

Poverty Alleviation in Mozambique: Care for Life

Warner Woodworth

Marriott School, Brigham Young University

Abstract

The setting for this case is that of Mozambique where the dependency of centuries of colonialism, war, and more recently, the scourge of AIDS has wreaked havoc with the people, particularly the poorest of the poor in Africa. Yet through the work of an outside non-governmental organization, new energy and empowering forces have enabled small communities to begin overcoming their historic sense of fatalism. I describe how this type of effort, operated by an NGO known as Care for Life, is countering the devastation of 15 years of civil war through its projects of helping AIDS orphans, starting an agricultural program for improved nutrition, strengthening children's education, and developing more self-sufficient families. While this strategy is relatively new, it has considerable promise in building rural family self-reliance through self-organizing interventions and practical processes. The questions at this point center around what to do next. Should the CFL model reach out to other parts of Africa, or spread even beyond to other areas of the world?

Introduction

International development has grown in recent decades, not so much from the strategies and resources of the large multilateral institutions such as the United Nations, World Bank, IMF, and USAID, but from the emerging Third Sector. Non-governmental organizations (NGOs) have provided much of the impetus and accelerating energy of this rapid expansion. Indeed, NGOs are now the lifeblood in the movement to reduce human suffering by providing bottom-up services using small-scale methods. While much of traditional aid in the past was on providing basic needs, channeling food donations, along with water, clothing, and other products, critics claimed that much of this work produced a welfare mind-set (Easterly, 2006). The unintended result was that poor people became dependent on the outside systems of rich governments to solve local problems. In essence, they passively waited for handouts.

More recently, the development industry has been taken over, at least to a degree, by new, small grassroots programs of NGOs. These entities reject the aid mentality, and instead have an agenda that emphasizes self-help and economic development from below (Woodworth, 2001). They stress the importance of the poor in taking more responsibility for their situation. This logic empowers impoverished individuals so that they may begin the process of lifting themselves out of poverty. The solutions to their dilemma are seen to lie within themselves. What is most needed from outside is education and training so that the poor may take action on their own, once they understand their poverty. They learn that steps may be taken in the directions of change that they themselves seek.

This paper reports on my two years of field research in an area of Southern Africa, that of Mozambique. I will analyze the salient features of an NGO that started with the traditional model of handouts and donations, but which then shifted its strategy toward a more radical, self-help program. Known as Care for Life (CFL), the organization evolved from primarily being a humanitarian, urban-based, non-governmental organization into one which now seeks to address rural hardships of the poor. The case will describe the organization's various stages of evolution, objectives, areas of focus, strategies used, and

outcomes. Thus, we may say this is a study in organizational change and strategic redesign to more effectively produce the impacts that were being sought.

I start with an introduction to the setting, the nation of Mozambique, one of the least known African countries on the continent.

Mozambique Overview

This country in the southeastern part of the continent has suffered through decades of political and military conflicts. Originally a Portuguese colony for hundreds of years, the Portuguese were thrown out in 1974 after the so-called Wars of Liberation gave black Africans the victory, rather than the white Europeans and their descendants. What then ensued, however, was a civil war between leftist Front for the Liberation of Mozambique (FRELMO), funded in part by other socialist nations, and their counterparts, versus the opposition movement, RENAMO, which consisted of funding, weapons, and military troops supported by white South Africa and its apartheid regime. This war ultimately ended in 1992, as the racist regime in South Africa collapsed. With the United Nations leading the peace accord inside Mozambique, democratic structures began to be established and the country attempted to heal.

Today Mozambique is still struggling to rebuild its infrastructure, as well as to combat the terrible plague of HIV-AIDS, the lack of education, and the country's decimated economy. Nearly every family in the central and northern regions of the country has a family member who has died from the civil war or the scourge of AIDS. Compared with the huge projects funded by multi-lateral programs, the country is largely ignored. China is the main aid player in setting up its multinational companies, selling cheap goods to impoverished Mozambicans, while extracting the African nation's remaining lumber and other natural resources.

Into this difficult environment entered a group of Americans from Mesa, Arizona in 2000.

Care for Life

The group's impetus arose from hearing stories of abandoned orphans whose needs could not be met by an ineffective and underfunded government. They eventually incorporated as a 501 (c) 3 non-profit organization called Care for Life (CFL). The NGO has moved into four different stages of development since its beginning:

Stage 1: Relief and aid (2000-2002)

Stage 2: Education and agriculture (2002-2004)

Stage 3: Humanitarian expeditions (2003-2008)

Stage 4: Empowering families (2005-2008)

I will briefly describe the emphasis in CFL's labors as it evolved over the few short years of its existence (CFL, 2007).

Stage 1- Relief Aid: Starting in 2000 the NGO's founders were prompted initially because they had heard about the rising catastrophe of orphaned children whose parents had died from AIDS. Many of

them sought to adopt Mozambican babies and young children as a humanitarian outreach effort. However, they were shocked during their first trip to Africa to see how widespread and deep the poverty was. They soon realized they would never recruit enough families to adopt a significant number of child victims. So they launched a fund-raising effort to provide donations to existing orphanages in Beira, a million person city in the center of Mozambique. They observed that most of the outside aid was going to southern Mozambique, where the capital city, Maputo, lies.

Stage 2 – Education/Agriculture: In 2002 the individuals in Arizona began to move beyond adoptions and orphans to setting up a small office and providing education for poor children in Beira itself. Gradually their initiatives expanded and they decided that creating jobs and better nutrition should be a part of their efforts. Thus, they purchased a 70 acre farm outside Beira, hired workers, and built a small school for the farmers' children, as well as those of nearby peasants. They soon realized that while their agricultural ideals may have been worthwhile, their farming expertise was insufficient. The farm still continues today, as does the school, but they are no longer the centerpiece of CFL.

Stage 3 – Humanitarian Expeditions: The next phase emerged in early 2003. It was that of sending foreign expeditions of volunteers who would spend 10-14 days, in country. It generally consisted of CFL staff in the U.S. and high school/college age young Americans traveling at their own expense to provide humanitarian service in Mozambique. These efforts helped build awareness in the U.S. of the plight of Africa, and in particular, Mozambique. It also generated increasing sources of funding and allowed CFL to establish a school in the town of Beira. More Mozambican staff were hired as the school grew in size and educational offerings were provided: Teaching English as a second language, math, computer skills, and so forth (Annual Report, 2004). This program continues today with various teams of young U.S. adults volunteering at various CFL project sites in Mozambique during a two week excursion.

Stage 4 – Empowering Families: By 2005 CFL had a dozen native staff members, all locally educated leaders, including several with two years of college. At that point, one of my graduate students from Brazil, Joao Bueno, who was studying to receive a Masters of Public Administration at Brigham Young University (BYU), was hired by CFL for a summer internship. His task was to do a 3 month assessment of CFL programs, systems, finances, training, and other operations. The key question was whether or not to continue its present work. Would it lead to longer term goals of CFL's having an impact among the poor of Mozambique? By the end of the summer, at the conclusion of this assessment, it became quite clear that simply doing more of the same with an increased budget and more staff would probably not produce the desired results the U.S. organization sought (FPP, 2007). Thus, the Family Preservation Program began to be conceived, and its efforts continue today.

Family Preservation Program

This conclusion led to the design of a whole new thrust in CFL's programs--that of building stronger families so that Mozambicans themselves could move toward economic self-sufficiency. As an NGO consultant, I and others worked with Bueno and the CFL board in developing this new strategy. Bueno was next hired as the new Country Director for CFL, committing to live in Africa as the lead individual in managing Care for Life's multiple programs. After months of further planning, he began to roll out the new program. It would be called the Family Preservation Program (FPP). The thrust of this new approach would be to integrate community and family development methods as a goal toward protecting and supporting vulnerable children, who had been the original impetus in establishing Care for Life. The

structure of FPP would be to operate as separate, but parallel, division alongside CFL's work at schools, orphanages, and the farm (Bueno and Finlayson, 2006).

The new framework of FPP would be based on several guiding principles to help strengthen the capacity of families to care for themselves, rather than the dependency that often occurs in humanitarian efforts. A number of core indicators were established as the primary focus of this new program. Specific tools and values would be taught in intense village training sessions, and ongoing measure of the various outcomes would be achieved. The indicators were as follows:

1. Food security
2. Housing
3. Health and nutrition
4. Education
5. Income-generating activities
6. Psych/social wellbeing
7. Community participation

Drawing on various sources of literature regarding Third World development, CFL became convinced that family and community tools were the best way of supporting suffering children, particularly in rural areas. Bueno drew on his educational training in developing the stages and overall design of FPP.

The essence of this rollout was to select eight rural villages that were adjacent to, but not in, Beira itself. New FPP staff members were hired and trained to zero in on the first village in which FPP was implemented. The basic model worked as follows. A village of roughly 1,000 people would be divided into 10 Zones. Each Zone had 20-30 families in it. The families of each Zone would elect their own Zone Leader, and the Zone would be divided into 2 Groups of 10-15 families. The cluster of families in the Group would then elect a Group Leader (Bueno and Finlayson, 2006).

The basic idea from the outset was that FPP would not simply be administered by outside staff professionals from CFL. Rather, the NGO's hired staff would work with local community leaders and facilitators, who functioned as volunteer leaders, thus, creating a real sense of ownership from the outset. Initially the staff would train Zone Leaders and Family Group Leaders so that the village would move toward self organization and shared responsibilities. CFL and FPP would, in essence, operate as a support system to grassroots, local, bottom-up development strategies. Indigenous village leaders of Zones and Family Groups would take much of the responsibility for their own progress and ultimate success. CFL could accomplish its goals without huge overhead costs in funding a large staff, building more offices, and generally becoming a "gold-plated" NGO. Instead, FPP would be a lean, mean, simple grassroots approach to development.

The original 8 villages selected to launch FPP efforts consist of the following, and each of them became involved according to the implementation sequence below:

- Mbatwe
- Mungassa
- Inhamizua
- Nhamitunga/Mobeira
- Chingussura
- Mascarenha
- Matadouro
- Inhamizua 2

All told, these villages were made up of some 8,000 inhabitants. The plan consisted of launching one village at a time, starting 3 months apart, so that by late 2007 all eight villages would be FPP operational.

FPP Results

During 2006, I was an informal advisor to Bueno, a mature student who had excelled in my BYU course, MBA 551: Third World Development. As interventions were launched, I would occasionally consult with Bueno, as well as the Arizona board. Later, I began doing field research on FPP in the summer of 2007, collecting materials in an on-going fashion until I returned to Mozambique to do further field research during the summer of 2008. The data collection process was quite simple, thanks to the fact that FPP staffers, under Bueno's supervision, used extensive reporting systems with charts that were filled out on each family, in each group, from each village, and integrated with all the detailed results from all the other villages. While space and time constraints limit how extensively I can report on these efforts thus far, let me just note that FPP is becoming an important story in Mozambique.

It shows how important it is to shift from simply dropping off donated goods from foreign agencies, and instead, to engage in capacity-building methods for the long-term. CFL and its flagship, FPP, are examples of the need to work in participatory fashion with local villages, not merely channel monies through national government officials where corruption is rife. They also suggest the critical need to work toward sustainable solutions that will continue after the NGO eventually withdraws from the area.

The impacts of FPP village programs, based on family unit achievements, are considerable. For instance, following the first year of program implementation in the village of Mbatwe, a community of 253 families, the results listed below were documented:

- 123 families built latrines (instead of body eliminations anywhere in the village)
- 210 families use clean (treated) drinking water
- 198 families built *tarimbas* (a small bamboo table for storing dishes and cooking utensils above ground level)
- 112 families use garbage containers for their waste products
- 98 families started vegetable gardens
- 143 families sweep the dirt floors inside and the ground around their houses daily
- 109 families built an external bamboo washroom for personal hygiene
- 135 women attend literacy classes 4 times a week
- 227 families did some kind of structural improvement on their houses (roofing, etc.)
- 108 families began taking children to health centers for vaccinations and weight management
- 116 families launched some kind of income-generating project

Essentially, a third to two-thirds of Mbatwe's families had embraced these indicators of change, core elements of a better quality of life among poor Mozambicans (Hobson, 2006). By the summer of 2008, when I revisited Mbatwe village, signs of community and family well-being had increased greatly—ranging roughly from 60 up to 80 percent. The quality of life for these impoverished families, and especially the children, was vastly improved (CFL, 2008).

Similar results have begun to emerge from the seven other villages that were in various stages of FPP implementation. Mbatwe itself, in the fall of 2008, had “graduated” and moved out of the CFL umbrella to function on its own as an increasingly self-reliant community with its own leadership and explicit programs. Village leaders told me they were confident in being able to eventually achieve all seven FPP goals in nearly 100 percent of the families in the village (FPP, 2008). This graduation success has now also enabled CFL to begin replicating its program in yet another village since the dollars used in Mbatwe would no longer be required there.

Conclusion

Clearly, Care for Life has only had the experience of a few short years so far. What the future holds in decades to come is a wide-open question. CFL's story is that of a rather small, rural, village-based NGO in Mozambique, not that of a dramatic and large-scale success, noted and praised around the world. Instead, it is a low-key example of an innovative, new NGO model.

The FPP strategy is the opposite of typical aid programs (Hanes, 2007). It does not foster dependency and the features of a handout. Rather, it offers a hand-up. It is more entrepreneurial, rather than bureaucratic, as has often been the case with development strategies of big government. Instead, it operates from below, and enjoys indigenous leadership focused on local, practical outcomes.

Currently, Joao Bueno faces major questions at this stage of his work and career. What should he do next? Where and how? Should he simply continue the status quo, realizing that the dramatic improvements in village lives are significant in and of themselves? Or instead, should FPP be replicated in other villages near and surrounding Beira? Perhaps the operations ought to be moved far out into the rural areas, at greater distances from the city. What could be done to reduce costs and streamline operations so that more may be accomplished with fewer dollars? Is there a different model that would escalate the speed of change? Could families' quality of life be improved by emphasizing just a few select indicators, rather than all seven?

The board is also beginning to consider expanding CFL's work. Some members want to spread the organization to the rest of Mozambique. Several members are pushing to go farther, beyond Mozambique, into the other nations of Africa. What are the pros and cons of doing so? If the decision is made to expand elsewhere, what countries on the continent should be considered? Why? What about going beyond Africa to impoverished countries like Nicaragua in Central America? Or to Cambodia in Asia?

As Joao ponders these matters, he feels unclear about having a coherent rationale to be made at the upcoming board of directors' meeting in Mesa, Arizona.

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