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The Africa Fund
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Report to the Trustees of the Africa Fund

Re: National Reconstruction Programs in Africa

From: George M. Houser

During the summer I spent about six weeks visiting areas in Africa where the Africa Fund has been most involved in supporting projects. My emphasis was on seeing developments within the last year particularly in areas which have been under Portuguese domination, but where new institutions are being created in the context of a struggle for independence. I spent most of my time in Guinea, Zaire, Zambia and Tanzania. These countries border Guinea-Bissau, Angola and Mozambique and are a good vantage point from which to observe nation building projects. This report can be only a bare summary of my observations concerning the projects in which we are most interested.

I would like to say at the outset that this was a fascinating and exciting trip. In sum I feel we have chosen our major projects well and should try to expand what we are doing. All of our efforts are not only appreciated but are well justified by the results which I have seen.

It is important to remember the setting in which the projects we are supporting are carried on. If the school and medical programs which we help support were being developed under conditions of peace we would be satisfied. But as you know the liberation struggle in the Portuguese territories of Africa has been in a military phase since 1961 in Angola, 1963 in Guinea-Bissau, and 1964 in Mozambique. Therefore it is no less than amazing to see the advancement which is being made in these programs of reconstruction in the midst of military conflict. Although the movements carrying on the struggle have some material assistance from outside, virtually all of the man and woman power is their own. These movements are in reality already carrying the responsibilities of governments in vast areas they control. Amilcar Cabral, the great leader of the African Party for the Independence of Guinea and Cape Verde in Guinea-Bissau who was tragically assassinated last January put

the matter well in a pamphlet he wrote just 12 days before his death. He said, "the situation prevailing in Guinea-Bissau... is comparable to that of an independent state, part of whose national territory, especially the urban centers, is occupied by foreign military forces. Irrefutably Portugal no longer exercises any effective administrative control over vast areas of Guinea-Bissau." This movement in fact proclaimed independence on September 24 and now about 70 countries have recognized the Republic of Guinea-Bissau. All of the movements would like to be able to put their entire resources to the creative task of nation-building new institutions. This they can not do as yet, but they look upon their nation-building role as indispensably essential to the development of a new country free from outside control.

I should like to report on my observations on the situation in Guinea-Bissau, in Mozambique and in Angola.

Guinea-Bissau

I spent a week in the Republic of Guinea and inside Guinea-Bissau visiting medical and educational projects. The PAIGC is probably the strongest movement in so-called Portuguese territories of Africa, and it controls the majority of the land in Guinea-Bissau. I was inside Guinea-Bissau just before the first meeting of the National Peoples Assembly (elected in 1972) was held at which their independence was proclaimed. Whether or not Portugal recognizes the independence of Guinea-Bissau, the new Republic has the following of the majority of the people in creating a new national life. Because the Portuguese have done such a poor job of developing an educational structure, schools have been a prime emphasis in Guinea-Bissau. On this trip I was fortunately able to visit the southern region of Guinea-Bissau and to see their Boarding School of the South in operation. This is located in an area almost on the border of the Republic of Guinea. It is situated under a canopy of trees and is not visible from the air. This is of some protection from the Portuguese planes which carry out bombing attacks from time to time. Just two days before I arrived at the Boarding School there had been a bombing attack in the vicinity. When I visited the hospital in Boke (about which I shall say something further in a moment) two civilians were being operated on who had been wounded by this bombing attack. Although the atmosphere in this school does not reflect a fear of bombs being dropped from planes, nevertheless obvious precautions have been taken. Trenches have been carefully dug about four feet deep on the perimeter of the main grounds of the school. Some of the teachers showed me fragments of the bombs which they had collected from the recent attack. As

a matter of fact within the last year this particular boarding school had moved from a point much to the interior of the country to its present location precisely to protect the children from the harrassment of the bombs. In their present location they feel relatively safe and can carry on their educational activities with a minimum of interference.

As its name suggests this boarding school accomodates children who have their homes in the widely scattered villages in the southern region of their country. There are three boarding schools in addition to this - one in the northern region, in the east and one in Conakry, the capital of the Republic of Guinea called the Pilot School. I shall say something further about this school also a little later. All of these schools are under the general administration of the Friendship Institute. At present there are 82 students in the Boarding School of the South and 8 teachers. The director of the school was himself a graduate of the Pilot School in 1966. He had joined the PAIGC three years before that time when he was only 15 years old. He studied in Europe for some years after graduation from the Pilot School and then was asked to come back during the past year to be director of this boarding school.

The school seems to fit naturally into its forest setting. The school rooms and dormitories look much the same - they are constructed out of the wood which is available and have the typical African thatched roof. The sides of the rooms are open as it is hot and humid climate and the bare ground is itself the floor. The dormitories have double decker bunks. A committee of 7 students is elected by the student body to have general charge of discipline and control. I have never seen a school which is neater or better disciplined than this one. The children know that it is a privilege for them to be able to attend school. They know they are part of an enterprise to build a new way of life not only for themselves but for their families, their friends, and their fellow country men.

Of course the boarding schools re only a small part of the educational program which the PAIGC has instituted in their country. Altogether there are 164 schools with 14,531 students and 258 teachers. These and other statistics are very carefully kept by the director of the Friendship Institute, Domingos Brito, who has been in charge of the education program of the movement ever since 1964. 422 students have studied in Europe and 35 have graduated from universities. The schools operate generally within the Portuguese education frame-work. With the exception of the Pilot School, the various boarding schools have students for 4 years.

The Pilot School has a fifth year. The school books which they use have been prepared by the teachers and the more advanced students. They are then printed abroad. I was given copies of various books they use in reading and writing, arithmetic and other basic educational subjects.

In Conakry there is a kindergarten in addition to the Pilot School. There are now 71 children in the kindergarten. The PAIGC has constructed unique school rooms which are round, open on the sides, and have the typical thatched roof. I previously visited both the kindergarten and the Pilot School 3 years ago. There has been tremendous advancement since then. There were only half this number of children in the kindergarten in 1970. Of course new dormitories as well as school rooms have had to be constructed. The kindergarten actually includes nursery school age children as well as children going up through the first and second grades. The director of the kindergarten is a young man who joined the PAIGC in 1959. He came from the town of Farim in the northern part of Guinea-Bissau. He went to school in Bissau, left there in 1963 and went to a town in the southern region. This is where he became an active part of the movement. He began teaching in 1964.

The third, fourth and fifth grades are at the Pilot School. The school has its name because the best students from inside Guinea-Bissau are sent there for special training prior to going abroad for further study. It was established in 1965. In past reports to the Africa Fund Trustees I have given some basic data about this school and the orderliness with which it is run. It is amazing to me that the students have their own control and discipline committees. The director of the Pilot School said that they had never had any discipline problems because the students realize how important it is for them to get a good education in order to give the best of themselves for the development of the country. There are 120 students in the Pilot School of which 80 are boys and 40 are girls. Last year 40 of the students from the kindergarten-second grade transferred into the Pilot School.

The school day begins at 7 a.m. when clean-up and breakfast takes place before classes at 9 a.m. Classes continue until 1 p.m. after which there is lunch and a rest period. Following this there is a work period where everyone has assigned responsibilities. This is followed by a study period until dinner time. The day concludes with another study period. Every Friday evening there is a meeting of the whole school. At this time the committee in

charge of discipline brings up any problems which have arisen during the week and the problems are then discussed by everyone.

In the dormitories which are very neatly arranged with double decker bunks, there are as few as four students in some rooms and as many as twelve in others. Each room has a person chosen to be responsible for discipline and neatness. I was so surprised by the orderliness which I saw wherever I looked that I asked whether this was unusual because a visitor was coming. I was told that it was like this all the time.

I spent a good part of an afternoon at the Solidarity Hospital. It is located near the town of Boke, some 170 miles north of Conakry near the border of Guinea-Bissau. The hospital was constructed in 1969. I had never been able to visit it before. There are actually 11 structures on the hospital grounds including three for wards, nurses living quarters, classrooms for nurses training, kitchen, a small building for a generator, an office, etc. Most of the buildings are made of pre-fabricated material contributed by the Republic of Guinea. The material is not very substantial. In April a huge wind had blown the corrugated tin roofing off of part of the hospital wards leaving 3 rooms and 10 beds in them unprotected from the elements. These were not yet in use by the time I got to the hospital. By making careful use of the space, there are as many as 120 beds in the wards. The director of the hospital is Dr. Manuel Boal. Originally he came from Angola, but has been working with the medical program of the PAIGC for many years now. The head surgeon at the hospital at the moment is a Yugoslav by the name of Dr. Petrovich. In fact there is a medical team of 5 Yugoslav's contributed for a year or so by the Yugoslav government to help with some aspects of the medical work at the hospital. Most of the nurses are from Guinea-Bissau. One of the nurses is Algerian. There is an impressive nurses training program lasting for two years. There are 40 student nurses in this two year course, half of whom are in each year. Of this number 18 are women.

At the time I was at the hospital towards the end of June there were 75 patients at the hospital. About 2/3 of them were war-wounded. Dr. Boal took me through the wards and I saw what the struggle could mean in terms of human life with cases of amputation of foot, hand, arm or leg, of wounds in various parts of the body from bullets or from shrapnel. During 1972 there were 111 war-wounded in the hospital. Of this number 8 were children, 75 were soldiers and 28 were adult civilians. Four of the soldiers and 13 civilians died. The hospital of course also has an out-

patient department and Dr. Boal, by consulting his very carefully kept book of statistics, told me that there had been 5,000 out-patients in 1972 with the vast majority coming from Guinea-Bissau, and something less than 10% from the Republic of Guinea.

Dr. Boal told me a little about the medical situation inside the country itself. There are 7 regional hospitals. He explained that a medical center is called a hospital if a doctor is resident. He further explained that one should not have the picture of a usual city hospital when one thinks of the structures they have. The hospitals were built out of the wood available at the locality and have thatched roofs with usually no more than 10 beds. But in addition to the regional hospitals there are also 12 medical centers where there is no doctor. A medical assistant is in charge in these centers. He explained that altogether there were 9 trained Guinean doctors.

I came away from my visit with the PAIGC with a most positive impression of the effectiveness of the work they are carrying on. They have some obvious needs for which they need our help and they will be sending along a new list of priorities. From my own observations and from the discussions which I had while I was there I would only mention a few things with which we can help. The Pilot School in Conakry needs a laboratory. Further they need a new small building for a library. The kindergarten needs new dormitories. They have only 71 students at the present time, but they have 300 waiting to come. Their immediate hope is to be able to expand to take in 100 students next year. For this they need new dormitory space. The hospital needs at least the rebuilding of the rooms which were made useless when the roof was blown off. To buy the bricks and to do the construction it would cost in the neighborhood of \$2,000 I was told. In addition they urgently need rain proof bags with which to transport medical material to various hospitals and medical centers inside the country. I hope we will be able to meet some of these urgent needs.

Mozambique

I have visited the work of the Mozambique Institute connected with the Mozambique Liberation Front (FRELIMO) a number of times. Just a year ago I visited the secondary school at Bagamoyo and gave a report to the Trustees. Again this year I was able to visit the school and I want to give an updated impression. However I should like to do this very briefly within the setting of the struggle for freedom in Mozambique, for this is very

relevant to the problems which the Mozambique Institute faces in both its educational and medical programs. Their work is expanding very rapidly. The Mozambique Liberation Front has pretty secure control of the two most northern provinces inside Mozambique - Cabo Delgado and Niassa. In addition they have secured very significant control in Tete province. But within the last year their work has expanded even further south, into Monica and Sofala. Mozambique is a very long and narrow country. It stretches from the southern border of Tanzania all the way to the border of South Africa in the south. It borders Malawi, Zambia and Rhodesia on the west. I mention this only to say that the problems that the Mozambique Institute confronts as well as of course the whole FRELIMO operation, is that they must cover thousands of miles in their nation building work without being able to use modern means of communication and transportation. Portuguese do not control the land but they do control the air. They also control the main roads. So as FRELIMO expands its work further south in Mozambique great difficulties are confronted in meeting the demand for trained workers, and for the supplies necessary to carry on the reconstruction work.

Bagamoyo is located about 40 miles north of the capital of Tanzania, Dar es Salaam, and looks out over the Indian Ocean. On a clear day you can see Zanzibar. Bagamoyo is a historic center. Up until about 1870 it was the end of the line for the slave trade. The term "Bagamoyo" means "throw off melancholy". An inscription in an old Catholic Church in Bagamoyo says that the place represented both the end of a long journey for the slaves who had been captured and a starting point for a new journey. For the slaves had to walk many hundreds of miles to get to Bagamoyo and they were glad that this harsh trip in which they were usually in chains was coming to an end. But it also meant that they were to be put on ships and taken across to Zanzibar from where they were sold and went on their way to wherever their new masters willed. The grounds where the Mozambique Institute Secondary School is located was previously a military base for the Tanzanian government and was the first training base for FRELIMO forces. It is now only an educational center. There are some 20 buildings at the secondary school. Perhaps 6 or 8 of these have been completed since I visited there just a year ago. Last year there were only about 130 students in the school. In 1973 there are 202. But there are another 100 waiting to come in. Actually there are dormitory facilities available but they lack teachers who are trained and can speak Portuguese adequately. The teaching staff is quite

international including either presently or recent past Germans, and Dutch, and Indians in addition to the Mozambicans. Soon there will be two Americans who will be joining the teaching staff. The work has expanded so much inside Mozambique however that last year of the 130 students, there were 12 teachers, and when I was there in late July only 8 teachers for the 200 students. Some of the trained teachers had to go inside the country to meet urgent needs there and now they are having to deal with a shortage of teachers at the secondary school. They expect to have this under control shortly.

In addition to the new buildings which have been completed, including three new dormitories, there is a sports field which has been finished. There is no use of the sports field during the week that I have seen but soccer is played on weekends. In addition there are new acres which have been opened up for vegetable gardens. The school is not able to raise all of the food it needs but it does raise supplemental food including cabbage, tomatoes, maize. The whole school of course is in the setting of a cocoanut grove. Right next to it there is a small cocoanut industry.

I recall that last year in my report I indicated something of the rigorous daily and weekly schedule on which the school operated. The students get up at 5:30 in the morning and have a general clean-up. Breakfast is at 7: and classes begin at 7:30. They run through the morning until lunch time at 1:00. Then after lunch there are more classes until the 4:00 break. This is a work time, in the fields, or in other chores around the school grounds. After supper is a study time until the hour for bed.

A new water tower is being constructed at the present time because the water supply has never been adequate. As I have explained in the past they are trying to keep the school fairly rudimentary so that there will not be much difference between the ordinary living conditions inside Mozambique and the conditions the students face at the school. Nevertheless with a growing number of students coming into the school, it is necessary to have more water available than can be had by filling pails at the one pump which is available. Cooking is still done over an openwood fire on the ground. This is probably not adequate either for a growing student population .

Immediate needs which they have are help in the construction costs of the new water tower, a more adequate kitchen so that

food can be prepared for the growing student body, and better library facilities.

I spent considerable time talking with Joachim Chissano, the representative of FRELIMO in Tanzania and with Mrs. Janet Mondlane who is the director of the Mozambique Institute. I discussed with them both the educational work at Tunduru and the medical work at Mtwara. These centers are located in the southern part of Tanzania very close to the Mozambique border. Unfortunately there was not time for me to take the lengthy trip to these areas. The work at Tunduru began almost accidentally in 1965 when about 25 children who were homeless and orphaned were gathered together and taken across the northern Mozambican border into Tanzania. They ended up at Tunduru and formed the nucleus of the program which has now developed into a nursery school-primary school set-up. There are now between 200 - 250 pre-school children at Tunduru, and between 800 and 1,000 children in grades 1 - 4. After finishing the fourth year of school at Tunduru those students who are to go further in their studies enter the Bagamoyo secondary school where they now have 5,6, and 7th years. Next year they will add the 8th year. The secondary school will eventually go the the 11th grade. Tunduru has become quite a center now with a population of perhaps 2,000 or so. Many mothers are now there with their children; so they have also developed an adult education program particularly for women. Most of the men are involved inside Mozambique in various functions from national reconstruction work to the military operation. There are perhaps only 100 - 200 men at Tunduru, mostly involved in construction of new buildings to meet the demands of the growing population. It is estimated that the construction of a new school and the digging of new wells for water supply, will cost in the neighborhood of \$100,000. Fortunately the Swedish government is going to undertake a good portion of this. There is a river which flows by the grounds at Tunduru but the water is not good for drinking.

Three years ago I visited the Boavida Hospital at Mtwara. I wish time had permitted me to visit there again because there has been additional construction work. There are 40 nurses in training there. The hospital has 70 beds and with the turnover which takes place amongst patients, there are about 80 a month in the hospital. The out-patient work is of course tremendous. As a matter of fact it has been necessary for the Institute to set up a new area of Mtwara perhaps a mile or so distant from the main hospital to accomodate the out-patients. The demand for beds at the hospital dictates a very short period of convalescence, so that even after a fairly serious operation, a patient must be removed

to the out-patient area. This new area is an extension of the hospital and was built to accommodate about 100 people but frequently there are as many as 300 staying in the newly constructed buildings. In going back and forth from the main hospital to the out-patient area, which is called Kianga, those who can, must walk the distance. Those who cannot walk, rely upon the Mozambique Institute for transportation.

There are obvious needs at the hospital for additional vehicles for transportation, new structures at the main hospital and new dwelling units for the out-patient extension.

Angola

I will report much more briefly on the available information on the projects in Angola. This last year we gave help to the medical program of the People's Movement for the Liberation of Angola called Medical Assistance Services. On this trip there was not time for me to visit the program of S.A.M. which is located in the extreme western province of Zambia, very close to the Angolan eastern border. There is no way of getting there except over land, and it is a long trip. I hope I shall be able to do this at some future time. However I had lengthy discussions about the progress they are making with Dr. D'Almeida who is the director of S.A.M. A great deal of the medical and education programs of the MPLA have been in the People's Republic of the Congo near the Cabinda border. There they presently have a 10 bed hospital and also a rather extensive educational program. But increasingly they have been shifting their area of operation to the eastern portion of Angola. Thus they are developing their reconstruction programs in the western parts of Zambia. We have helped raise funds for the construction of a new hospital at Sikongo. Dr. D'Almeida told me that this hospital is almost completed and should be finished by the end of 1973. There is already a nurses training program in progress there. The emphasis has been upon training a fairly large number of what Dr. D'Almeida called "barefoot nurses". That is they have only a 6 months training program which does not qualify them for all the technical work which might be needed but does give them enough training to go inside Angolan villages which otherwise would have no medical care at all to do the best they can.

In Dar es Salaam I spent a considerable amount of time talking with Ruth Neto who is the sister of Agostinho Neto, the president of MPLA. She has a leading role in the women's program. Through this

program they are developing a center also in the western portion of Zambia. There are classes now in progress for some 200 women in literacy, in sewing, in political education. Schools are in operation for the children. Ruth Neto explained that they live in rural dwellings but are trying to raise funds for a more adequate center. Part of this complex would include the hospital already under construction. Enough money has been raised so that construction of the new center will begin by the end of the year. They are looking for pre-fabricated material because they want to be able to move the material into the country, inside Angola, as new liberated areas become secure.

Dr. D'Almeida is very appreciative of the money which the Africa Fund has been able to contribute and which is making it possible for them to finish their hospital construction at Sikongo. I hope that I or one of our colleagues in the Africa Fund shall be able to visit this center together with the project that the women are constructing, sometime within the next year.

The other center for Angolan activity which I was able to touch is essentially in the Kinshasa area of the Republic of Zaire. I have visited both the educational and the medical work in this area before. Here the work is done under the general auspices of the National Liberation Front of Angola through its unit called the Service for the Assistance of Angolan Refugees (SARA). In a section of Kinshasa called Kimbangu, SARA has what it calls its Angolan Secondary Institute. It is a relatively small space into which are crowded class rooms. Actually it is a double shift school with classes starting for one shift at 8 a.m. going until 12 noon and the second shift from 12:30 until 4:30. There are 1300 students in the school on this double shift basis. There are 18 full-time teachers and 12 part-time. The part-time teachers are in some cases students at Louvanium University in Kinshasa who contribute their services. Others are paid about the equivalent of \$30 a month. The school was not in session this year because vacation time had arrived by the time I reached Kinshasa. I knew from past visits the congested conditions in the classrooms with 70 or more students crowded into one relatively small room seated so close together on benches that it was almost impossible to move. In the heat of the day in Kinshasa I found it stifling in one of these class rooms. The physical circumstances are quite inadequate therefore and yet it is necessary to make the best of the situation.

The written text material is quite inadequate. On the whole it is in French and the material is obtained from the government of Zaire. This school is patterned after the system followed by Zaire. There are an additional 12,000 students in rather rudimentary

primary schools through SARA. Some blackboards and chalk and a certain amount of written material can be sent in. The best that one can expect from this system would be that the students who get a few years in these village schools learn to read and write. Obviously they need more buildings for the children of the Angolan refugees in the Kinshasa area. In spite of the difficulties faced by the system, a real service is being rendered to many thousands of Angolan refugees through the school program of SARA.

The other principal project of SARA is a hospital program. In past reports to the Trustees I have said something about previous visits to a center which formerly was called Franquetti but which now has been renamed Kingantoko. This is an area about 25 or 30 miles outside of Kinshasa. The place was formerly owned by a man named Franquetti and thus its previous name. Years ago the headquarters of the Front for the National Liberation of Angola in Kinshasa used to be inundated with hundreds of refugees. When the center at Kingantoko was opened up, all of the refugees went there. I was surprised on this visit to see that a village of at least 2,000 people has now been constructed. At the center of it is the hospital. There are 2 doctors, one of them a surgeon, who are in charge of the facilities there. Some 100 nurses are participating in a nurses training program. They have a small group of nurses who have studied overseas in places like India and Tunisia. After a period of training for at least a year, the nurses go to their places of duty inside Angola in areas under FNLA administration.

The hospital building itself is the old residence of the Franquetti family. This is a dwelling that goes back to the Belgian colonial days prior to 1960. The hospital has only 28 beds divided into wards for men and for women and for children. Since there are very limited number of beds, those who are not in the most intensive care usually stay in one village huts which have been constructed in the area adjacent to the hospital.

My last visit to this hospital was in 1970. On this trip I was struck by the fact that there seemed to be less supplies than on previous visits. Yet the village is much larger. Every morning there is a clinic with 50-100 people waiting in line for diagnosis and hopefully for some medication for whatever their ailment may be. Operations usually only take place 1 day a week.

The greatest need seems to be for medicines. In the school program the Africa Fund was specifically asked for typewriters which could be used in typing classes. Other requests for assistance will be coming soon.