Dear Supporter of The Africa Fund:

Inside Zimbabwe, near one war-torn border, a rural clinic operates out of a once roofless, bombed-out building, providing free medical care for the first time to the African farmworkers there. It is an example of the challenge being met by the new government of independent Zimbabwe: making for a healthy citizenry after decades of colonial neglect.

One-quarter of the clinic's patients and up to 90 percent of the children under five will probably be suffering from malnutrition. Many will be very sick because they have never been inoculated against infectious disease. Those who are malnourished easily get tuberculosis; the children who are malnourished die from measles.

Under the regime of Ian Smith, good health was the privilege of the white minority in whites-only hospitals. Poverty, inadequate sanitation and medical neglect was the rule for the African majority.

I saw the clinic described above on a recent trip to Zimbabwe and neighboring Mozambique. I went to follow up on Africa Fund projects and become better acquainted with the health care situations in these two countries. I would like to share with you some of what I found.
For the 70 percent of Zimbabweans who live in the rural areas, the victory of the Zimbabwe African National Union - Patriotic Front (ZANU-PF) has made a dramatic difference. I visited one of the former "protected villages" where Rhodesian soldiers had herded people to prevent them from giving food, shelter and other support to "the boys" fighting for independence.

With ZANU's victory at the polls in February, the hated wire fences encircling the village were torn down; the curfew abolished. People have returned to replant their fields with vegetables and cotton without fear of detention or harassment. They have reopened a nearby school that was closed during the war, and hailed the announcement of the Minister of Education, Dxingai Mutumbuka, that tuition and books for primary education would be free as of September. They are already constructing a new classroom themselves.

At a resettlement farm near Salisbury, Dr. James Mvuti of the ZANU medical department, showed me his plans for turning one of the previously white-owned farmhouses into a medical reception area. Currently, a clinic is run from a large hut with little more than a table and water which must suffice for child deliveries.

Dr. Herbert Ushewokunze, Minister of Health, also gave me a few hours out of his incredibly demanding schedule to talk about ways in which groups and individuals in the U.S. could continue support for the new type of health system ZANU was developing during the liberation struggle. He noted one area of particular concern - bringing effective preventative medicine to the rural/peasant population - and requested assistance.

The idea is to train several thousand village health workers chosen from their communities, who would promote basic preventative health practices and treat simple medical problems. Members of the ZANLA and ZIPRA (the liberation armies) medical corps would do the training, putting to good use the skills they had acquired during the struggle for independence.

Village health workers are seen as key to meeting the medical needs of the rural areas. After training, they will be able to teach basic hygiene and self-treatment of minor infections and ailments; immunize against measles, tuberculosis and other
communicable diseases; treat common illnesses such as malaria and intestinal worms; and offer advice on infant nutrition and other prenatal care.

There are several components of the project where The Africa Fund could help. Eight regional centers for training need to be established. A manual is in the first stages of preparation and funds will be needed for its completion. Funds would help purchase medical kits, provide modest stipends for the health workers while they are in training, and inexpensive transportation in the form of bicycles. As the program develops in the upcoming months, the health ministry will provide us with specific lists of needs.

In the last analysis, the success of the new approach to health care in Zimbabwe rests on the use of the human resources and understanding developed during the struggle for independence.

The village medical workers are a prime example of this concept. As guerrillas, they learned to live with the people and understand their lives and health problems. They saw how basic preventative medicine and better sanitation could make a real difference. Armed now with new skills, their greatest strength is their deep commitment to build a better life for the people of Zimbabwe.
We hope that in the years ahead The Africa Fund can help the Zimbabweans achieve this goal. With your help it can be done.

Over the past few years, The Africa Fund has shipped $70,000 in medical supplies for Zimbabwean refugees in Mozambique and Zambia. These medicines were used in liberated and semi-liberated areas of the country, where the existing clinics had been closed due to the war.

Africa Fund grants have also helped neighboring Mozambique since its independence five years ago to establish a network of regional health centers and clinics. Kits of surgical supplies are going out to regional centers to aid with dental extractions, amputations, more complicated childbirths and surgery.

In 1980 alone, we have shipped more than $50,000 worth of medical supplies and medicines to Mozambique.

Your individual contributions do make a difference. A $25 donation will cover the costs of airfreighting antibiotics worth $140 to refugees in southern Africa... $50 will help pay for 100 injections of streptomycin... $100 will purchase a portable dental kit...

I hope you will give as generously as you can.

Sincerely,

Paul Irish
Associate Director

November 1, 1980

*All contributions are tax-deductible.

198 Broadway, New York, N.Y. 10038.

Upon request, a copy of the latest Annual Report filed with The Board of Social Welfare may be obtained by writing The New York State Board of Social Welfare, 2 World Trade Center, New York, New York 10047 or to The Africa Fund.