6.5. THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID)

6.5.1. History of co-operation and organisation

USAID has been co-operating with the MOHCW since Independence in 1980. The primary focus of that relationship has been Family Planning. USAID has been in the past 17 years the largest donor to the MOHCW Family Planning programme and has contributed over US $ 50 million to the programme since 1980. Beginning 1993 USAID increased the emphasis and support on prevention in the HIV/AIDS programme in collaboration with the counter-part programme in the MOHCW, the NACP. The HIV/AIDS prevention activities are to be extended to the private sector in the 1997-2002 plan of co-operation.

6.5.2. Organisational Chart

Figure 41 presents the organisational structure of USAID in Zimbabwe

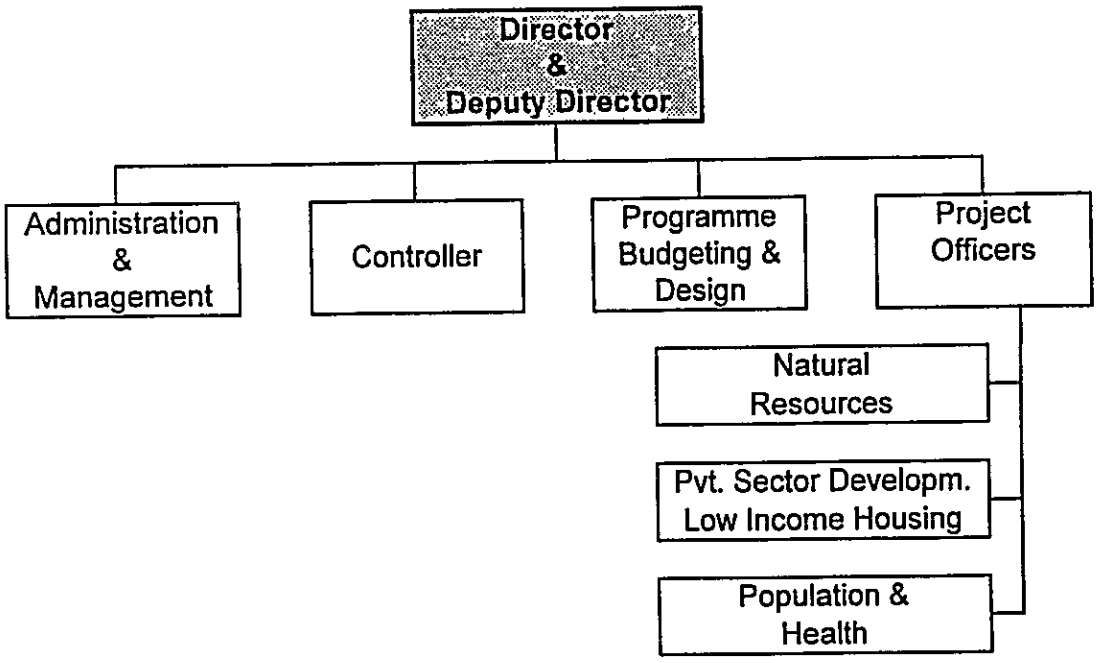

FIGURE 41 : ORGANISATIONAL STRUCTURE USAID

6.5.3. Policy, Priorities, Objectives and Plan of Co-operation for USAID in Zimbabwe

The policy guidelines of USAID in its relationship with the Health Sector, but particular for the Family Planning (FP) Programme are formulated as follows :

- the promotion of a long-term self-sufficiency and sustainability of the Family Planning programme of the MOHCW
- assistance in the attaining of a total fertility rate (TFR) of 4.0 by the year 2000

For the HIV/AIDS Programme, USAID is committed to :

- assist in the reduction of the HIV transmission
- enhance and expand the role of the private sector including the NGO's in HIV/AIDS prevention

USAID also supports the government's efforts in the process of decentralisation of the health services delivery. They also encourage the government to reform some policies that hinder access to medical care for the wider public.

The programmes of co-operation between USAID and the MOHCW are the Family Planning programme and the HIV/AIDS programme. The primary counter-part is the ZNFPC for the Family planning programme and the NACP for the HIV/AIDS programme. The plan of co-operation for the year 1997 is directed to the Family Planning Programme and the HIV/AIDS programme.

The priority areas and key components of support in the Family Planning programme are the :

- contraceptive supplies
- technical assistance (TA) in policy reform
- data collection and analysis
- training for health care providers
- IEC support

Within the HIV/AIDS programme the key components of support are the :

- data collection and analysis
- Sentinel Surveillance
- IEC and Behavioural Change Promotion
- strengthening the private sector and the NGO's participation in the HIV/AIDS prevention efforts

The long-term plans of co-operation for USAID is the phasing out of the Family Planning Programme by the financial year 1998, which is the final year of funding. By the end of the financial year 1999 the assistance flow will terminate. The phasing

out of the support to the HIV/AIDS programme will be by the end of 2002. The financial year 1999 will be the final funding year and by the end of the financial year 2002 the assistance flow will terminate.

6.5.4. Budget

Table 36 presents the summary of the USAID support to the priority programmes.

TABLE 36 : USAID PROGRAMME SUPPORT BUDGET

Year	Family Planning Programme	HIV/AIDS Programme
FY 1997	US $ 4 000 000	US $ 4 200 000
FY 1998	US $ 3 500 000	US $ 3 500 000

The USAID annual input per year has been approximately 44 million Zimbabwe Dollars per year.

6.6. THE COMMISSION OF EUROPEAN COMMUNITIES (DELEGATION IN ZIMBABWE) - CEC

6.6.1. History of Co-operation and Organisation

The Micro-projects programme started in the early eighties and was supporting the health sector in the rural areas. Under the micro-project programme, the assistance to the GOZ, particular the MOHCW was directed to the rehabilitation of the infrastructure of rural health centres. Funds have been provided to up-grade the existing health infrastructure and construct new health facilities. During the period 1993-1996 counter-part funds have been allocated to the improvements of water supply to rural health centres, construction of doctors accommodation and the procurement of drugs and medical equipment. The support to the STD/AIDS Control Programme and the National Blood Transfusion Service are also one of the CEC support areas.

The organisation of the CEC- Delegation in Zimbabwe is as follows :

The Delegation in Zimbabwe is conformed by both Brussel-Based and Local Staff. For the purpose of the Projects and Programmes' Administration, there are three sections in place. They are the Technical, the Economical and the Rural Development Sections.

The Head of the Delegation is responsible for the supervision of all the activities carried out in the Delegation. The Head of the Delegation allocates the duties for each section.

With regard to the Health Sector, the support is given by the CEC which is channelled through counter-part funds (Economic Section) and the Micro-project Programme (Technical Section).

6.6.2. Policy, Priority, Objectives and Plan of Co-operation for the CEC in Zimbabwe

The policy and the guidelines of the CEC are based on the Revised Lome IV Convention. This Convention establishes broad guidelines for the co-operation with the 70 ACP Countries. The Zimbabwe/CEC National Indicative Programme (NIP) gives the agreed provisions between the partners for the implementation of the financial protocol (110 Million ECU). The Sectoral Policy in Health and the MOHCW finalised sectoral reviews are guiding the commitment of the Delegation. Apart from the broad commitments, sub-sectors of intervention are being agreed upon by all the partners involved.

The plan of co-operation is covered by the Micro-Project Programmes, the Counter-Part Funds, the support to the STD/HIV/AIDS programme and the National Blood Transfusion Service Programme.

The current plan of co-operation for the year 1997 is to put a new approach in place. In 1997, the CEC will decide the strategy of intervention in Health for the next five years. The intention is to design a coherent plan for all health related projects funded by the Commission in order to increase the impact and to contribute effectively to the Government's new Policy.

The National Indicative Programme (NIP) signed between the GOZ and the CEC in November 1996 established the guidelines of the new plan of co-operation for the next five years. The CEC intervention in Health will materialise in :

- Micro-Projects Programme : which will be the same intervention as the last five years as discussed in the history of co-operation
- Sectoral Support : the CEC intervention is to be agreed upon with the MOHCW after a sectoral review is finalised and the health strategic plan is formulated. Partial support to Budget would be analysed

6.6.3. Budget

Under the National Indicative Programme (NIP) the Budget is illustrated in Table 37.

TABLE 37 : CEC BUDGET UNDER NIP

Programme	Budget
Micro-project Programme	3.75 Million ECU
Sector Support	22.00 Million ECU

6.7. DEUTSCHE GESELLSCHAFT FUR TECHNISCHE ZUSAMMENARBEIT (GTZ)

6.7.1. History of co-operation and Organisation

The bilateral governmental development projects in the field of technical co-operation are primarily carried out by GTZ. The German Development Assistance is highly decentralised. Since 1980 Germany under its technical co-operation plan provided grants of about DM 728 million to Zimbabwe. About DM 237 million were channelled through GTZ. The other funds were spent through other Governmental and Non-Governmental Organisations.

GTZ is a non-profit making enterprise wholly owned by the Federal Republic of Germany, represented by the Federal Minister for Economic Co-operation and Development. It is commissioned to undertake specialist planning and implementation of measures for technical co-operation. The main tasks of GTZ are in the areas of :

- planning, implementation, steering and monitoring technical co-operation projects and programmes
- advising other organisations involved in development activities
- assigning and financing of experts and advisors, instructors, specialists and consultants to projects
- human resources development and co-ordination of training courses
- supplying materials and equipment for the projects assisted
- supporting re-integration of programmes

6.7.2. Policy, Priority, Objectives and Plan of Co-operation for GTZ

The development policy of the Federal Republic of Germany aims at improving the economic and social living conditions in the developing countries. One of the main areas is bilateral government to government assistance. The GOZ supports three major health programmes in Zimbabwe :

- the IEC Family Planning and Health Education Programme
- the Health Systems Research for Reproductive Health and Health Care Reforms in the Southern African Region
- the District Health Improvement Programme (DHIP)

6.7.3. Health Programmes

6.7.3.1. The IEC Family Planning and Health Education Programme

The project gives support to the adoption of positive health behaviour. The projects promotes the acceptance of smaller families and the prevention of sexual

transmitted infections. The project supports the reform process within the MOHCW regarding sustainable efforts. It also focuses on improving the professional skills of health services providers. Workshops for influential leaders are informing about the benefits of FP and contribute to the nation-wide acceptance of smaller families.

The counter-part of the project is the MOHCW. The responsible agencies are the ZNFPC with its Evaluation and Research Unit and the IEC Unit as well as the MOHCW with its MCH/FP Department including the Health Education Unit. The project period started in July 1987 and runs until June 1998. The resources allocated to the project are illustrated in Table 38. The project operates in co-operation with the Family Health Project, phase II of Zimbabwe supported by the World Bank and other donor countries.

TABLE 38 : OVERVIEW OF THE FUNDS ALLOCATED BY GTZ FOR THE IEC FAMILY PLANNING AND HEALTH EDUCATION PROJECT

Year	Funds
1987/88	DM 1.88 million
1989/90/91	DM 1.00 million
1991/92/93	DM 2.8 million
1993/94/95	DM 2.9 million
1996/97/98	DM 6.0 million

The German Input is to support the following priorities and key components in the project :

- the secondment of one long-term consultant
- the secondment of short-term consultants
- the recruitment of local experts and employees
- the supply of equipment
- the co-financing of administration costs
- the assistance to applied research, together with monitoring and evaluation
- the training co-ordination in IEC skills

6.7.3.2. Health Systems Research for Reproductive Health and Health Care Reforms in the Southern African Region

The overall objective of the project is to strengthen Health Systems Research (HSR) for improved Reproductive Health Services and to facilitate Health Care Reforms in the Southern African Region.

Through this regional approach it will contribute to the strengthening of communication and collaboration between neighbouring countries (South to South operations). The programme is locate in Zimbabwe (at the Blair Research Institute) but is a regional venture. Activities are carried out in the 12 SADC Countries including Zimbabwe. The partners are the respective Ministries of Health, MCH/FP Departments, Planning Departments and HSR Units. There is close collaboration with the WHO Inter-Country Programme, based in Harare and the Commonwealth Regional Health Community Secretariat in Tanzania.

The Zimbabwe counter-part in the project is the MOHCW. The Health Systems Research Programme started in February 1989. GTZ assistance is expected to continue until the end of 1998. The resources allocated to the project are amounting to DM 7.8 million.

The main components or priorities of the programme are related to :

- assistance to research studies in the area of reproductive health and health care reforms with technical assistance to the research studies
- training in research methodology through the organisation and funding of training courses in Health Systems Research
- Inter-country Networking in the organisation of annual Inter-Country Meetings on Health Systems Research, study tours, exchange of experts for HSR consultancies, dissemination of HSR findings, communication

6.7.3.3. The District Health Improvement Programme (DHIP)

The purpose of the project is the improvement of health care services to rural and small town populations in 12 districts in the provinces of Manicaland and Masvingo with a total of 1 000 000 inhabitants.

All the activities are planned within the MOHCW structures at district and provincial level. The integrated non-selective approach promotes the maintenance and development of the Zimbabwean District Health Care and Support Services in order to support promotive, preventive, and curative activities corresponding the local requirements. The German contributions comprise of the key components or priorities in :

- personnel assistance (20 development workers, doctors deployed through the German Development Agency)
- programme co-ordination through a programme co-ordinator with advisory functions at provincial level provided by the German Development Agency
- financial assistance (via GTZ DM 1 640 000)

The programme runs over the period of 1991 until the end of 1998 and the resources allocated to the programme are DM 2.0 million.

6.7.4. Budget

Table 39 illustrates the budget covering the GTZ projects until 1998.

TABLE 39 : GTZ PROJECT BUDGET

Year	Project	Budget
1987/1998	IEC Family Planning and Health Education	DM 14.58 million
1989/1998	Health Systems Research for Reproductive Health and Health Care Reforms in the SADC	DM 7.8 million
1991/1998	District Health Improvement Programme (DHIP)	DM 2.0 million

6.8. THE ITALIAN CO-OPERATION

6.8.1. History of Co-operation and Organisation

The Italian co-operation started in the early eighties. The main activity was directed to the Mashonaland West Health Project. The Project was aiming at the provincial level with focus on the districts, Banket and CheGutu. The Re-building of the Mission Hospital, St. Michael was one of the other project within the strategy of upgrading Rural Health Facilities. Since 1988 the Italian NGO (COSV) is the implementing agency and partner of the Italian Co-operation. Currently, the Italian Co-operation continues with its directly managed co-operation through the COSV implementation partner, with the MOHCW.

6.8.2. Organisational Chart

Figure 42 presents the organisational structure of the Italian Co-operation.

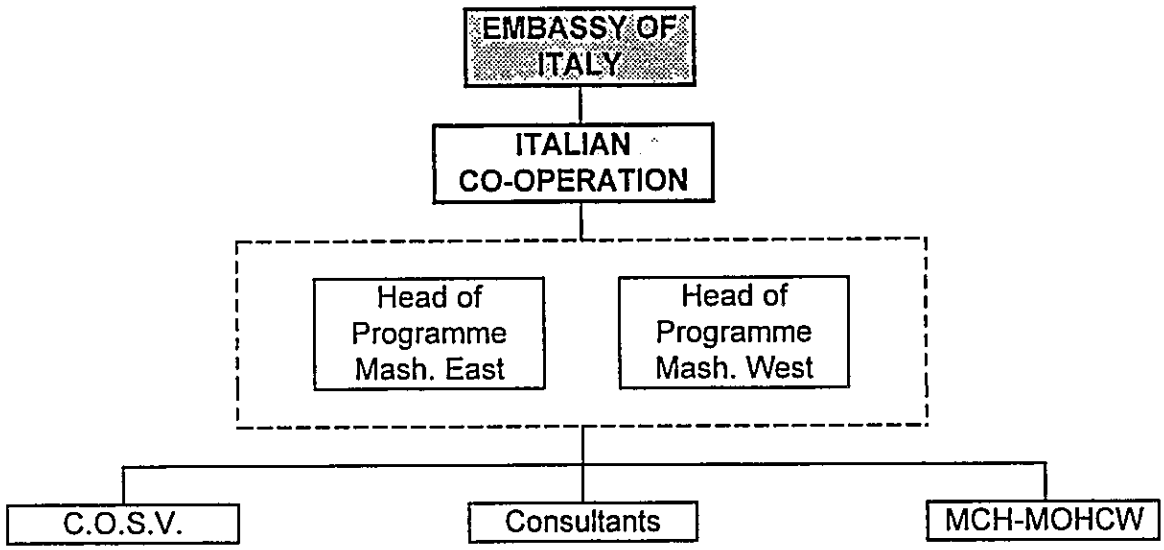

FIGURE 42 : ORGANISATIONAL STRUCTURE ITALIAN CO-OPERATION

6.8.3. Policy, Priority, Objectives and Plan of Co-operation for the Italian Co-operation

The key objectives of the Italian Co-operation with the MOHCW are :

- to improve the management of Health Services at District Level
- to improve the referral system
- to reduce peri-natal mortality rate
- to improve quality of the PHC services

The Italian Co-operation priorities are focused on :

- the mother and child health
- the epidemiology
- management

The major strategy of the Italian Co-operation to achieve the goals is through the training of local staff. The major programmes of support are the Mashonaland West Health Programme and the Mutoko District Programme.

The Plan of Co-operation for the current year 1997 are to continue the support of the Mashonaland West programme and to start a new programme in Mashonaland East with the focus on the Mutoko District. The starting of a new project in the Lcezi District has to be approved still. A new proposal has been prepared for the Italian Co-operation but need still approval. Their assistance is sought to support the organisation of training courses in epidemiology for district level, in the near future.

6.8.4. Budget

The budget for the period 1987-94 was US $ 17.0 million. The Mashonaland West Project was funded through this funds until recently. The new funds of the Italian Co-operation are not yet been allocated as some of the project needs still approval and budget allocation.

6.9. THE ROYAL NETHERLANDS EMBASSY

6.9.1. History of Co-operation and Organisation

The Royal Netherlands Embassy has a long standing co-operation since independence with Zimbabwe. In the past, support to the health sector was confined to personnel assistance by Dutch physicians. The support to activities of the Royal Netherlands Embassy is focused :

- in the field of the AIDS and TB programmes
- to the WHO Regional and National Health System Research Programme
- financial support for the purchase of radiology equipment

The bilateral and regional co-operation in the health, population and nutrition sectors (HPN) between countries in the Southern African Region and the Netherlands is a long term co-operation, including the support to the Health Sector in Zimbabwe. The Regional Health Advisor is based in Harare, Zimbabwe. He is responsible for the sector in Angola, South Africa, Namibia, Swaziland, Botswana, Lesotho, Mozambique and Zimbabwe. The sectoral programme in Zimbabwe is co-ordinated by a team consisting of a local programme officer, local secretary and the health advisor. Sectoral activities in the countries like Namibia, Lesotho, Botswana and Swaziland are limited.

6.9.2. Policy, Priorities, Plan of Co-operation

The health care policy within the Dutch development co-operation places the emphasis on the poorer population groups (rural and urban areas), popular participation, long-term programme aid, harmonisation with the national policy in Zimbabwe and general strategies as formulated by WHO, UNICEF and UNFPA. In the case of the new emerging health problems as AIDS and also the environmental health problems the Netherlands will seek whenever possible to co-ordinate its efforts with what is being done in the international environment. Primary Health Care is the heart of the policy of the Netherlands Co-operation.

The plan of co-operation in Zimbabwe which the Netherlands is currently supporting is illustrated in Table 40.

The long term plans and priorities for the Netherlands co-operation are :

- the Social Insurance Fund
- the Human Resource Capacity Building
- the Farm Health Workers Programme
- the Reproductive Health Programme

TABLE 40 : LIST OF PROJECT STATUS IN ZIMBABWE AS OF MARCH 1997

Project	Executing Agency	Time Frame	Budget Allocation in Nfl.
Southern African AIDS Information Dissemination Service	HIVOS	1995/97	1 206 000
AIDS Project Support Group	University of Zimbabwe	1996/2000	436 000
Matabeleland AIDS Council	HIVOS	1994/97	727 000
Support National TB Control Programme	MOHCW	1995/99	2 602 000
Backstopping TB Control	DGIS	1995/99	266 000
AIDS Prevention Project	UNICEF	1995/2000	7 432 000
Budget Support	MOHCW	1996/99	5 650 000
TOTAL			18 320 000

Note : Personnel (technical assistance) and budget support are not included in the list

6.9.3. Budget

There is a possibility to apply for funds via the Regional Health Support Fund which finances activities to a maximum amount of 25 000 Netherlands Guldens (Nfl.). Activities to be funded in the health sector may also be financed via the Netherlands Fellowship Programme or the small Embassy Project Fund. Currently the Netherlands Embassy is preparing a document for budget support to assist Mission Hospitals in the rural areas.

The budget which is also presented in Table 40 of the projects, flows directly to the MOHCW through the MOF which is for the external and internal funding as well as field visits and reports.

6.10. THE CANADIAN INTERNATIONAL DEVELOPMENT AGENCY - CIDA

6.10.1. History of Co-operation and Organisation

The Canadian International Development Agency has a regional office in Harare. But "Health" is not a priority area for CIDA in Zimbabwe. The Regional Office is also responsible for SADC as a whole and particularly Zambia, Malawi, Botswana, Angola, Zimbabwe where specific projects are supported through CIDA.

6.10.2. Organisational Chart

The organisational structure of CIDA is presented in Figure 43.

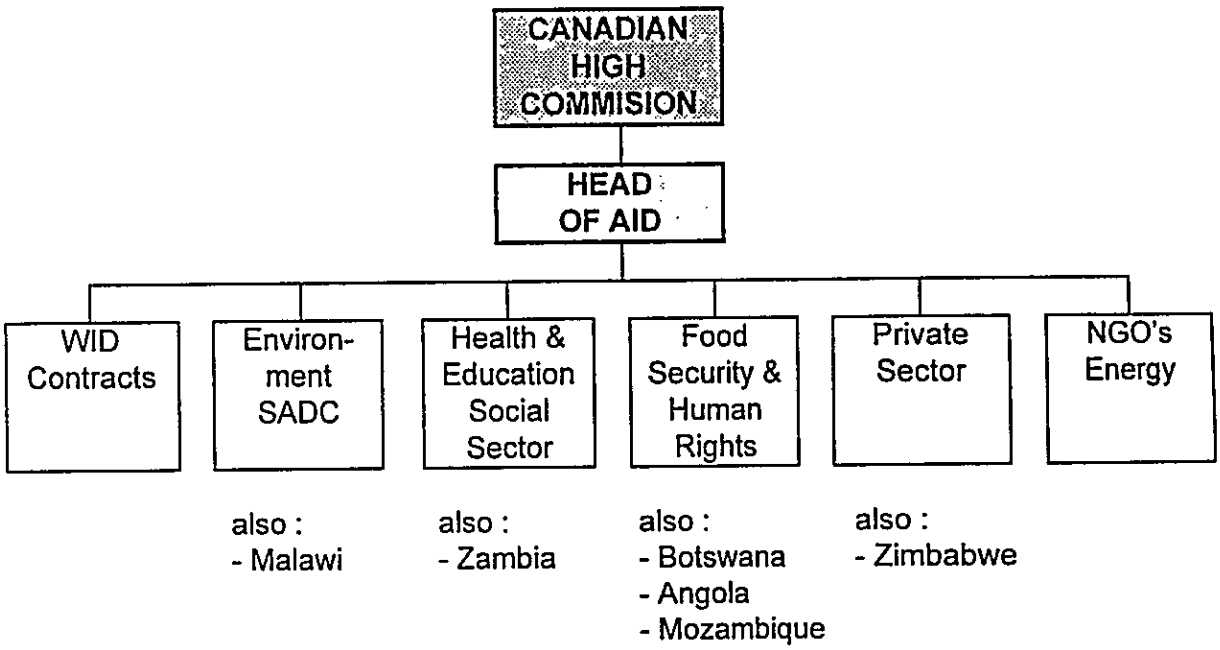

FIGURE 43 : ORGANISATIONAL STRUCTURE OF CIDA

6.10.3. Policy, Priority, Objectives and Plan of Co-operation

CIDA works through specific projects and follows therefore the policy of that particular project. There is no specific budget support given. The priority programmes which CIDA has supported are :

- The Southern Africa AIDS Training Programme. This Regional Programme covers ten SADC countries and is supported for Canadian Dollars (CAD) $ 23 million of which about CAD 3 to 5 million were allocated to Zimbabwe

- The Mc. Gill University in collaboration with the University of Zimbabwe are researching the transmission of HIV during breastfeeding in relation to Micro-nutrient (Vitamin A) status. The resources for the project are CAD $ 5.0 million over a period of two years
- The financial support to upgrade the paediatric wing of Parirenyatwa Hospital. The resources allocated to this project was CAD $ 5.0 million

As Zimbabwe, is not at this point in time, a priority area for project development in Health, CIDA has not a specific plan of co-operation.

6.10.4. Budget

Table 41 provides the budget line allocated to the CIDA key projects in Zimbabwe

TABLE 41 : BUDGET ALLOCATION TO THE CIDA PROJECTS

Project	Budget
Southern Africa AIDS Training	CAD $ 23 million + Zimbabwe 3-5 Million
Mc Gill University/University of Zimbabwe HIV Research of Breastfeeding	CAD $ 5.0 million
Paediatric Wing of Parirenyatwa Hospital	CAD $ 5.0 million

6.11. JAPAN INTERNATIONAL CO-OPERATION AGENCY (JICA)

6.11.1. History of Co-operation and Organisation

JICA commenced its co-operation with Zimbabwe more than fifteen years ago. Through its training scheme they invited about 163 trainees to Japan and a further 49 were supported under the third country training programme. The JICA Zimbabwe Office has been established to support activities in Zimbabwe and to investigate future co-operation in newly identified fields. In short term JICA concentrates on monitoring and evaluation of the on-going projects. In the medium and long term JICA will intensify the collaboration with Zimbabwe.

JICA is responsible for the major portion of the bilateral technical co-operation. The Project of Infectious Disease Control started in 1996. It aims at controlling major specific infectious diseases in Zimbabwe such as Malaria and Schistosomiasis and raising the health status of the country.

The programme is situated in the MOHCW under the umbrella of Epidemiology and Disease Control Unit (EDC-NHIS Unit) in the Health Care Services Department.

6.11.2. Organisational Chart

The international organisational structure of JICA is presented in Figure 44.

6.11.3. Policy, Priorities, Objectives and Plan of Co-operation

Japan's commitment and policy is based on the concepts of humanitarian and moral considerations and the recognition of inter-dependence among states. The following summarised principles are guiding the JICA co-operation plan:

- the environmental sustainability, re-generation and the development should be pursued together
- the improvement of living standards in rural communities, and health and sanitation

The Zimbabwe Infectious Disease Control Project is a project-type of technical co-operation with the main purpose of human resources development, transferring and disseminating technology through technical training in Japan, dispatching experts and the provision of equipment.

The Project of Infectious Disease Control started in 1996. The detailed implementation plan covers the period 1997-2001. The main objective of the project is to strengthen the major specific infectious disease control activities of the concerned sections in the MOHCW. The main target diseases are Malaria and Schistosomiasis.

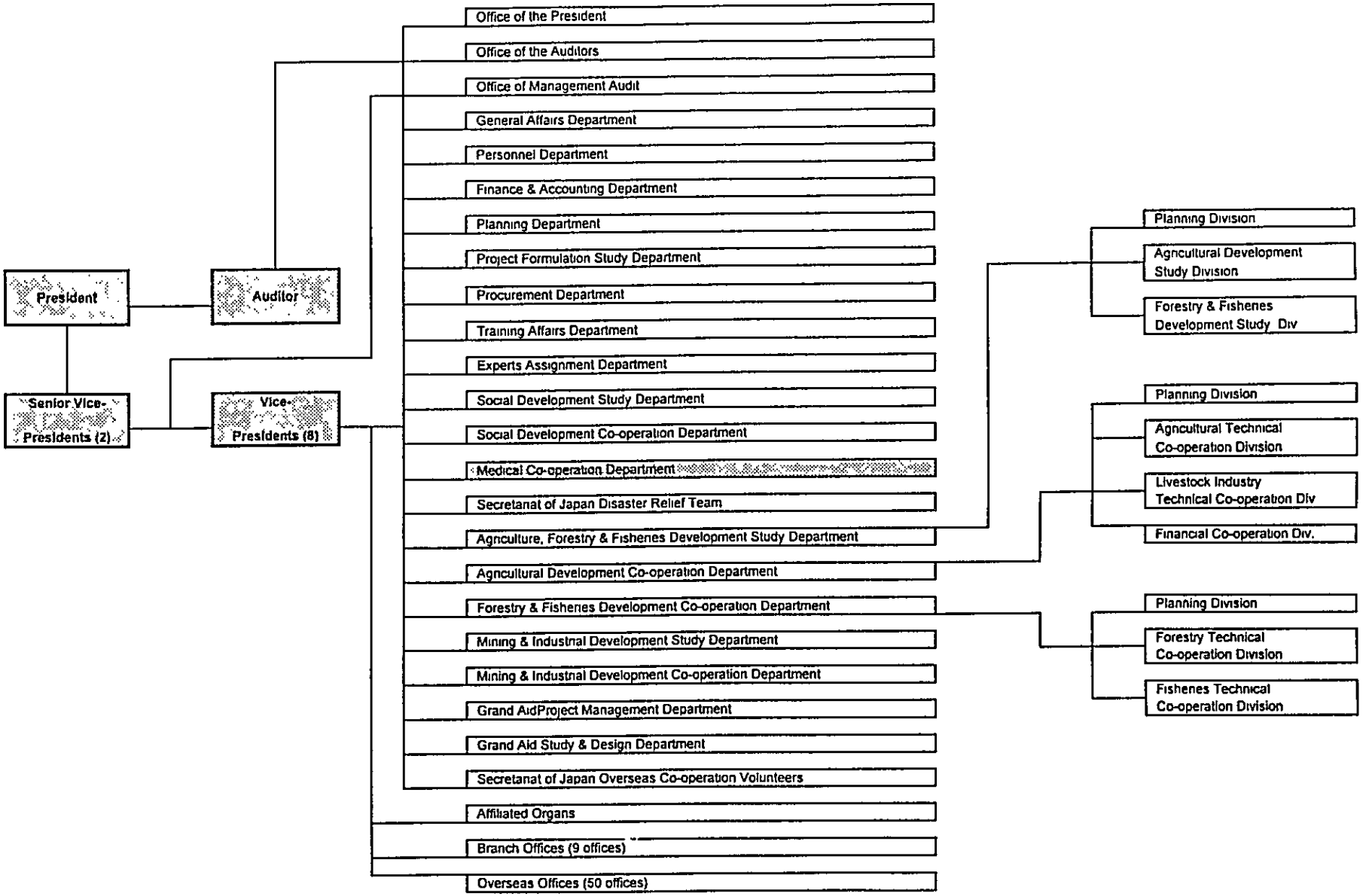

FIGURE 44 : ORGANISATIONAL STRUCTURE JICA

The objective related to the malaria control programme is the strengthening of the overall programme and more specifically JICA is committed to :

- assist in the epidemiology surveillance, situation analysis and monitoring
- support the field preventive and control activities
- assist in the monitoring and evaluation of the programme progress
- promote operational research
- provide training opportunities in Japan
- provide Japanese experts to support the programme implementation
- provide equipment for the implementation of the programme

The objective related to the Schistosomiasis control programme is in general : to implement the National Schistosomiasis and Intestinal Helminthiasis Control Action Programme. More specifically the objectives are :

- to assist in the epidemiologic surveillance, situation analysis and monitoring
- to support the field preventive and control activities
- to monitor and evaluate the control strategies from routine information and health surveys
- to promote operational research
- to provide counter-part training in Japan
- to dispatch Japanese experts for long and short term assignments
- to provide the necessary equipment for the implementation of the project

The project has recently started and the current activities are formulated as follows:

- Epidemiologic surveillance in model districts
- the planning of the necessary equipment needed for the implementation of the project
- the monitoring and evaluation of the programme executed, in collaboration with the MOHCW and the Provincial Offices

Apart from the current project, JICA had financially supported the construction of the maternity ward in the Mpilo Central Hospital, Bulawayo and paediatric ward in the Harare Central Hospital including the equipment and the facilities which amounted to respectively US $11.6 million and US $12.5 million.

Another short-term project of JICA was the training of a medical engineer for the duration of five months in Japan.

6.11.4. Budget

Table 42 summarises the budgets allocated to the projects in Zimbabwe.

TABLE 42: JICA PROJECT BUDGET

Project	Budget IN US$
Malaria & Schistosomiasis	400 000/year
Administration & Operation	3 500/month
Mpilo Central Hospital Bulawayo Maternity Ward	11.6 million
Harare Central Hospital Paediatric Ward	12.5 million
Virology Laboratory Equipment for department of medical microbiology - University of Zimbabwe	0,1 million

6.11.5 Training in Japan Public Health & Medicine - 25 trainee since (1996)

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