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In the words of Zimbabwe Prime Minister Robert Mugabe, "we are still a developing country". Africa's newest independent nation does differ from most of its neighbours in its relatively well-developed economy based on agriculture, industry, and mining. However, it also shares many of the same problems — inequitable distribution of wealth and resources, a high population growth rate, disease, and unemployment.

The new government has made land redistribution and resettlement its priority in order to settle deep grievances, reactivate the peasant economy, and alleviate the burden of its 14 percent unemployment rate.

A "test case" of the feasibility of establishing a harmonious multiracial society in Africa, Zimbabwe's progress will be watched with interest. Its experiences in harnessing its resources for the development of its predominantly rural population should also benefit other countries working towards the same goal.

In the following article and interview, Clyde Sanger outlines some of Zimbabwe's present problems and plans for the future.

When the visitors and well-wishers departed from Salisbury, April 19, they left behind them a country that was formally independent and, in truth, vulnerable as anything newborn. They had cheered the spirit of reconciliation evident in Zimbabwe and praised the calm speeches of Prime Minister Robert Mugabe, guerilla leader turned statesman. They then left him to the problems of postwar reconstruction.

The problems are considerable. The seven-year guerilla war not only killed

Land resettlement and health services are major concerns of the new nation

REBUILDING ZIMBABWE

CLYDE SANGER

27 000 people, but turned large areas of the countryside into wasteland and the cities — or, rather, the African townships beside them — into crowded refuges. More than one million of Zimbabwe's seven million people became either refugees in Zambia and Mozambique, "internal refugees" in camps around the cities, or inmates of some 230 "protected villages".

Many sad statistics flow from this mass disruption. The sale of crops and livestock from tribal areas last year plunged to little more than half the value of sales in 1976. About 500 000 young people have missed two or three years of schooling. Health services in rural areas — where they often depended on missionaries — partially collapsed. Measles has been reported in Chiredzi Tribal Trust Lands. Pneumonia, malnutrition, malaria, and bilharzia are widespread.

Some observers will say that all is not gloomy. The removal of so many people from the Tribal Trust Lands (TTL) and the slaughter of about one million cattle in

these areas have meant, they say, that this overcrowded and overstocked land has had a chance to lie fallow and recover in the old pattern of shifting agriculture. And the creation of "protected villages" has led to the institution of village health workers, and the closure of rural hospitals and clinics has prompted a move towards more grass roots medicine and the "haversack clinic".

There may be a little consolation in these thoughts, but it does not diminish the size of the task to be carried out in the next two to three years, the time scale set for reconstruction.

LAND RESETTLEMENT

A first priority is land resettlement, because one of the basic grievances that fuelled the nationalist movement and led to the war was the inequitable access to land.

Under the Land Tenure Act 1969 (a successor to the Land Apportionment Act 1930) no less than 47 percent of the total land area was reserved "for all time" for white ownership. There have never been more than 6600 active white farmers, each holding an average of 2200 hectares. In contrast, more than four million Africans have been subsisting in the TTL, where the average size of plot for the 675 000 cultivators is less than four hectares. The Land Tenure Act was amended in 1977 to open up "European land" to purchase by people of any race, but very few Africans have yet been able to afford such farms. A Rhodesian Government plan for rural development, published in January 1979, admitted that the safe carrying capacity of the TTL is little more than one million people. As the population increase of 3.6 percent a

year is one of the highest in the world, land pressures in the TTL have been rapidly worsening.

The new government has to relieve this pressure without destroying the productivity of the white farming areas, now called "open land". For, as leaders of the Commercial Farmers Union (CFU) are quick to point out, more than 80 percent of the country's marketable produce — or revenue of some z\$385 million (us\$578 million) in 1975 — comes from this "open land". About 330 000 labourers, or 38 percent of all the wage-earning Africans in Zimbabwe, depend on this agricultural employment.

And, although maize and wheat production recently dropped due to the war and a drought, the country is self-sufficient in food. Indeed, Zimbabwe can hope to earn considerable foreign exchange by feeding its neighbours. Self-reliance was the white Rhodesians' answer to economic sanctions after the Unilateral Declaration of Independence (UDI) in 1965. The move produced a healthy diversification from tobacco-growing into an expansion of food crops (wheat and soya beans, in particular), as well as more cattle. Fruit and vegetable farming were added to tea and coffee production. Nobody wants to see these pillars of the economy crumble.

Large areas of the former "European" land are presently either vacant or greatly underused. There are even empty farms in the 1.4 million hectares of what was called African Purchase Areas (now also "open land") where some 8500 black farmers obtain crop yields at least double those in the TTL, but only one-quarter those on the white farms. So there is room for many to move up the ladder of commercial farming.

The Commercial Farmers Union leaders will show you without hesitation exactly where the 2.5 million hectares of abandoned "open land" are. They fall mostly in a wide swathe from Mtoko, south past Rusape, west of the hilly, high-rainfall areas around Umtali where tea, coffee, and pine plantations make for profitable farming, and close to the most populated TTL where ZANLA guerilla activity was often most intense.

The rural development plan, published under the Smith-Muzorewa transitional government of 1978-79, suggested the resettlement of four million hectares of dryland farming, at a total cost of z\$110 million (us\$165 million). It would involve displacing 870 commercial farms and 90 000 employees and dependents. On the benefit side: depending on the targetted net farm income — whether z\$2000 or z\$800 a year (us\$3000 or us\$1200) — this area could be settled by either 10 000 or 22 000 farmers and support up to 260 000 people.

But both the commercial farmers and this 1979 plan put greater hopes on irrigated farming in the low-veld areas near the Sabi and Lundi rivers that flow into the Limpopo. Irrigated farming was pioneered about 25 years ago on the Hippo Valley and Triangle

estates with sugar and citrus plantations. At present 20 percent of the cropland on white farms is irrigated. Plans for new schemes along the Sabi and in the Rutenga area could irrigate 120 000 hectares and provide jobs for about 150 000 people.

It is unlikely these proposals will be endorsed without considerable change by the new Zimbabwe Government. After all, they envisage individual small-holdings or, in the irrigated schemes, large-scale cotton or sugar plantations. Eddison Zvobgo, Minister of Local Government and Housing, makes it clear that the ruling ZANU party looks at resettlement on more of a cooperative or collective basis (see interview, page 27). The Minister of Agriculture, Denis Norman, who was CFU President, will probably argue for a mixture of schemes.

Although there are deep grievances over land to be settled, Zimbabwe has the resources — in both land and water — to correct the imbalance and to prosper. What it needs is immediate financing for projects as large as the z\$100 million (us\$150 million) Kondo dam on the Sabi, and an intensification

The country has resourceful people who can respond to the new challenges

of training schemes for African farmers. Several have begun. The Zimbabwe Tobacco Association has launched a training scheme (56 African farmers this year, 150 next) that gives trainees a year's course on a commercial farm near Salisbury and a further year's guidance on rented land before they settle on their own.

HEALTH CARE AND INVENTIVENESS

There is also an enormous job to be done in improving health standards in rural areas. The old government left it to the missions to provide two-thirds of all rural hospital beds. In 1977, for example, only nine percent of the health budget was allocated to local authorities, missions, and voluntary organizations. By 1978, at least half the mission hospitals were forced to close because of the war, just as disease and malnutrition were increasing dramatically. In an effort to help restart some of the mission hospitals, Oxfam-uk has taken what is for them the unusual step of recruiting a dozen doctors from other countries. The missions themselves will be making extraordinary efforts to

reopen and staff the clinics.

In the new Cabinet, both the Health Minister, Herbert Ushewokunze, and the Minister of Lands and Resettlement, Sydney Sekeramayi, are medical doctors who headed field teams in Mozambique. They bring to policy-making in health matters a fresh viewpoint gained in abnormal circumstances. If you combine this with the Rhodesian experience in setting up teams of village health workers, there is safety in predicting a strong swing towards rural health services and preventive measures.

The deputy Finance Minister, Dr Oliver Munyaradzi, said as much at Independence time. He pointed out that over four times as much of the present health budget went to curative medicine as went to preventive care, and said he would like the proportions reversed.

Two particular health problems face Zimbabwe. A great number of people were maimed and crippled during the war. According to Eddison Zvobgo, ZANU left most of its badly-wounded in Mozambique until after Independence. There is a large job to be done in caring for and retraining the mutilated.

The other problem is the 3.6 percent rate of population growth. How to support such a bursting population? One man I met in the squatter camp in Harare township had two wives and eight children, living in two compartments of a plastic-sheeted hut, each about two metres square. The family's only income was the profit a 13-year-old son made on reselling cigarettes. When they return to a rural area, their means of livelihood will, one hopes, improve. But those eight children, who have at least been close to Harare Hospital, will need services near to their rural home. Multiply that one hundred thousand times. Dr Munyaradzi has his priorities right.

In this new emphasis, the inventive work of Peter Morgan should be of great use. Dr Morgan is a freshwater biologist who first came to Rhodesia to study the snails that are the vector of bilharzia. But after the experience of ensuring cleaner water supplies in the "protected villages", he started turning a lively mind to inventing inexpensive ways of pumping and purifying water. He is also the author of a ventilated privy, of which tens of thousands are now in use throughout Zimbabwe.

So the country has resourceful people who can respond to the new challenges. If this resourcefulness and the natural wealth of the land can be harnessed, Zimbabwe may relive the glories of its namesake, an ancient metropolis high in the hills near Fort Victoria where peace and prosperity reigned for five centuries. □

Clyde Sanger, an Ottawa-based writer, visited Zimbabwe at Independence time, April 1980.