire system is carried out to such a degree that the Minister of Health quite clearly stated that the Ministry had nothing to do with the private sector. Even in the area of municipal services, at least in Beirut, the nominal review and control function of the Ministry does not seem to be exercised.

TABLE 1

<u>Infectious Diseases, 1973</u>	<u>No. of Cases</u>
Typhoid & Paratyphoid	191
Bacillary Dysentary	17
TB (Respiratory)	509
Leprosy	2
Diphtheria	17
Scarlet Fever	39
Polio	51
Infectious Hepatitis	74
Measles	10

Source: World Health Statistics Annual 1973-1976

TABLE 2

<u>Country</u>	<u>M.D.'s per 10,000 pop.</u>	<u>People per M.D.</u>
Lebanon	7.5	1,330
Jordan	3.6	2,760
Syria	3.4	2,910
Egypt	4.3	2,340
	<u>Dentists per 10,000 pop.</u>	<u>People per Dentist</u>
Lebanon	1.9	5,240
Jordan	.7	15,130
Syria	.8	12,280
Egypt	.7	14,770
	<u>Nurse per 10,000 pop.</u>	<u>People per nurse</u>
Lebanon	2.7	3,670
Jordan	9.8	1,020
Syria	3.8	2,620
Egypt	2.3	4,420

Source: World Health Statistics Annual 1973-1976

TABLE 3

<u>Country</u>	<u>Pop./bed</u>	<u>Bed/10,000</u>	<u>Adm./10,000</u>	<u>Occup. Rate</u>
Egypt	466	21.5	n.a.	n.a.
Jordan	940	10.7	424	60.3
Syria	1030	9.7	n.a.	n.a.
Lebanon	260	38.4	n.a.	n.a.

Egypt: Population 35,619,000

	<u>Hospitals (general)</u>	<u>Beds</u>
Total	1,444	76,611
Government	1,233	67,403
Non-Profit	41	5,525
Profit	170	3,683

Lebanon: Population 2,790,000 (1970)

	<u>Hospitals (general)</u>	<u>Beds</u>
Total	143	10,727
Government	21	1,602
Non-Profit or Profit	122	9,125

Source: World Health Statistics Annual 1973-1976

TABLE 4

Distribution of hospitals, beds and medical staff  
by Governorate (end 1972)

	Beirut	Mount Lebanon	Northern Lebanon	Southern Lebanon	Beqaa	Total
<b>Number of Hospitals:</b>						
Government	1	6	3	5	5	20
Private	47	36	25	14	1	123
Total	48	42	28	19	6	143
<b>Number of Beds:</b>						
Government Hosp.	200	306	235	375	285	1,401
Private	3,185	5,292	850	537	105	9,969
Total	3,385	5,598	1,085	912	390	11,370
<b>Medical Staff:</b>						
Doctors	1,380	375	224	135	86	2,200
Midwives	275	77	45	20	25	442
Nurses (Male and Female)	969	397	173	61	41	1,551
Total	2,624	849	441	216	152	4,293
<b>Source: Ministry of Health</b>						
Population (64 data) (in thousands)	331	679	551	459	347	2,367

The result of this laissez-faire system has been the growth of multiple private hospitals and dispensaries, normally sponsored by confessional groups or run for profit by individual doctors. Standards of care and quality of services seem to cover the spectrum from dispensaries where a doctor shows up for only a few hours a week, and which are really just a "status symbol" for a confessional group in a particular area, to the well known excellence of the American University Hospital and St. Joseph's (French) hospital.

## 2. The Providers

There are eight major providers of health services, either directly, or by payment of part or all of the costs for the individual. The largest sector is the private sector where provision of services is directly through a doctor who, where appropriate, is affiliated with one or more private hospitals. Doctors and private hospitals are concentrated in the Beirut urban area, the summer home and commuting areas to the west of Beirut, and in Tripoli. In a country as small as Lebanon, private coverage appears to be quite sufficient except in the eastern and southern sections.

The Ministry of Public Health is responsible for the provision of: free services to indigents, who must have an identity card issued by the Ministry of Labor and Social Affairs; public health surveillance services; immunization

programs; water quality monitoring; and other traditional public health measures. It operates twenty government hospitals and about fifty dispensaries (based on a look at a pin-map). In 1959 the Ministry was reorganized with WHO's help and a network of rural health centers was established. Unfortunately, over time, the curative bias of the ministry staff resulted in these becoming dispensaries offering almost entirely curative services. Since the war the Ministry has been paying about \$1 million a month to cover indigents in private hospitals since very few Public Health hospital beds are functioning. The Ministry, before the war, also ran a school for sanitarians in Tripoli, which is discussed below.

While there is no concrete data, discussions with both Ministry and non-Ministry personnel indicate that the level of care in Ministry of Health hospitals was quite low by Lebanese standards. When criticized, the response is a limited budget. This may actually be part of the reason, rather than solely the excuse. The two facilities, Tripoli and Baabda, which the Team visited (See Annex E), were completely outmoded. The Tripoli building had never been constructed to be a hospital. Obvious attempts, still visible in the bombed shell, to create acceptable operating theatres and other services had been made. The individuals in the Ministry who were interviewed were much more aware of, and anxious to have, Western practices, patient flow procedures, out-patient/in-patient management than their counterparts in neighboring countries.

A second provider of direct services is the Ministry of Labor and Social Affairs' Office of Social Development, which runs some dispensaries. The growth of this parallel system has been as a result of their philosophy of using free, curative services to bring people into centers where social services, such as counseling, are provided, and the direct mandate of the Ministry's Office of Social Development to bring social and medical services to the rural areas. The proposed integration of the two government services is discussed below.

A third major set of providers are the confessional groups, (e.g. Maronite, Sunni, Shiite, etc). Since the Ministry of Health does not interact with private institutions, no one seems to have looked at these except the Red Cross, who were examining them from an emergency medical care viewpoint. (Discussed later)

The Social Security Fund and the Mutual des Fonctionnaires provide payment of services for their members. The Social Security Fund is permitted three interventions by law: budgetary review of services and establishment of rates; establishment and collection of payments; and payments to the health care establishment. Social Security has developed a plan which would eventually insure all Lebanese. Discussed below

The majority of Lebanese are currently uninsured.

Another provider of direct services is the municipalities. Beirut municipality has eight health centers providing curative services. It employs 30-35 doctors, 19 R.N.s, 18 Nurses

aides, 78 emergency patrol (ambulance) personnel, 47 health sanitarians, 25 technicians, 26 administrative officials, and 215 health workers according to their statistics.

No information was found on provision of health services by the army.

### 3. The State of the System - Post War

Curative: On an approximate basis, the Ministry of Health major hospital system was reduced from 1,000 beds operating before the war in the five main hospitals to 150 in 1977. Tripoli had 150 beds and now has 0. Karantina had 200 and now has 40. Saida, Tibanou, and Tyre each had over 150 and now have 60, 20, and 30 respectively. The Ministry of Health estimates LL 5 million of heavy (beds to ambulances) equipment was destroyed or stolen. In this figure is the cost of the 50 ambulances they had which were all destroyed or stolen. An exact figure for dispensary equipment needed is lacking. Almost all blood bank equipment was taken. (Of the list which the Ministry drew up of the LL 16 million for materials and equipment and LL 86 million for repairing buildings, the U.N. is expected to cover about LL 11 million from the \$3 million U.S. grant and \$640,000 of its own funds.)

Private hospitals and dispensaries, as was mentioned earlier, do not come under the purview of the Ministry of Health. It is likely that their current state depends on whether they were in disputed areas. They do not, yet, seem to be a subject of interest to the Ministry even though they

play a large role in health care.

The American University Hospital of Beirut has submitted a list for direct damage costs of \$250,000 to the U.S. Embassy, for consideration for FY 1977 financing. Because of some confusion in instructions, losses due to theft were not included. In addition to material damage, basic support for the AUB public health school and immunization teams program was curtailed by lowered student tuition due to a reduced student population and the freezing-up of grants such as the Macy Foundation's which previously had supported the school.

The Municipality of Beirut lost almost all its vehicles, including 15 ambulances, and all of its equipment at the eight health centers it ran.

There was no information on the number of doctors who left because of the fighting.

Preventive and Environmental: By far, the most potentially medically dangerous results of the war are the damages sustained by the water and sewerage systems, the disappearance of solid waste disposal equipment, and the breakdown of the limited immunization and surveillance systems which existed. As people return to Beirut and other dense population areas, the possibility of epidemics is very high.

The water system in Lebanon was a potential carrier of waterborne disease even before the war. Both Beirut and outside systems were running a 40% loss, principally due to leaks. This creates a potential backflow (of contaminated

water from sewerage) whenever the pressure drops, as it normally does during the summer when supply is not adequate. War destruction and water diversions have exacerbated this problem. At the time of the Team's visit many villages in the south, where battles still continue, were without water and the ICRC was moving in with portable reservoirs, subsidy payments, and chlorinators. Chlorination throughout the system was spotty and, in Beirut at least, ineffective before the war.

UNICEF has provided \$2.2 million worth of pumps, chlorinators, pipe, vehicles, tools and equipment, etc., to meet Lebanon's most urgent needs. This has resulted in the restoration of minimal levels of piped water to most population centers in Lebanon except the south. The quantity and quality of water availability still remains below the pre-war levels. A.I.D. will finance an additional \$6.5 million of pump chlorinators and pipe, to complete repair of war damage, improve system reliability by replacing still functioning but badly worn equipment and, in a few instances, expanding water supply.

If the water system is brought to reasonably effective and safe operation, the garbage and pest control can be re-established. The potential for a revival of malaria, due to the presence of positive tests among the Sudanese contingent of the Arab League Forces, is known and is under surveillance and individual treatment by the Ministry of Health.

Immunization programs are needed immediately in the

South, where the ICRC is vaccinating against polio now and will ask for typhoid vaccine to be returned by the Ministry so that it can be used in the South. During the war the cholera outbreak in Tripoli and the typhoid outbreak in a suburb of Beirut were controlled partly because of the small initial incidence and partly because of the confinement of families to their houses. As things open up, and visual observation of commerce and people on the streets in Tripoli and Beirut would indicate they've begun to, potential for an epidemic exists.

Prior to the war two teams from AUB carried out immunization programs in Beirut and the suburbs. It may be possible, that with a joint effort by the MPH, the municipality and AUB, sufficient coverage can be achieved before the population swells to a danger point.

Health Status: No records have been kept on morbidity and mortality. The only hard data which exists concerns the amputees. The upcoming LRC study of paralytics will provide additional health status information. There seems to be general agreement that drug addiction, of all types, and mental illness affects a sizable portion of the population since the war. This limited information is insufficient for detailed planning. However, until replacements are found to staff the now vacant statistical office at the Ministry of Health, it is unlikely that anything will be done to further assess the health status situation.

4. New Directions<sup>1/</sup>

The Six Year Plan: Prior to the events, the Ministry of Health had drawn up a six-year plan which focused on upgrading and expanding water and sewer systems and on the construction of five new 500-bed general hospitals, one in each Mohaphazat, which would be equal in quality to the private sector. At the time of the events the new hospital in Baabda was under construction and the land had been purchased for the new hospital in Tripoli. Nothing had been done in Saalet, Saida, and Beir. A sixth, specialty, hospital was eventually to be constructed in Beirut which was to draw upon the faculties of the two medical schools (AUB and St. Joseph's) and provide a place for students to intern and do their residencies. It was hoped that in this way Lebanon could attract, or retain, its specialists, particularly those who needed to be professors also. It was also felt that a beneficial "Lebanese" style would emerge from melding the American and French systems.

As a result of the war, immediate plans for new construction have been set aside, but the six-year plan is being used as a framework for the future. In July, when the AID Team visited, the Ministry had embarked on a reorganization plan. Optimism concerning the results of reorganization was generally low and several people expressed interest in outside technical assistance--as much because the current workload of the reorganization committee does not permit a really thorough plan as because of the usefulness of having a neutral, technical expert to keep things moving.

<sup>1/</sup> This section deals with those current movements which appear to have the potential to correct major deficiencies from before the war.

Medical-Social Centers: As a further result of the war, it became clear to those involved in family and child welfare, as well as those working in health, both in the public and private sectors, that if services were to contribute to the general rehabilitation and reconstruction needs of the country, a new approach would have to be attempted in service administration, planning and finance. In response to this felt need a joint effort between the Office of Social Development (O.S.D., Ministry of Labor and Social Affairs), and the Ministry of Health was undertaken to develop a Basic Services strategy. The resulting strategy is to provide for integrated health and social service delivery, building on existing infrastructure on a nationwide basis. The program will be jointly financed and controlled by the O.S.D., The Ministry of Health, and various private groups as represented by the "Social Movement" at the national level, and by board membership at the local level.

The plan appears to be well-conceived both in terms of the state-of-the-art in service delivery and in terms of the political realities which exist in Lebanon. The initial implementation stage, covering seven pilot units, is expected to start within the next year. The following year four additional units will be initiated. By 1984 all 44 units planned are expected to be working. At the time of the Team's visit this schedule seemed possible. (although an internal difference as to whether O.S.D. or the MPH heads the program may slow things up)

Emergency Medical Care: In January 1977, following the cessation of massive hostilities, the Lebanese Red Cross (LRC), spurred on by deficiencies made glaring by the war, surveyed the emergency medical system and recommended a national system to replace the current splintered and ineffective one. (Copy of report in NE/TECH file). The LRC surveyed the system from the modern viewpoint that emergency services, to be useful must 1) maintain a victim's vital life processes between pick-up and the hospital, 2) prevent irreversible demands to the victim, and 3) begin preoperative preparation and care. In its survey the LRC found that, outside of the Red Cross, ambulance services were at best "vans with sirens," with the exception of the "Secours-Routiers" of the Ministry of Health. However, while the potential is there, prior to the war the "Secours-Routiers" dealt only with car accidents, and were diverted on the weekends to deal with guarding the ski slopes. At the bottom of the list is the service of the Civil Defense, which is well equipped and well funded and which has never been applied; neither in the '67 or '73 wars or the more recent civil catastrophe.

The plan which is proposed would pull together the existing equipment and vehicles (which remain from the war) and replace those that were lost. All vehicles will be properly equipped, maintained, and have an adequate communications system. Personnel will be uniformly trained. The entire system would be under the management of the Red Cross. (While the politics of this is not clear yet, the project was put forward by Minister Rizk and therefore, presumably, has the government's stamp of approval.)

Rehabilitation: The Office of Social Development is in charge of private institutions. Two weeks prior to the Team's visit, a new law established the separate department for Rehabilitation and the Handicapped. O.S.D. has started work with WHO in establishing a drug rehabilitation center.<sup>1/</sup> There are no public rehabilitation or handicapped programs per se, and the new department is planning three major activities in the near future: 1) the promulgation of laws to protect the handicapped and license institutions; 2) with the Office of Manpower Statistics National Employment Institute, and the Office of Development, a study of manpower through the country to determine what vocational training will provide saleable skills to the handicapped; and 3) a proposed program with the ILO to develop the vocational and training facilities at Doha and Beit Chebab (and perhaps other centers), including the establishment of sheltered workshops. Since it is estimated that 5% of the total population are in the disabled category, the current effort represents only the first steps, albeit positive ones, toward addressing such a major human and societal problem. (The proposal to the ILO is in NE/TECH files).

Amputees and Paraplegics: Because of the very concreteness of the problem, its manageable size, and the humanitarian overtones, the plight of amputees, most of whom were casualties of the civil war, was one of the few immediate problems which attracted other donors (Swiss, Dutch, English, UNICEF, ICRC) in the period following the major cessation of hostilities. In the spring of '77 the Dutch government provided

<sup>1/</sup> Drug usage has become a major problem among Lebanese teenagers as a result of the war. Two extensive reports are in the Embassy files.

a prosthetics team, materials and some equipment. Some 320 people were fitted during the first effort. A second major program to pick up the estimated 350-450 remaining people was carried out in mid-October by a second Dutch team in Tripoli, and an English team at the Beit Chabab, AUB, AKA (Palestinian Red Cross) and El-Kaafat centers. It takes about three weeks to do the measuring and the teams take the casts back and return about six weeks later with the devices. Newspaper and radio announcements were used to alert people to the services.

The problems that remain in this area are not those that can be addressed by a short term team. Six months after having a prosthesis fitted, some 70% of the amputees must have the sockets adjusted. Even in the first few weeks, some changes in fitting may be necessary. If these changes are not made it is likely that the individual will just give-up and throw the device aside. A second problem is that with above the knee and bilateral amputees particularly, physiotherapy is vital for initial adaptation to the device. For all the amputees, a regular program of physiotherapy is necessary to obtain maximum benefits from the artificial limbs. The third problem is that of occupational therapy which permits the amputee to develop those skills which can help him to return to a wageearning or family situation. These problems are of a more long term nature than the simple fitting of prosthesis. The ideal for each of the five centers is to have a team of two prosthetists, two physiotherapists, and an occupational therapist for at least one year while local aides are trained to replace them. The Swiss Government has provided a

full time for the Beit Chebab center. The Dutch Ambassador has indicated he will try to provide a team for Tripoli. El-Kaafat is expected to hire people locally to supplement its staff. A.I.D. has approved a project for \$200,000 to provide a team to AUB. A.I.D. has also approved \$100,000 to establish a prosthetists training program at El Kafa'at

For paraplegics, a tetraplegics, etc. a different problem exists. While many of those so crippled are victims of the war, about half of those identified (approximately 250 total) are victims of disease and were, as is often the case in the Middle East, kept hidden at home before the fighting forced families to seek other support. WHO is currently supporting 80 beds for them at Beit Chebab and Ouzai. The Lebanese Red Cross is about to undertake a home survey and develop a projection of future long-term and crisis care.

B. Past A.I.D. Involvement (Postwar)

Following the cease fire of November 1976, five A.I.D. specialists visited Lebanon in January 1977 to assess needs and develop program options for an expanded U.S. assistance program to Lebanon. Based on the A.I.D. team's report, in February 1977 Secretary Vance announced an additional \$50 million in relief and rehabilitation assistance. Of this amount, \$3 million was provided through the UN, with WHO as technical agency, to meet immediate medical material and supply needs.

In July 1977 a second A.I.D. technical team visited Lebanon for one week to review progress made in the relief and rehabilitation efforts, and to develop the detailed project data needed to refine plans for the FY 1978 program.

During the team's visit the Ministry of Health in conjunction with the Ministry of Labor and Social Affairs had prepared a list of requests totaling \$26 million for first priority items and \$420 million for second priority items. Of the \$26 million, the UN is expected to fund \$1 million. The proposed World Bank Waste and Water project will also cover some of the second priority items.

The amount of money available to A.I.D. for assistance in the health sector is clearly only a tiny fraction of what is needed. During the team's visit in July, the \$20 million available for all FY 1978 grant funding was tentatively allocated to include \$5 million for health. This illustrative allocation was subsequently approved by the GOL and AID/W for project development. Of the \$5 million, \$.1million has already been obligated for the El-Kafa'at Prosthetist Training project, where timing was critical.

### III. The Project

The goal of the project is the rehabilitation of Lebanon. The purpose is to rehabilitate the health sector. The output will be a variety of functioning health related institutions and the inputs will be commodities and technical assistance.

The AID teams which have visited Lebanon found an enormous need in the health sector which is far beyond AID's capacity to fill. These teams and the GOL have recognized that rehabilitation unlike development requires the use of existing structures, existing personnel, existing systems and existing institutions. Therefore, it was not really possible to develop a single comprehensive health project but rather to allot AID's limited resources to those activities of highest priority and use those resources to, in effect, plug holes and fill gaps.

The activities selected were selected because they obviously had a high priority in terms of the health and safety of large populations, met the needs of smaller groups directly affected by the war or held the possibility of improving the system of health care delivery in the process of rebuilding. One important factor influencing selection, which has and will continue to be taken into account in selecting and developing activities to be funded, is to assure that AID can put in sufficient resources which, along with contributions from other donors and the self help efforts of the GOL, will assure a complete job.

The activities described on the following pages are at various stages in development. Most have been under discussion with the GOL for some time and a few are ready for approval. In this context, being ready for

approval means that we and the GOL have developed a sufficiently detailed knowledge of the proposed activity to carefully determine the magnitude and source of required resources, developed a detailed plan for applying these resources and determined that the application of these resources in the manner planned has a reasonable likelihood of achieving the desired end result.

Activities Being Developed

El Kafa'at Prosthetists Training	(.1) <sup>1</sup>
Vocational Rehabilitation	.4
Socio-Medical Centers	1.0
Municipality of Beirut: Restoration of Public Health Services	.3
Tripoli Hospital Restoration	1.7
National Emergency Medical Services	1.0
MOH: Communicable Disease and Surveillance	.3
MOH Environmental Sanitation	<u>.2</u>
	4.9

Shelf Activities

Municipality of Beirut Public Education equipmen	.06
Municipality of Beirut - Health Center Complex	.3
Reestablishment of Immunization Programs	.2
Drug Abuse T.A.	.065
Health Data Collection	.1
Vocational Rehabilitation	<u>.4</u>
	1.115

<sup>1</sup>already funded

Subproject: Vocational Rehabilitation (Previously titled  
Beit Chebab, Doha, Etc.)

Amount: \$400,000

Implementing Agency: Ministry of Labor and Social Affairs

Other donors: CRS, local confessional groups, ILO/UNDP

GOL Contributions:

### Description

There has been much concern within Lebanon and among donor agencies over the treatment of, and future for, the handicapped resulting from the war. The large number of both civilian and active fighter injuries is estimated to have raised the level of population in the disablement category to 5%.

Prior to 1952 all welfare services in Lebanon were privately administered by various religious orders and some other private groups and were staffed by largely volunteer, untrained workers. Since the staffs were largely untrained, the services provided were quite limited. In 1952 the Ministry of Labor and Social Affairs (MOLSA) was established. One of its key functions was to assist the private and voluntary welfare institutions with studies and financial grants. It was determined that even this was insufficient and a semi-autonomous agency, the Office of Social Development (OSD) was established in 1959 to establish social service centers in conjunction with private institutions; to provide technical and financial assistance to private institu-

tions; and to develop social, medical, and community services in the rural areas. OSD finances 70% of special projects initiated by the private institution. OSD receives an annual budget from the MOLSA and also benefits from lottery profits and gambling taxes.

A number of donors have already been directly involved in post-injury care, prosthetics, orthotics, and long-term treatment facilities (See El Kafaat project paper of January, 1978). UNDP was the first donor agency to examine the reintegration of the disabled into society through sheltered workshops and vocational training. A project was developed by ILO (Mr. Jecklemans). This project, which was scheduled to begin in January 1978 would have provided twelve months services of a technical advisor, some small site-visit fellowships and \$180,000 of equipment for a total of \$250,000. A.I.D. was initially asked in July, 1977 to fund some of the balance of \$800,000 worth of equipment which Mr. Jecklemans proposed. The July team recommended 400,000 as a discussion figure and this was accepted on the tentative allocation list by the GOL.

Additional work was done in the fall by a Dr. Zaich, a sheltered workshop expert brought in by the government. In October, during the AID/W team's second visit, A.I.D. was asked not to proceed as planned by simply working through ILO, but since the GOL felt additional information was required they asked A.I.D. to initially provide an expert(s) who could examine the types of handicaps and disabilities

and examine the market, and try to develop a coordinated plan for not just Beit Chebab and Doha, but for the other key handicapped institutions as well. The ILO project contains this element, but by the initial contribution of equipment at the same time, presumes market demand and disability information.

#### Stage of Development

The Rehabilitation Services Administration of HEW expects to have developed by March 30 a full scope of work for the study of disability and markets. An expert or experts can be expected to be in the field by May. Based on the experts study a joint AID/ILO/GOL project is expected with A.I.D. financing commodities.

#### Implementation

This project will consist of short-term technical assistance and equipment. For longer term technical assistance, i.e., a project manager in-country, it is preferable the UNDP provide his/her services if A.I.D. monitoring responsibility is to be kept to a minimum. Similarly, by paying a small fee, ILO might be willing to purchase the equipment.

#### Recommended conditions prior to disbursement

- I. Prior to study by experts: Ministry of Social Affairs and Labor approval of scope of work and experts.
- II. Prior to commodity purchases: An agreed program to initiate vocational rehabilitation services and a request from the Ministry of Labor and Social Affairs.

Supporting Documents

1. ILO report
2. Doha Site Visit Report (Leonard)
3. CRS request for Beit Chebab (descriptive sections)
4. Beit Chebab Site Visit Report (Leonard)

DRAFT

Subproject: Socio-Medical Centers

Amount: \$1,000,000

Implementing Agency: Ministry of Labor and Social Affairs,  
Office of Social Development.

Other Donors: UNICEF, \$250,000 for equipment; supplies;  
training expenses; and consultants. Social  
Movement: \$185,000 in kind services.

GOL Contribution: \$1,650,000 (50% MOH and 50% ODS) for  
salaries, administration and operating  
expenses.

Description

As a result of the civil war, it became clear to people engaged in family and child welfare in Lebanon as well as those working in the health field, both in the public and private sectors, that if services are to contribute to the general reconstruction and rehabilitation needs of the country, a new approach has to be attempted in service administration, planning and finance following a national "Basic Services" strategy.

Prior to the war the fragmentation of government and private services was practically the epitome of unplanned, overlapping programs. Even government services, since they were funded by different ministries, were often in the position of competing for clientele. Welfare centers often had small health units; health centers sometimes had welfare personnel; confessional group store front clinics and centers, while beneficial in larger communities, often offered only limited services but added to the amazing fragmentation possible in Lebanon. In attempts to

reach people with relief efforts during the war and after and with postwar efforts to re-establish services, both the government and the private groups (collectively organized as a bargaining unit called the Movement Sociale) realized the old system had basically collapsed and that with restoration of services an improvement in those services was possible.

The government strategy is based on dividing the country into 70 sectors. A medico-social center in each sector will replace and absorb the 300 dispensaries and multi-service outlets from pre-war. In the first two years of service restoration, selection of sites will be based on the same criteria which was used to establish relief priorities immediately post war. The initial pilot center, Bourj-el-Brejnek, started in 1969 to test the idea of socio-medical centers will be restored to its regular operations, and ten other centers will be started in existing facilities. The training unit for Social Workers, established by UNICEF in 1962, is still in operation. It and other existing schools, such as the sanitarians, will be used as training facilities for center workers. (Outreach workers, based in communities as a referral service, will be trained on the job.)

#### Stage of Project Development

The complete proposal for the centers is in the NE/TECH/HND files. A final version with some numbers changed has been submitted to the Lebanese parliament for approval which will be a Condition Precedent to disbursement. The proposal is well developed and embodies most of A.I.D.'s current thinking regarding welfare/health delivery in the community, outreach, paraprofessionals, etc.

As part of its contribution UNICEF is acting as advisors to

the project and will do a survey of the proposed center areas. They have just completed a survey of all 300 dispensaries and multi-service outlets which was used to allocate equipment purchases. The centers' areas survey is expected to take 3 to 4 months.

One of the issues which arose during early project development was which Ministry would be responsible. After several discussions, the MOH finally put in writing the accord which established that the MOH will set the protocols for, and pay the salaries of, the medical personnel. It will also provide the equipment for health services. However, with respect to organization, administration, and responsibility for operations the Office of Social Development, under its' statutory authority, will be responsible.<sup>1</sup>

#### Implementation Considerations

The budget of the GOL's request has been broken down as follows:

1. For each of 11 centers:	Consulting expenses	35,000	LL
	Rent	40,000	
	Furniture	40,000	
	Transport (vehicles)	30,000	
	Medications	50,000	
	Family program equipment	30,000	
		<u>225,000</u>	
		11 x 225,000 = 2,475,000	LL = \$825,000
2. Training expenses: re-establish library		200,000	LL = \$ 66,700
3. Audiovisual material production		325,000	LL = <u>\$108,300</u>
			\$1,000,000

<sup>1</sup> Accord signed by the Minister of Health on file.

Since UNICEF is already acting as advisors to the project, and has two staff members assigned to it, it is recommended that this activity be funded through UNICEF. This will greatly reduce A.I.D.'s implementation and monitoring responsibilities.

Supporting Documents

1. OSD proposal to Prime Minister
2. Site visit report to Bourj-el-Brejneh (Leonard)
3. "La Revue de Leban" No. 943 du 15 au 22 Octobre 1977

Subproject: Municipality of Beirut: Restoration of Public Health Services

Amount: \$300,000 - \$350,000

Implementing Agency: Municipality of Beirut

MOB Contribution: Salaries, vehicle maintenance, gas

Other Donors: UNICEF \$75,000. Eight sets of dispensary equipment supplies, laboratory supplies, sprayers, pesticides

The Municipality of Beirut is independent from the Ministry of Health in terms of the provision of public health services for the city of Beirut. The only overlap is that the central MOH hospital, Quarantina, is located in the Quarantina section of Beirut (near the port area). This was also the location of the MOB central pharmacy, largest health center, and the public baths.

As a result of street fighting, bombings, shelling and theft, the MOB arrived at the post war period with no vehicles, its health centers barren of equipment, no educational materials, no laboratory, no pharmacy and no supplies. Statistics concerning postwar MOB Public Health employment and care statistics are on file. The high level of utilization of the health centers in relatively wealthy, doctor filled Beirut is attributable to their locations, which were accessible to the poorer population, and what must have been a fairly sizeable poor population (e.g., 184,000 curative visits in 1974,

170,000 in the first three quarters of 1975; around 30,000 cases a year of V.D. This is against a prewar municipal population of about one million).

Initially, in July 1978, A.I.D. was requested to supply vehicles, clinic equipment, etc., basically the whole list of missing items. UNICEF was able to respond more quickly and turned toward reestablishing all but one of the MOB heal centers (Quarantina). During the October 1977 AID Team visit the Municipality Administrator, the Chief of Public Health Services, and the Chief Public Health Nurse reviewed their priority requirements against a tentative figure of \$300,000. While they did not have cost estimates, the Ministry supplied a list of vehicles and some smaller equipment not covered by UNICEF. In addition another \$250,000 to reestablish the main pharmac and Quarantina Center was informally requested. The vehicles are particularly important to public health prevention. During the recent cholera epidemic, surveillance was undertaken in private vehicles by those public health employees who still had one. Jury-rigged loudspeakers were attached to the private cars for citizen instruction. As of October, the only official vehicle was a badly damaged UNICEF van from the late 70's. (At Quarantina an ambulance which had been blown up by a grenade was still in evidence.)

### State of Project Development

The Municipality has made a formal request including a list of vehicles showing the prewar numbers against their current requests. According to NE/TECH cost estimates, the vehicles and internal vehicle equipment (e.g. loudspeakers, oxygen tanks) total slightly more than the \$300,000 discussion figure. Office equipment health education materials, and reference materials included in this list are perhaps another \$60,000. The vehicle specifications list need to be verified by the municipality and further costing remains to be done on the smaller items.

### Project Implementation

A relatively straight forward vehicle and equipment procurement is anticipated. The Municipality is under such great pressures just to keep basic city services and health measures running that it is unlikely they could handle procurement so AID will have to procure the required items.

### Supporting Documents

Municipality request including vehicle and commodity list.

DRAFT ELeonard 2/28/78

Subproject: Tripoli Hospital (Koubee)

AMOUNT: \$1,700,000

Implementing Agency: Ministry of Health

Other Donors: The Netherlands for a forty bed facility for  
maternity and simple gynecology with possibility  
of expansion to 100 beds

GOL: \$333,000 restoration of Tripoli hospital plus overhead  
and operating expenses

Description:

Tripoli hospital is located in Tripoli, a city of 300,000 in the central region of North Lebanon. The hospital had 200 beds and was the only public general hospital for the region. The clientele was principally indigent. During the civil war all of the equipment and some of the structure was completely destroyed. From the war until December 20, 1977 the hospital served as a munitions dump and air force headquarters for the Syrian Army.

In late September of last year the Dept. of Public Works signed a contract with a Lebanese contractor for restoration of the Koubee facility. Because of the occupation by the Syrians, work was not begun until early January. Restoration work is expected to take three months with the exception of the elevator which will take six months since they must be imported.

A.I.D. has been requested to provide both fixed and mobile medical equipment, furniture (such as beds) and hospital

equipment (such as serving trays, dishes). The purpose of this project is to restore the hospital to full operation and thus re-establish health services ( the hospital has a large out-patient clinic) to low-income residents of the region. (While the north is primarily Christian, Tripoli is predominantly Moslem. The hospital sits on the edge of Tripoli, right next to the GOL military caserne. Guerillas, and troops from both sides overran the neighborhood for one square mile. All residents were driven out but had begun to return last October.)

A parallel effort to restore services is occurring at the Ghossein Hospital. A private hospital of 25 beds (40 if all space had been in use), Ghossein was purchased by the Dutch last fall and given as a gift to the GOL to be used as an OB/GYN facility. As part of the Dutch package, additional land was purchased next door which would permit expansion to a total of 100 beds. However, since the Dutch have not provided funds for equipment this will occur some time in the future.

The two hospitals together will provide 300 beds when fully functioning. Prior to the war land had been purchased and plans were underway to build a 500 bed facility to replace Koubee. These plans have been put off because of the current financial situation. Ultimately, our equipment purchases will form the core of the new hospital.

#### STAGE of DEVELOPMENT

In January 1978, the chief engineer of the MOH and one of their chief surgeons spent one week in Washington going over with SER/COM the equipment list they had drawn up. SER/COM has

almost completed the specifications which will have a final review by the MOH. Within the \$1.7 million funds will also be available for installation of fixed equipment.

#### IMPLEMENTATION CONSIDERATIONS

SER/COM is attempting to acquire the majority of items from GSA/DSA schedules. At present they have indicated no great difficulties with this procurement since it is standard hospital equipment. Installation of fixed equipment will be required by the seller and will be handled by SER/COM.

#### FINANCIAL ANALYSIS

The GOL is currently paying the salaries of all Tripoli hospital personnel although only a few are working (in dispensaries or in hospitals elsewhere) with the majority not working. The budget for the hospital itself is not distinguishable from the overall budget for the MOH, which like other countries in the region, disaggregates budget items by function (personnel, equipment, etc.) not by site or control center.

#### TECHNICAL ISSUES

The Ministry of Health has almost no in-house maintenance and repair capability. While installation will be covered, maintenance and calibration are needed for other major items. supplier arrangements will be part of bids where necessary. The MOH will follow its standard procedures of contracting with Lebanese firms for items normally handled by that method.

Supporting Documents

1. Ministry Request
2. Full Specifications for Hospital

Subproject: Emergency Medical Services

Amount: \$1,000,000

Implementing Agency: Ministry of Labor and Social Affairs

Other Donors: Lebanese Red Cross and GOL, exact amounts to be determined

GOL Contribution: \$9,000,000 over a five year period

Description

Prior to the war, the transport of critically ill or injured individuals was very poorly handled except in the case of the "road service" of the Ministry of Health and Red Cross activities. Numerous other groups, including private organizations, had ambulances but of only pure transport value. No coordination between groups or even across municipal lines occurred. Telecommunication coordination centrally, or with receiving hospitals was non-existent. Ambulance staff, except for the two cases noted above, were untrained or poorly trained. The war resulted in the loss of almost all vehicles, principally due to theft for use as personnel carriers, but also direct hits where caught in cross-fire.

In January of 1977 the Lebanese Red Cross, spurred on by deficiencies made glaringly apparent by the war, surveyed the EMS system and recommended a national system to replace the splintered one existing. The Ministry of Labor and Social Affairs backed the LRC and has asked for our assistance to 1) send EMS experts to review the current system and independently make recommendations (the LRC report is quite comprehensive but admittedly was not done by professionals), 2) use on-site visits

to introduce key Lebanese to a similar system in the U.S. ( San Diego has been suggested by H.E.W.), 3) provide specialists to finalize system design, draw up equipment specifications and training requirements, 4) provide telecommunications and vehicle emergency medical equipment (vehicles have been provided under AID 1977 program and are included in Municipality of Beirut project) and training. H.E.W., who has done similar projects in Portugal and Egypt has agreed to handle this project. An illustrative budget is below:

Phase I

Technical Assistance

1. Initial experts visit (2) 1.5 mm PASA	9,000
2. Site visit to U.S., six weeks, 3 Lebanese, and related expenses	14,000
3. Design specialists 4mm	20,000
4. Other short term assistance	<u>10,000</u>
	53,000

Phase II

Commodities

1. Aid equipment	500,000
2. Telecommunications equipment	<u>400,000</u>
	900,000

Training

1. U.S. trainers in telecommunications, ambulance auxiliary training, bookkeeping, etc.	<u>47,000</u>
	947,000

It is recommended that funding for equipment and in-country EMS training not be committed until the first three steps of phase I are finished.

### Stage of Development

H.E.W. was contacted last fall to determine if they could oversee this project and how they would approach it. The approach described above was presented in October to the Minister of Labor and Social Welfare and a representative of the LRC who agreed to this approach. An initial team (Part 1 of phase 1) could be fielded almost immediately after the grant agreement is signed. Based on their findings a better budget and an implementation schedule for the rest of the project would be ready one month later.

### Implementation

The initial team will be fielded through a PASA. The site-visit will be set up by HEW and funded under a PIO/P through SER/IT (as was done in Egypt). The first team will draw up the scope for a second PIO/T for the design experts. AID/W will also need to provide short term assistance in procurement to the GOL officials who will handle the phase II procurement.

### Supporting Documents

1. Active Emergency Teams, 1977, Lebanese Red Cross

Subproject: MOH Communicable Disease Surveillance and  
Epidemiology

Amount: \$300,000

Implementing Agency: Ministry of Health

Other Donors: AUB \$100,000 in kind

GOL Contribution:

Description:

Prior to the war, the Ministry had a statistical unit which functioned within the limits of overall data collection which was severely inhibited by government policy. (It was presumed that specific statistical breakouts could be identified by confessional grouping and thus used to fan political fires.) During times of obvious disease outbreak, such as the recent cholera epidemic, the government has relied heavily on free assistance from AUB and its students. It has also relied on AUB to provide the studies on water as a disease vector.

The Ministry badly needs a full time epidemiologist to re-establish surveillance. It additionally needs information on the unexplored area of food contamination, particularly since the current influx of refugees from the south will add to food supply handling pressures and also any major cholera or dysentary outbreaks will have a highly negative effect of the return of commercial enterprises and tourists.

### Stage of Development

The document prepared by AUB for this project addresses only the epidemiology of food and the retraining of the twenty-four government sanitarians in food inspection/surveillance. Further discussions with the government are warranted so that the project becomes the means of developing a sound surveillance capability in the Ministry of Health and not just one of study leading to disease prevention. It is recommended that an A.I.D. health technician will meet with the A.I.D. Rep., the MOH, and AUB to see if this project can be more appropriately structured.

### Implementation:

If agreement can be reached a host country contract using a predominant capability waiver for AUB is envisioned.

### Supporting documents

1. MOH/AUB proposal.
2. A.L.L. report.

Subproject: MOH Environmental Sanitation

Amount: \$200,000

Implementing Agency: Ministry of Health

Other Donors:

AUB \$75,000 in kind, local consulting firms  
in kind \$10,000

GOL Contribution: \$35,000 in kind

Description:

Prior to the war, it was estimated that only 3% of the Lebanese population was not served by piped drinking water, however, 50% of the people forming 66 communities were unserved by sewerage networks. Studies in the last few years in other parts of the world do not show positive results on health status from simply the provision of piped, potable water. Where those systems are connected with sewerage/waste treatment there is a measurable change.

Communities provided with sewerage systems, but without treatment plants, discharge their untreated waste water either into the sea, on land, or in streams, in which cases detrimental environmental pollution results. Most of the rural and suburban communities deprived of such systems depend on the use of septic tanks which can easily overflow. As a result, groundwater and streams are subject to dangerous fecal pollution.

Unfortunately, most of the rural communities in Lebanon cannot afford to fund sewerage schemes which use conventional waste treatment plants. The central government to date has

also not been able to finance these improvements.

This project would fund the development of two rural pilot wastewater disposal plants in conjunction with the large rural water projects recently executed by UNICEF or those currently being planned by AID. These plants will be simple stabilization lagoons to serve as study, demonstration, and in-service training devices. The selection of the two sites will be based on the existence of a sewerage network, and urgency due to high prevalence of enteric disease resulting from fecal pollution of water.

#### Stage of Development

The Ministry of Health asked AUB to prepare a proposal for this project. If the concept is acceptable AUB is ready to move forward.

#### Implementation

This would be a host country contract.

#### Supporting Documents

MOH/AUB proposal

Shelf Projects

Municipality of Beirut: Public Education Equipment (\$50,000)

The request from the Municipality of Beirut for vehicles and equipment exceeds the original estimate of 300,000 by \$50,000. This would finance office equipment and educational materials lost in the war.

Municipality of Beirut: Health Center/Pharmacy (\$300,000)

The largest health center, which included public baths and the central pharmacy, was destroyed in the war. It was located in the Quarantine area and the shell is intact. At present there is some question as to the future of the area where the shell stands. The government has located an alternative site in the middle of the still substantially populated area of Quarantina (away from the port).

Re-establishment of Immunization Programs (\$200,000)

Prior to the war two teams from AUB carried out immunization programs in Beirut and the suburbs. The government coverage outside this area was spotty. A program to train immunization teams and re-establish national coverage is needed.

Drug Abuse (Technical Assistance) (\$465,000)

During the war, while many adults turned to alcohol for solace, many teenagers moved into both hard and soft drugs. While this is a delicate area of involvement, it is seen as a real problem. AID could usefully provide a technical assistance team to define the problem, establish the program, and initiate training of Lebanese personnel, including site visits to U.S. and third country facilities.

Health Data Collection (\$100,000)

Both pre-war and post-war, planning for health programs is difficult

given the lack of statistical data. Assistance in re-establishing the statistical unit in the MOH and perhaps tying it in with the CDR national effort has been discussed but not formally requested.

Vocational Rehabilitation (\$400,000)

If ILO's equipment estimates are determined to be adequate by our expert a balance of \$400,000 would still remain after our contribution in the illustrative budget.

Total \$1,115,000

#### IV. PROJECT IMPLEMENTATION

##### A. Implementing Organizations

General administration of this grant will be the responsibility of the Council for Development and Reconstruction (CDR) which will execute the Grant for the GOL. This responsibility will include approval and allocation of funds to activities, requests to AID for extensions of terminal dates, submission to AID of activity specific conditions precedent, designation of authorized representatives in other ministries and overall monitoring of grant implementation progress.

For each activity the CDR will appoint a Ministry and within the designated Ministry an office which will be responsible for the development and implementation of the activity. This office will work with AID in determining needs, procuring equipment, utilizing technical experts and taking all other implementation measures.

##### B. Activity Identification, Development and Approval

For the most part all activities to be financed under this grant have been identified and some are quite far along in development. It is possible additional needs within the health sector will have to be identified and developed into financable activities. Such needs may be identified and suggest<sup>d</sup> by the GOL Ministry, AID or the CDR but most likely will evolve from the collaborative efforts of all concerned parties.

Once an additional activity is identified, the parties will jointly determine whether: (a) funds are available from the Grant; (b) the activity fits the objectives of the Grant and (c) the activity has sufficient priority to warrant proceeding with developing it further for financing. The results of this deliberation will be embodied in a letter from the GOL through CDR to AID and confirmed by AID in a PIL. The group of activities described in the PP have already been covered in the formal GOL request for the Grant.

In the development of each activity, Grant funds will be used to conduct the studies necessary to ready the activity for implementation. AID will generally hire consultants directly with the concurrence of the CDR and the implementing organization.

When an activity appears to be ready for implementation, a careful review by CDR, the implementing Agency, AID and any other concerned organizations will be undertaken to ensure that the activity is feasible in all respects and that adequate thought has been given to environmental, social and women in development considerations. To the fullest extent possible the activity, as understood and agreed to, and particularly the input commitments made by each party will be set down in writing and approved by the parties. The form of the document and the manner of approval is not important. What is important is the existence of a piece of paper agreed to by all which states what is to be done by whom and why.

The final step will be a letter from CDR to AID, requesting approval of allocation of funds to the activity. AID's approval will be contained in a PIL and will also indicate for any activity specific conditions precedent which must be met before AID funds become available. The PIL will be issued by the AID representative with the concurrence of AID/Washington.

The implementation process outlined above provides for considerable flexibility which is essential to expeditious implementation. We will not have to await specific documents in a specific form. The AID representative, the GOL ministries and AID technical officers have worked well to identify and develop the activities described in this paper and should continue to function in this manner to assure effective implementation of the Grant.

#### C. Implementation

This grant is expected to be authorized in April 1978. Execution of the agreement is expected to be in May 1978. An implementation schedule for each of the subprojects is shown on the next page. The stage of development of each project is indicated under Section III, the project.

#### D. Evaluation Plan

In addition to normal project monitoring, each subproject will have the requirement of an evaluation which will be determined before project approval. In the case of commodity subprojects (Tripoli and the Municipality of Beirut) and end-use check by the AID/B procurement officer will be deemed satisfactory. Since A.I.D. at present does not plan any regular assistance funding after 1978, the purpose of the evaluations

Denotes periods during which action can feasibly take place  
 ① Actions dependent on each other are numbered sequentially

Project	Action	Actor	Pre-Grant Funding	Grant Signed	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
1. Voc Rehab	A. Draw up Scope of Work and contract for advisor	AID/W/HEW	Possible ① under El Kafa'at							
	B. Approval of Project by AID/Rep, GOL, ILO and relationships worked out	AID/REP/GOL/UNDP								
	C. AID approval	AID/W								
	D. Procurement	AID/W/ or UNDP/ILO								
2. Socio-Medical Centers	A. Government request	GOL	Possible ①							
	B. Approval in AID/W	AID/W								
	C. Commodity Procurement	AID/W/ or UNICEF								
3. Municipality of Beirut	A. Municipality approval our specs (request is in)	MOB	①							
	B. AID approval at NEAC	AID/W	②							
	C. Procurement of vehicles	AID/W								
4. Tripoli Hospital	A. AID approval at NEAC	AID/W								
	B. Final review of specs by GOL visit and return to MOH	AID/B								
	C. Procurement	AID/W								
5. Emergency Medical Services	A. Scope for Initial team & contract	AID/W	①							
	B. Initial team of experts	HEW								
	C. U.S. site visit	HEW								
	D. Design team	HEW								
	E. Request from Government	GOL								
	F. Approval by AID	AID/W								
6. MOH Communicable Disease	A. Discussion on project design	AID/W, AID/B, AUB, MOH								
	B. Request from government	GOL								
	C. Approval by AID	AID/W								
	D. Host country contract	GOL (AID/B)								
7. MOH Environmental Sanitation	A. Request from government	GOL	①							
	B. Approval by A.I.D.	AID/W								
	C. Host country contract	GOL								

will be to satisfy the USG that the monies have been properly used in accordance with the project design. As such, in some cases a final audit may suffice.

E. Environmental Impact Statement

An IEE is attached. A negative determination was found for those activities described in the project paper.

F. Social Soundness Analysis

NE/TECH has reviewed the project and finds a separate social soundness analysis inappropriate to the relief/rehabilitation timing of the grant.

G. Waiver Requests

It is likely that waiver requests may be necessary for individual procurements where either a specific piece of equipment is not available in the U.S. in the correct voltage and cycles or where local Lebanese individuals or organizations can provide superior services due to experience and language capability. It is recommended that SER/COM identify all equipment waiver requirements and that the AID/Rep certify all PSC or personnel contract waivers.

AID HANDBOOK 3, App 6C	TRANS. MEMO NO. 3:11	EFFECTIVE DATE November 10, 1976	PAGE NO. 6C(2)-1
------------------------	-------------------------	-------------------------------------	---------------------

6C(2) - PROJECT CHECKLIST

Listed below are, first, statutory criteria applicable generally to projects with FAA funds, and then project criteria applicable to individual fund sources: Development Assistance (with a sub-category for criteria applicable only to loans); and Security Supporting Assistance funds.

CROSS REFERENCES: IS COUNTRY CHECKLIST UP TO DATE? IDENTIFY. HAS STANDARD ITEM CHECKLIST BEEN REVIEWED FOR THIS PROJECT?

GENERAL CRITERIA FOR PROJECT.

1. App. Unnumbered; FAA Sec. 653(b)

(a) Describe how Committees on Appropriations of Senate and House have been or will be notified concerning the project (b) is assistance within (Operational Year Budget) country or international organization allocation reported to Congress (or not more than \$1 million over that figure plus 10%)?

(a) An advice of Program Change has been submitted to Congress for this project.  
(b) Funding is within appropriation limits for Lebanon.

2. FAA Sec. 611(a)(1). Prior to obligation in excess of \$100,000, will there be (a) engineering, financial, and other plans necessary to carry out the assistance a (b) a reasonably firm estimate of the cost to the U.S. of the assistance?

(a) Yes.  
(b) Yes

3. FAA Sec. 611(a)(2). If further legislative action is required within recipient country, what is basis for reasonable expectation that such action will be completed in time to permit orderly accomplishment of purpose of the assistance?

No further legislative action is required other than regular appropriation of funds in the current budgets of the Health and Social Welfare ministries.

4. FAA Sec. 611(b); App. Sec. 101. If for water or water-related land resource construction, has project met the standards and criteria as per Memorandum of the President dated Sept. 5, 1973 (replaces Memorandum of May 15, 1962; see Fed. Register, Vol 38, No. 174, Part III, Sept. 10, 1973)?

N.A.

5. FAA Sec. 611(e). If project is capital assistance (e.g., construction), and all U.S. assistance for it will exceed \$1 million, has Mission Director certified the country's capability effectively to maintain and utilize the project?

N.A.

A.

6. FAA Sec. 209, 619. Is project susceptible of execution as part of regional or multi-lateral project? If so why is project not so executed? Information and conclusion whether assistance will encourage regional development programs. If assistance is for newly independent country, is it furnished through multi-lateral organizations or plans to the maximum extent appropriate?

No

7. FAA Sec. 601(a); (and Sec. 201(f) for development loans). Information and conclusions whether project will encourage efforts of the country to: (a) increase the flow of international trade; (b) foster private initiative and competition; (c) encourage development and use of cooperatives, credit unions, and savings and loan associations; (d) discourage monopolistic practices; (e) improve technical efficiency of industry, agriculture and commerce; and (f) strengthen free labor unions.

N.A.

8. FAA Sec. 601(b). Information and conclusion on how project will encourage U.S. private trade and investment abroad and encourage private U.S. participation in foreign assistance programs (including use of private trade channels and the services of U.S. private enterprise).

U.S. private industry will provide the goods and services required for the project to the maximum extent possible.

FAA Sec. 612(b); Sec. 636(h). Describe steps taken to assure that, to the maximum extent possible, the country is contributing local currencies to meet the cost of contractual and other services, and foreign currencies owned by the U.S. are utilized to meet the cost of contractual and other services.

The Host Country contribution to the project will exceed 20% of the total project cost during the period of active AID involvement. U.S.-owned local currencies are not available for contract support use. (see 10 below)

FAA Sec. 612(d). Does the U.S. own excess foreign currency and, if so, what arrangements have been made for its release?

No

B. FUNDING CRITERIA FOR PROJECT

Development Assistance Project Criteria

a. FAA Sec. 102(c); Sec. 111; Sec. 291a. Extent to which activity will (a) effectively involve the poor in development, by extending access to economy at local level, increasing labor-intensive production, spreading investment out from cities to small towns and rural areas; and (b) help develop cooperatives, especially by technical assistance, to assist rural and urban poor to help themselves toward better life, and otherwise encourage democratic private and local governmental institutions?

Since project is funded under Security Assistance these criteria are not applicable.

AID HANDBOOK 3, App 6C	TRANS. MEMO NO. 3:11	EFFECTIVE DATE November 10, 1976	PAGE NO. 6C(2)-3
------------------------	-------------------------	-------------------------------------	---------------------

R1

- b. FAA Sec. 103, 103A, 104, 105, 106, 107. Is assistance being made available: [Include only applicable paragraph -- e.g., a, b, etc. -- which corresponds to source of funds used. If more than one fund source is used for project, include relevant paragraph for each fund source.] N.A.
- (1) [103] for agriculture, rural development or nutrition; if so, extent to which activity is specifically designed to increase productivity and income of rural poor; [103A] if for agricultural research, is full account taken of needs of small farmers; N.A.
- (2) [104] for population planning or health; if so, extent to which activity extends low-cost, integrated delivery systems to provide health and family planning services, especially to rural areas and poor; N.A.
- (3) [105] for education, public administration, or human resources development; if so, extent to which activity strengthens nonformal education, makes formal education more relevant, especially for rural families and urban poor, or strengthens management capability of institutions enabling the poor to participate in development; N.A.
- 4) [106] for technical assistance, energy, research, reconstruction, and selected development problems; if so, extent activity is: N.A.
- (a) technical cooperation and development, especially with U.S. private and voluntary, or regional and international development, organizations; N.A.
- (b) to help alleviate energy problem; N.A.
- (c) research into, and evaluation of, economic development processes and techniques; N.A.
- (d) reconstruction after natural or manmade disaster; N.A.
- (e) for special development problem, and to enable proper utilization of earlier U.S. infrastructure, etc., assistance; N.A.
- (f) for programs of urban development, especially small labor-intensive enterprises, marketing systems, and financial or other institutions to help urban poor participate in economic and social development. N.A.

PAGE NO.	EFFECTIVE DATE	TRANS. MEMO NO.	AID HANDBOOK 3, App. 6C
6C(2)-4	November 10, 1976	3:11	

B1

(5) [107] by grants for coordinated private effort to develop and disseminate intermediate technologies appropriate for developing countries. No

c. FAA Sec. 110(a); Sec. 208(e). Is the recipient country willing to contribute funds to the project, and in what manner has or will it provide assurances that it will provide at least 25% of the costs of the program, project, or activity with respect to which the assistance is to be furnished (or has the latter cost-sharing requirement been waived for a "relatively least-developed" country)? N.A.

d. FAA Sec. 110(b). Will grant capital assistance be disbursed for project over more than 3 years? If so, has justification satisfactory to Congress been made, and efforts for other financing? N.A.

e. FAA Sec. 207; Sec. 113. Extent to which assistance reflects appropriate emphasis on; (1) encouraging development of democratic, economic, political, and social institutions; (2) self-help in meeting the country's food needs; (3) improving availability of trained worker-power in the country; (4) programs designed to meet the country's health needs; (5) other important areas of economic, political, and social development, including industry; free labor unions, cooperatives, and Voluntary Agencies; transportation and communication; planning and public administration; urban development, and modernization of existing laws; or (6) integrating women into the recipient country's national economy. N.A.

f. FAA Sec. 281(b). Describe extent to which program recognizes the particular needs, desires, and capacities of the people of the country; utilizes the country's intellectual resources to encourage institutional development; and supports civic education and training in skills required for effective participation in governmental and political processes essential to self-government. N.A.

AID HANDBOOK 3, App 6C	TRANS. MEMO NO. 3:11	EFFECTIVE DATE November 10, 1976	PAGE NO. 6C(2)-5
------------------------	-------------------------	-------------------------------------	---------------------

81

g. FAA Sec. 201(b)(2)-(4) and -(8); Sec. 201(e); Sec. 211(a)(1)-(3) and -(8). Does the activity give reasonable promise of contributing to the development: of economic resources, or to the increase of productive capacities and self-sustaining economic growth; or of educational or other institutions directed toward social progress? Is it related to and consistent with other development activities, and will it contribute to realizable long-range objectives? And does project paper provide information and conclusion on an activity's economic and technical soundness?

N.A.

h. FAA Sec. 201(b)(6); Sec. 211(a)(5), (6). Information and conclusion on possible effects of the assistance on U.S. economy, with special reference to areas of substantial labor surplus, and extent to which U.S. commodities and assistance are furnished in a manner consistent with improving or safeguarding the U.S. balance of-payments position.

N.A.

Development Assistance Project Criteria (Loans only)

N.A.

a. FAA Sec. 201(b)(1). Information and conclusion on availability of financing from other free-world sources, including private sources within U.S.

N.A.

b. FAA Sec. 201(b)(2); 201(d). Information and conclusion on (1) capacity of the country to repay the loan, including reasonableness of repayment prospects, and (2) reasonableness and legality (under laws of country and U.S.) of lending and relending terms of the loan.

N.A.

c. FAA Sec. 201(a). If loan is not made pursuant to a multilateral plan, and the amount of the loan exceeds \$100,000, has country submitted to AID an application for such funds together with assurances to indicate that funds will be used in an economically and technically sound manner?

N.A.

d. FAA Sec. 201(f). Does project paper describe how project will promote the country's economic development taking into account the country's human and material resources requirements and relationship between ultimate objectives of the project and overall economic development?

N.A.

PAGE NO. 6C(2)-6	EFFECTIVE DATE November 10, 1976	TRANS. MEMO NO. 3:11	AID HANDBOOK 3, App. 6C
---------------------	-------------------------------------	-------------------------	-------------------------

82

e. FAA Sec. 202(a). Total amount of money under loan which is going directly to private enterprise, is going to intermediate credit institutions or other borrowers for use by private enterprise, is being used to finance imports from private sources, or is otherwise being used to finance procurements from private sources?

N.A.

f. FAA Sec. 620(d). If assistance is for any productive enterprise which will compete in the U.S. with U.S. enterprise, is there an agreement by the recipient country to prevent export to the U.S. of more than 20% of the enterprise's annual production during the life of the loan?

N.A.

3. Project Criteria Solely for Security Supporting Assistance

FAA Sec. 531. How will this assistance support promote economic or political stability?

It will provide economic and political stability by improving public health services and the general health status of the population.

4. Additional Criteria for Alliance for Progress

[Note: Alliance for Progress projects should add the following two items to a project checklist.]

N.A.

a. FAA Sec. 251(b)(1), -(8). Does assistance take into account principles of the Act of Bogota and the Charter of Punta del Este; and to what extent will the activity contribute to the economic or political integration of Latin America?

N.A.

b. FAA Sec. 251(b)(8); 251(h). For loans, has there been taken into account the effort made by recipient nation to repatriate capital invested in other countries by their own citizens? Is loan consistent with the findings and recommendations of the Inter-American Committee for the Alliance for Progress (now "CEPCIES," the Permanent Executive Committee of the OAS) in its annual review of national development activities?

N.A.

AID HANDBOOK 3, App 6C	TRANS. MEMO NO. 3:11	EFFECTIVE DATE November 10, 1976	PAGE NO. 6C(3)-1
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6C(3) - STANDARD ITEM CHECKLIST

Listed below are statutory items which normally will be covered routinely in those provisions of an assistance agreement dealing with its implementation, or covered in the agreement by exclusion (as where certain uses of funds are permitted, but other uses not).

These items are arranged under the general headings of (A) Procurement, (B) Construction, and (C) Other Restrictions.

Procurement

1. FAA Sec. 602. Are there arrangements to permit U.S. small business to participate equitably in the furnishing of goods and services financed? Yes. Small businesses will be advised of the opportunities to participate, particularly in the furnishing of goods, in this project.
2. FAA Sec. 604(a). Will all commodity procurement financed be from the U.S. except as otherwise determined by the President or under delegation from him? Yes.
3. FAA Sec. 604(d). If the cooperating country discriminates against U.S. marine insurance companies, will agreement require that marine insurance be placed in the U.S. on commodities financed? Yes.
4. FAA Sec. 604(e). If offshore procurement of agricultural commodity or product is to be financed, is there provision against such procurement when the domestic price of such commodity is less than parity? N.A.
5. FAA Sec. 608(a). Will U.S. Government excess personal property be utilized wherever practicable in lieu of the procurement of new items? If suitable, U.S. owned excess property will be utilized.
6. MMA Sec. 901(b). (a) Compliance with requirement that at least 50 per centum of the gross tonnage of commodities (computed separately for dry bulk carriers, dry cargo liners, and tankers) financed shall be transported on privately owned U.S.-flag commercial vessels to the extent that such vessels are available at fair and reasonable rates. Grant Agreement will contain this requirement.
7. FAA Sec. 621. If technical assistance is financed, will such assistance be furnished to the fullest extent practicable as goods and professional and other services from private enterprise on a contract basis? If the facilities of other Federal agencies will be utilized, Yes.  
  
No use of facilities of other Agencies is contemplated except where the agency is particularly suited to provide technical assistance and is not competitive with private industry.

A7

are they particularly suitable, not competitive with private enterprise, and made available without undue interference with domestic programs?

8. International Air Transport. Fair Competitive Practices Act, 1974

If air transportation of persons or property is financed on grant basis, will provision be made that U.S.-flag carrier will be utilized to the extent such service is available?

Yes. Technical Assistance contracts will contain this requirement with respect to travel of persons.

B. Construction

1. FAA Sec. 601(d). If a capital (e.g., construction) project, are engineering and professional services of U.S. firms and their affiliates to be used to the maximum extent consistent with the national interest?

N.A.

2. FAA Sec. 611(c). If contracts for construction are to be financed, will they be let on a competitive basis to maximum extent practicable?

N.A.

3. FAA Sec. 620(k). If for construction of productive enterprise, will aggregate value of assistance to be furnished by the U.S. not exceed \$100 million?

N.A.

C. Other Restrictions

1. FAA Sec. 201(d). If development loan, is interest rate at least 2% per annum during grace period and at least 3% per annum thereafter?

N.A.

2. FAA Sec. 301(d). If fund is established solely by U.S. contributions and administered by an international organization, does Comptroller General have its rights?

N.A.

3. FAA Sec. 620(h). Do arrangements preclude promoting or assisting the foreign aid projects or activities of Communist-Bloc countries, contrary to the best interests of the U.S.?

N.A.

4. FAA Sec. 636(i). Is financing not permitted to be used, without waiver, for purchase, long-term lease, or exchange of motor vehicle manufactured outside the U.S. or guaranty of such transaction

N.A.

AID HANDBOOK 3, App 6C	TRANS. MEMO NO. 3:11	EFFECTIVE DATE November 10, 1976	PAGE NO. 6C(3)-3
------------------------	-------------------------	-------------------------------------	---------------------

Will arrangements preclude use of financing:

- a. FAA Sec. 114. to pay for performance of abortions or to motivate or coerce persons to practice abortions? **Yes**
- b. FAA Sec. 620(q). to compensate owners for expropriated nationalized property? **Yes**
- c. FAA Sec. 660. to finance police training or other law enforcement assistance, except for narcotics programs? **Yes**
- d. FAA Sec. 662. for CIA activities? **Yes**
- e. App. Sec. 103. to pay pensions, etc., for military personnel? **Yes**
- f. App. Sec. 106. to pay U.N. assessments? **Yes**
- g. App. Sec. 107. to carry out provisions of FAA Sections 209(d) and 251(h)? (transfer to multilateral organization for lending). **Yes**
- h. App. Sec. 501. to be used for publicity or propaganda purposes within U.S. not authorized by Congress? **Yes**

THRESHOLD DECISION BASED ON  
INITIAL ENVIRONMENTAL EXAMINATION

Project Location: Lebanon

Project Title: Health Sector

Funding (Fiscal Year and Amount): FY 1978 \$4.9M

Life of Project: \$4.9M

IEE Prepared By: E. Leonard      Date: 3/24/78

Environmental Action Recommended: Negative Determination  
(Environmental Assessment, Negative Determination, etc.)

Bureau for Near East Decision:  
(Approval/Disapproval of Environmental Action Recommended in the IEE.)

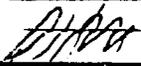
APPROVED: 

DISAPPROVED: \_\_\_\_\_

DATE: 3-31-78

Clearances:  Date: 3/25

NE/TECH: ECZ Date: 3/26

NE/CD:  Date: 3/30

INITIAL ENVIRONMENT EXAMINATION  
NARRATIVE DISCUSSION

1. Project Location: Lebanon
2. Project Title: Health Sector
3. Funding (Fiscal Year and Amount): FY 1978 \$4.9M
4. Life of Project: \$4.9M
5. IEE Prepared By:E. Leonard Date: 3/24/78
6. Action Recommended: Negative Determination
7. Discussion of Major Environmental Relationships of Project Relevant to Attached Impact Identification and Evaluation Form:

All activities under this project are designed to improve the health of the Lebanese population by restoring public services or to permit the reintegration into society of the disabled. The grant will fund technical services to advise the government, medical and public health supplies and equipment, and some training. No construction is envisioned under this project with the exception of two small sewerage settling ponds. These ponds will be attached to existing sewerage systems which currently dump into water or on land without any processing.

IMPACT IDENTIFICATION AND EVALUATION FORM

Impact  
Identification,  
and Evaluation<sup>1/</sup>

Impact Areas and Sub-areas

A. LAND USE

1. Changing the character of the land through:

a. Increasing the population

N

b. Extracting natural resources

N

c. Land clearing

L

d. Changing soil character

N

2. Altering natural defenses

N

3. Foreclosing important uses

N

4. Jeopardizing man or his works

N

5. Other factors

N

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

B. WATER QUALITY

1. Physical state of water

M<sup>±</sup>/

2. Chemical and biological states

M<sup>1</sup>

3. Ecological balance

L<sup>1</sup>

4. Other factors

<sup>1</sup>Two small settling ponds will process liquid waste.

Where such waste entered water system, improvement will

- <sup>1</sup>/N - No environmental impact occur in level of biological
- L - Little environmental impact
- M - Moderate environmental impact contamination.
- H - High environmental impact
- U - Unknown environmental impact