

Africa Fund
305 East 46th Street
New York, N.Y. 10017
(212) 838-5030

REPORT ON MOZAMBIQUE

by: Jennifer Davis

In an exciting trip which enabled me to witness personally the birth of a new society in Mozambique, I spent 6 weeks in Africa during August and September. I was in Maputo for 2½ weeks, then went to Cabo Delgado for 10 days and visited some of the first areas liberated by FRELIMO during the war. I ended my journey with a 2 week visit to Zambia.

Maputo is a complex mixture of the old and the new. The physical structures of the city reflect all the contradictions produced by colonialism. What was the white city is modern and luxurious, with tree-lined paved streets and gardens; a profusion of color - purple, red and gold, vivid against spacious white-walled houses. Downtown, there are tall glass and concrete buildings, built in the last 10 years. On the sidewalks, lively outdoor cafes are still open, although their clientele has changed.

The black city provides a stark contrast: crowded mud huts with no sanitation, no electricity, no water.

Health Problems

The Africa Fund gave consistent support to FRELIMO's program of health care during the struggle for liberation. Now, with independence, new programs need to be developed. I spent a major part of my time talking to Ministry of Health officials, visiting hospitals, clinics and sanitary posts in both town and country, to learn about what was being done and ways in which we could provide effective support.

In Maputo I talked with Dr. Helder Martins, the Minister of Health. He was tremendously enthusiastic about the work being done, described the health problems already underway, but also gave me a realistic account of the severe problems that had to be faced. One immediate problem is the grave shortages of doctors. Some African and socialist states have sent small teams of doctors, several individuals have come via support groups in Europe.

He felt U.S. doctors could be very helpful but stressed that general attitudes were almost as important as technical skills. "They must not come here to tell us how to make our revolution. They must understand our politics and be able to take part in the whole life of the community," he said. Many Portuguese have not been able to make this adaptation. They were upset by their children cleaning the school or working in the vegetable garden. Some of the recently recruited technicians from Europe had also had difficulty in accepting FRELIMO's emphasis on universal sharing in manual labor. It takes time for people to understand that it is not a waste of resources to use highly trained technicians to dig potatoes six hours a week, because that is part of the process of building a new, non-elitist society.

Dr. Helder Jose DaSilva, Joint National Director of Preventive Medicine, a man of great enthusiasm and charm, gave me an overview of the two major national preventive health campaigns in progress - campaigns to build pit-latrines throughout the

country and to vaccinate the people against smallpox, measles and TB. The latrine campaign began in early 1976. There are few sanitary services in towns, none in the countryside, and consequently there is gross pollution of the rivers and streams. As these are also used for drinking and washing, this poses a major health hazard in Mozambique, as in much of Africa. The latrine campaign is aimed at scourges like bilharzia. Its goal is to ensure that every family has a latrine. Radio, newspapers, visual models and pamphlets were all used to mobilize people for the effort. The latrines were dug and built collectively in each village. Posters encouraged cooperation: "If you have a latrine, go help your neighbor build one!"

Dr. DaSilva was working hard at developing health education materials. He showed me educational posters developed by the Ministry of Health for use in areas where people read very little or not at all. A proposal that emerged from this discussion was one for the Ministry to provide informational content and U.S. support groups to develop the graphic design for a new series of health posters. Other urgent needs for health education include: films, 16mm projectors, slide projectors, models of the human body, and materials for teaching nutrition.

Dr. Ramos, head of Maputo's Public Health Department, took me around Maputo showing me problems of health and living conditions in the city itself. He saw the provision of water in town and country as one of the highest priorities for health and production. Public fountains are still the only source of water in the city's barrios. Women and young children often have to carry the water long distances (men rarely fetch water, even now). "We can talk to people about washing their hands before eating, but what's the use if they have no water?", Dr. Ramos pointed out.

Preventive medicine and basic health care education are stressed constantly as a critical step in improving people's lives. Dr. Ramos had just finished giving a two-week hygiene course for teachers, and was preparing a simple hygiene test for grade-schoolers. His workload was staggering, and the problem only partially overcome when students in Maputo and the "grupos dinamizadores" volunteered to help in the health education campaigns. "It's always a problem of too few trained people," he explained.

Samual Dhlakama, in charge of all medical training, outlined crash training programs aimed at tackling this situation. Mozambique has introduced a great variety of one and two year training courses in addition to the long courses which produce doctors and nurses. Four centers are operating, in Maputo, Beira, Quelimane and Nampula. A fifth is planned for Tete in 1977. Between 300 and 500 students are currently being trained. The aim is to graduate 1000 students as medical assistants each year. The need for equipment, educational material and personnel are all tremendous.

Shortages of Skilled Personnel

Everywhere I went, in town and country, at all levels, everyone was concerned about the shortage of technical and administrative personnel. It will be a serious problem for a long time. Today, those people with skills work incredibly hard. I went to the Ministry of Health at 7:30 in the morning and saw the same people I met at 7:30 in the evening, when I arrived for another interview!

Janet Mondlane who now heads the Social Action Program under the Ministry of Health, told a similar story. Her department is charged with responsibility for all pre-schoolers, orphans and handicapped children, as well as the wellbeing of old people. Despite its responsibility for young children until recently, the department had not a

single worker trained in pre-school education; now there is one who is training others as well as working in the field.

Janet Mondlane arranged for me to visit an orphanage, day care center and old age home in Maputo. Comrade Manhique, the provincial director of day care and other social centers spent several hours of his valuable time showing me the work being done. He was enormously impressive to watch. Wherever we went, he noticed things - a pile of unused mattresses in the old age home, stagnant water in the daycare center, where a drain could easily be built. There was sympathy and understanding in the way he listened and talked to everyone - the children, the day care workers and most strikingly to the old Portuguese women in the old age home, one of whom was crying because her family was moving her back to Portugal.

Political Activity

There were signs of political activity and social transformation everywhere in Maputo. "Grupo dinamizadores", or dynamizing groups, have been organized by FRELIMO throughout the country. The grupos are in every work place, school, neighborhood and factory. Their purpose is to raise the political consciousness and level of participation of the whole population, in the process of running the society. People were constantly having meetings. Shops and restaurants would sometimes be closed, and a sign tacked to the door: "Grupo meeting in progress".

Another indication of vitality that I saw everywhere in the city was the wall newspaper, where people put up newspaper clippings and their own handwritten thoughts, complaints or comments on what is happening. I saw many long comments on the invasion of Mozambique by the Rhodesians. A whole process of political discussion takes place with the aid of these wall posters. Various problems are aired and solved - complaints about litter in the streets, high prices, conflicts between people. Checking the 'Journal' one morning at the back of the hotel where all the workers gathered I noticed a small hand-written message addressed to the military saying, "If the soldiers insist on using the transport that is supposed to be used for the efficient running of this hotel, there will be serious trouble between us and the military". And thus, the problem was dealt with.

Economic Directions

Many Portuguese have left Mozambique; some did as much damage as they could to the factories and shops they had owned before they left. In cases where former management has left completely, plants are being run by workers' committees. Where Portuguese remain, workers committees collaborate with the Portuguese owners. Sometimes this causes problems of adjustment. A Portuguese poultry farmer who offered me a lift one day complained bitterly that his workers were being impossible. They were telling him how to run things, instead of treating him as the boss! General problems of industrial control and growth have not as yet been neatly solved, but the direction being set involves considerable worker participation in decision making.

The People's Shops

As in most countries where there has been social upheaval, one of the problems FRELIMO had to face very quickly was blackmarketeering by small traders. During the war, FRELIMO had developed a system of "lojas do povo" (people's shops) in the liberated territories, where basic necessities were sold at prices set by FRELIMO.

There are now 12 lojas in Maputo. I visited the main one, and had a long interview with Rogerio Garcia, the Portuguese Mozambican, serious and enthusiastic, who is in

charge of the lojas in the city. The loja program falls under the Ministry of Commerce and Industry. Decisions about prices and purchases are a product of joint decision-making between the people running the lojas and the Ministry. The lojas already sell basic food and household necessities, will expand as soon as possible. Their aim is to eliminate speculation and high prices, and eventually have standard pricing throughout Mozambique.

Another measure to insure stable prices is the continuous publication of prices in the government magazine Tempo and in local newspapers. These pricelists are prominently displayed on many of the wall newspapers with little notes from the "grupos", telling people where to go to complain if they have been overcharged. The newspapers carried frequent reports about incidents where the population had taken such action.

Discussion and Problem Solving

I was impressed by the good relationship between people working together, and with the way they dealt with problems. People gather in their workplaces to talk about what they are doing. Problems which elsewhere might build into personal resentments and frictions are dealt with openly and thus resolved. There is a premium on using ingenuity and effort to overcome problems, instead of complaining about difficulties. I heard a fine story about President Samora Machel, which illustrates the Mozambican's approach to problem-solving.

He was traveling in Cabo Delgado when I first arrived in Mozambique, where there had been many complaints about the lack of food in the people's stores. At one meeting he questioned local officials about the shortage. "I saw piles of food in places; 'Why is there none in the stores?'" The responsables complained about transport problems, and equipment shortage - "there are no screws to fix things". At that Machel exploded, "You were the ones who carried everything to and from Tanzania during the war. Now, no one can carry anything anymore?" (During the war, of course, people carried military supplies and everything else long distances on their heads).

In fact, it is FRELIMO's tenacious efforts to develop cadres responsible to the people and capable of imaginative leadership that is making it possible to surmount the tremendous obstacles in the path towards Mozambique's development. As I traveled into the countryside - as different from Maputo as the city's barrios were from the Portuguese sections - I began to realize to what extent this strength would be tested in tackling the profound problems facing the people there.

Cabo Delgado

The reality of social transformation is most evident in the countryside. At the end of two and a half weeks in Maputo, I was finally able to go to Cabo Delgado, and travel into the interior of this northern province.

The plane from Maputo to Pemba carried me to the doorway of a different world. In Maputo, I really never moved outside the orbit of industrial technology, or at least the style of social organization imposed by it. In Cabo Delgado, I confronted a society far removed from even a peripheral integration into this technological industrial system. The disadvantages were obvious at once: a very basic level of poverty, and a total lack of material and equipment in places where mobilization of people and resources is most urgent. There was at least one advantage; the chance to introduce technology at a level of design comprehensible and serviceable to the masses of the people.

Our first day in Cabo Delgado was spent in Pemba (formerly Porto Amelia) the provincial capital. Dr. Orlando Vieira, who had greeted my interpreter, Violetta Mbanze and me when we arrived, arranged for us to spend our first morning at the provincial hospital. The hospital had served the Portuguese as well as the African population, but had been surprisingly neglected. Presumably most Portuguese flew to Lourenco Marques or South Africa when they were ill. Everywhere, patients were sitting on the floor or standing in the dust, waiting. The emergency room for simple problems was a screened-off section of veranda with two rough benches - one for patients and one for the medical assistant. There was no sterilizer, only a few simple instruments on the table.

This hospital acts as the distribution center of drugs throughout the province, but suffers itself from serious drug shortages. Sometimes, the staff explained, requests simply go unfilled.

Dr. Wilson, a young Mozambican pediatrician, took a few minutes away from the long line of waiting patients to explain some of the problems. He sees over 80 clinic patients a day with the aid of his medical assistants, who deal with more common ailments like flu, diarrhea, parasites, etc. These medical assistants are vital in Cabo Delgado, which has only three doctors to care for the province's 800,000 to 1 million people.

Dr. Wilson talked about the terrible signs of malnutrition and poverty-related diseases as we walked through the 21-bed pediatric ward. Over 50 per cent of the children he sees have serious malnutrition, in addition to whatever else is wrong with them. In the ward that day was a young girl who had been bitten by a snake. Her leg had to be amputated. There were two tiny babies with serious tetanus - the product of poverty, ignorance and dirt. Diseases which are scarcely a problem in the U.S., such as measles and whooping cough, kill here because children have such poor general health.

Yet in spite of what might seem insurmountable odds, the lack of doctors, nurses, drugs, equipment, even of spare parts to keep what equipment there is functioning, there is progress. Even in remote rural areas I saw evidence of the progress that had been described in Maputo.

Vaccination Campaign for Smallpox, TB and Measles

I visited one of the centers where a vaccination team was working as part of the national vaccination program which is being run with the aid of WHO and UNICEF. The vaccination team impressed me by its level of organization and the way in which it drew the people into the whole process, as it went along. There were three teams in a unit, each with seven vaccinators, and one driver. Vaccinators are not medical personnel, but have been given a special 36 day training by WHO. Careful charts were kept of all the vaccinations given and of the work done by the para-medical support structure. Before the team moved into an area, two people were sent ahead to make contacts with the regional "chief responsables" and with the local FRELIMO people in a village. This enabled the whole village to discuss the vaccination program, and its importance before the team arrived.

Each team visits approximately two villages every day and averages between 1,300 and 2,000 vaccinations daily. From June 14 to August 20, - 222,435 vaccinations had been given. Record keeping is meticulous. Each person vaccinated is given a small card which indicates the date of the vaccination and the vaccines given. The school children in each village are mobilized to fill in the cards, since the bulk of the population cannot read or write.

Fighting Elites, Building Popular Participation

FRELIMO is committed to building an egalitarian society, to fighting against the creation of elites, and to developing all the people. I saw evidence of this wherever I went in Cabo Delgado. FRELIMO's militants' houses were the same mud huts as everyone else's. Everyone, at all levels was being involved in political education. Classes are being set up throughout the country by the grupos dinamizadores. My interpreter, a woman who was not an activist during the war, described the political education course she had just finished. Subjects discussed had included the history of the struggle, conflicts within FRELIMO, and the importance of international solidarity. She had heard about ACOA and its Africa Fund and other support groups in that class - was excited to meet me! Now she in turn will act as teacher in another group. In Mozambique political understanding is for everyone, not just politics majors!

Building Communal Villages

An urgent task that Mozambicans have set for themselves in the country is the reconstruction of agriculture. The primary thrust is the construction of "communal villages". People now live scattered thinly over the land which makes it difficult to provide services like schooling or health care or to improve agricultural methods. The communal villages will bring people together, enable them to pool their energies and resources, and work their fields collectively.

I visited one such village, which was being built by some of the refugees returning from Tanzania, after the years of war. Such refugees are not simply left to their own devices, to survive as best they can, individually. Instead they are settled in defined communal village areas.

The young FRELIMO responsible who was sent to this village to begin the process told me that when he came he found the people sleeping in the trees. That was a year ago. Since then people have built a village that houses 5,000.

The village is very simple. It's basically of mud hut construction, using only local materials. But the people have already built a school and a tiny clinic and were planning a meeting hall.

The first thing started in all communal villages is the communal breaking of the fields. The people who worked with FRELIMO during the struggle have always worked communally in the fields, as in everything else they did. So for many of the young cadre this isn't new, it's a continuation of their lives. But for the general population, it is completely new.

Potentially, Mozambique is a rich agricultural country. But at the moment people grow very few crops. In the north the major food is cassava, which is a root with very little food value. Now FRELIMO is encouraging people to experiment with growing vegetables and fruit in collectively cultivated gardens.

The village I visited had just started to harvest its first varied crops. People were proud and excited. It was clear that they really felt that they could change their lives.

Travelling in Cabo Delgado was an interesting experience in itself. Roads are bad, or exist only as tracks, transport is hard to come by and heavily over-used. Driving north, to visit the rehabilitation center, the jeep I rode in, like most vehicles,

functioned mainly on faith. The speedometer and odometer were broken, the tires smooth as glass. We drove through what had been liberated territory, where FRELIMO had blown up all the bridges. River crossing was often precarious, made on temporary wooden structures. In the rainy season tracks turn to mud, and communication becomes impossible, areas being cut off from supplies for long periods.

The Rehabilitation Center

We arrived at the Mangade Center long after midnight. This rehabilitation center had been established primarily for people injured in the war. The head responsible at the center, Ribiero Save came to greet us, accompanied by a young man with one leg, who took care of us for the next two days, giving us his room.

The center was initiated by FRELIMO in 1972 in Tanzania; it was moved inside Mozambique soon after the end of Portuguese colonial rule. Both Ribeiro Save and the political responsible, John Nantussi, had been in combat in Cabo Delgado during most of the war. Nantussi had lost a leg, as had two of his brothers, also in the center.

The center aims to reintegrate men, women and children severely injured in the war, back into active life of Mozambique. Save commented that when he began this work he found it difficult to tell people who had suffered so much "you must work." But they, in fact, kept pushing him to make it possible for them to be active. "They were mobilizing me, although I was supposed to be the mobilizer!", Save remembered.

I met three men who had lost both sight and hands in the war. All of them were tremendously eager to learn to read and write - to do something. "Nantussi tells me everything that is happening in Mozambique," Vincente, the oldest of the men, said. "I want to join, I don't want to be here as in a museum."

As everywhere in Mozambique there is little to work with except people's courage and determination. No physiotherapists, no teacher of braille, no doctor, no equipment, not even enough wheel-chairs. Yet some things have already begun. The center has its own farm, I saw people working there on crutches, some had only one arm; all were happy to be able to be active. There is a literacy program, people are trying to develop crafts with local materials - clay and reeds. There is a machine workshop, left by the Portuguese, but the machines are broken.

Living conditions are very simple and water is a serious problem. It comes from a stream at the bottom of a steep hill. There is a pump, but it breaks constantly and there are no parts to fix it. So people - many seriously disabled - have to walk up and down the hill to wash and fetch cooking and drinking water.

Many people told us how they had been wounded. Always giving me the exact date. Joao, a blind man with no arms and a badly disfigured face was mining the railroad in Tete. The mine blew up in his face. When he realized that he was blind he tried to shoot himself, so as to avoid capture by the enemy, but he found he had no hands. His companions were nearby and carried him first to Malawi, and then because they couldn't get proper treatment for him, to Tanzania - a three day walk - with no drugs and no anesthesia. Now he was impatient, angry at the delays in providing him with training. "I've fought and struggled and suffered and I want to be part of the new society." His ability to express anger and criticism without fear illustrated the openness of current Mozambican society. People make criticisms constantly, but the process is criticism of self as well as of others, all part of the process of building.

South African propaganda talks constantly about purges, terror and depression in Mozambique. I saw no evidence of this; I did see frequent examples of a reverse process. As frequently happens when people acquire new power, some use it for their personal benefit. I heard stories of military men going to local pubs and making everyone buy them a drink, and stories of more serious offenses. Just before I went to Cabo Delgado, some senior responsables in the social action administration had been replaced. The people at the center recognized this as a sign of progress. "It shows that FRELIMO really cares about us," they said. "People who failed their responsibilities were not protected simply because they were FRELIMO members."

Josina Machel Infantario

From the rehabilitation center we went on to an infantario - literally, an orphanage, but really a children's village. No one knew we were coming, because the radio was broken, so we arrived to a rather surprised but friendly greeting from a young woman who was the health responsible, Ilaria. Within an half an hour, all the responsables had been gathered together and the "chief" held a small meeting for us. As is customary, at such times in Mozambique, we were introduced to the various responsables, and then introduced ourselves explaining why we had come.

There are 32 small babies, 73 preschool and 155 school age children in the infantario. Trained staff consisted of two health responsables, three people from the social action program, and four teachers. There were also people assigned to do carpentry, tailoring and building, and to teach these skills. A group of women, substitute "mothers" also help care for the children.

Josina Machel, Samora Machel's first wife, played a great role in establishing the infantario, and people still speak of her very proudly. The methods developed by Josina are the ones still used today. The last work she did was at this infantario, and it was there that she became ill with the disease that caused her death.

The children come from many places. Often their fathers and mothers have been killed in combat. Sometimes, they are abandoned children, or have parents with TB or leprosy. Children stay at the infantario until they are 12 or 13, and old enough to go away to school. Then they are sent to the FRELIMO high schools.

The infantario, first created during the war inside Mozambique, survived for years because it was well concealed in the heart of liberated territory. Access now presents a problem. For instance, no oil had been delivered in four months, and thus there were no lights at night. There are other serious problems, particularly problems of materials and trained staff. But the sense of vitality and confidence is pervasive, and people can already see changes.

I was shown the first "crèche", (babies dormitory) - a tiny hut with cribs made out of rough cut branches lined with grass mats and sacking. Now there is a new crèche with steel cots, a better floor and windows. I saw the first hospital, two very tiny rooms presenting tremendously difficult conditions. Even now the hospital wards are simply two large open mud huts, with wooden beds made out of branches.

But there is a new building with better facilities for the clinic, - which services both infantario and district. There are two medical assistants at the infantario, both of whom were trained at Mtwara. They are responsible for the health of the children and for the health of the population surrounding the infantario. The doctor comes once a month.

Drinking water is not a serious problem for the infantario. It is pumped up from

the river. But since there is not yet enough for bathing, part of the daily program for the small children is marching down to the river to wash. I spent some time with the smallest children. They play outside for the whole day when the weather allows. They have almost no equipment, none of the things which begin the process of learning in American day care centers. I saw the school rooms which again were furnished with extremely rough benches and a blackboard - still no books, no writing paper, and only a few slates.

We ate supper in the dark, the FRELIMO comrades trying to make some light for us with two cigarette lighters that still had fuel. We talked quietly to each other, about the problems of Mozambique and America. People were extremely interested in the United States, amazed by my descriptions of the closing down of health facilities, the slashing of school budgets. They were also deeply concerned about the likely future role of the U.S. in the intensifying struggle for liberation in southern Africa.

Recommendations

I believe it is important for us to maintain and even extend our support for Mozambique. I do not think that this would be, in any way, simply a "one-way" exchange. Material assistance may flow in only one direction, but there is much that we in the U.S. can draw in return, particularly in a growing understanding of what is involved in any profound process of social transformation. That is knowledge that will stand Americans in good stead as we work towards the goal of achieving greater social justice in the U.S. itself, as well as in international relationships.

Projects

There are a variety of projects that can be developed. It might be useful to develop several, in some detail. This would enable us to reach out to large and small groups, with varying fund raising capacities, who are eager to be engaged.

(1) Health Centers and Sanitary Posts

These are now being constructed throughout the rural areas. I asked the Minister of Health to provide us with detailed figures on:

- a. Construction costs of a center/sanitary post.
- b. Equipment cost - e.g. sterilizer, microscope, syringes, etc.
- c. Drug stock of a standard list of drugs for one year, one month.

I believe this could provide the basis for some very good fund-raising.

(2) Small Projects

As discussed in the report there are a broad range of needs. We might think of a projectors project to provide slides; an educational poster production; supplies of journals and text books, etc. Such projects could be used particularly well by small groups - and will provide the basis for extending U.S. understanding of Mozambique.