



Research Paper

Mozambique: Establishing the INGO Care for Life: Innovation Through the Family Preservation Program

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Abstract

Centuries of Portuguese colonialism, war, AIDS and now the Coronavirus Pandemic have wreaked havoc the poorest of the poor in southern Africa. Yet through the work of an outside nonprofit organization, Care For Life, new energy and empowering forces have enabled small village communities to begin overcoming their historic sense of fatalism. I describe how this type of effort, operated by a US-based International Non-Governmental Organization (INGO) is helping the poor after 25 years of the nation's devastation from civil war and natural disasters through a range of projects such as an agricultural program for improved nutrition, strengthening children's education, and developing more self-sufficient families. The case draws on international concepts, as well as the humanities, social sciences, and intermediate technology. After some two decades of applied strategies, solid impacts are emerging. From a western U.S. base, considerable good will, and a university's motivated students, change is occurring, and the future is becoming brighter.

Key Words: Poverty, INGO, Mozambique, Family, International Development, Humanitarianism, Africa,

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I. 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. International Non-governmental organizations (INGOs) have provided much of the impetus and accelerating energy of this rapid expansion. Indeed, INGOs 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 INGOs. 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 INGO 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 through actual development methods. 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.

II. Mozambique: Poverty, War and Hunger 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 African 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.

There have also been numerous natural disasters affecting Mozambique. USAID (2021) reports that the country has become the third most vulnerable African nation to face disaster risks (according to the UN's Global Assessment Report on Disaster Risk Reduction). Ongoing calamities disrupt livelihoods and food production for the most vulnerable people, undermining the fight against extreme poverty. In fact, the last 35 years were characterized by 75 declared disasters in Mozambique: 13 major droughts, 25 floods, 14 tropical cyclones and 23 health epidemics (*Instituto Nacional de Gestao de Calamidades, 2016*).

Shortly after CFL's launching, there were devastating floods that killed a thousand people, over 40,000 cattle, while crops were decimated, and the nation's railroads were damaged. More destructive events occurred from subsequent floods in Central Mozambique in 2007-2008, and again during 2013 (Relief Web, 2014). Several million Mozambicans suffered from lack of access to food and other needed assistance. Crop harvests have had ups and downs causing people considerable vulnerability because of depleted family assets such as livestock, food stocks, seed stock, jobs, family incomes, and savings. As if those crises weren't enough, in 2019 two major cyclones, Idai and Kenneth, wreaked new havoc in the northern region of Beira where CFL was operating. Health facilities, schools, and houses were destroyed, making life harder for two million-plus people.

Making everything worse, Mozambique suffers from a five-year old civil war that erupted by Islamist insurgents in 2017. It was launched the region of Cabo Delgado, and because of spreading atrocities, neighboring countries like Rwanda, South Africa, Botswana, and Tanzania have sent in more troops to help. So far, the conflict has caused the murders of several thousand Mozambicans, displaced nearly a million people fleeing for their lives, as ISIS and al-Shabab jihadists spread their hate and violence (International Crisis Group, 2022).

Into this ever-difficult environment of South-Eastern Africa, a humble little group of Americans from Mesa, Arizona began their labors back in 2000. This article is one of several recent studies by the author on capacity-building, community development, and other action research efforts to empower those who struggle in developing nations in countries like Thailand (Woodworth, 2020) and Peru (Woodworth, 2021).

III. Literature Review (WW to add all refs!...

The core elements of these Care for Life interventions are drawn from several sources of academic research. They include the following types of research:

Technology: We drew on intermediate technology paradigms exemplified by pioneering concepts from the Intermediate Technology Development Group (ITDG) founded in the UK by E. F. Schumacher, along with his classic *Small Is Beautiful: A Study of Economics As If People Mattered* (1973) and subsequent volumes. Another source draws from Latin America and *Tools for Conviviality* by Ivan Illich about the proper use of technology (1973). More recently in the United States, a more free market-centric approach emerged by Paul Polak's NGO, International Development Enterprises and his book, *Out of Poverty: What Works When Traditional Approaches Fail* (2008). Other key tech resources we used include concepts from America's Engineers Without Borders and the IEEE (Institute of Electrical and Electronics Engineers) which have both begun producing *Engineering for Change* that supports the development of affordable, locally appropriate and sustainable solutions for the most pressing humanitarian challenges.

Business: Our programs in Mozambique utilized a mix of economic and management concepts and methods. As a professor at the Marriott School of Business (2022) for decades, I mobilized MBA, MPA and

other students in collectively using our course concepts and methods to change the world, including not only in this paper's case of Africa, but Latin America and Asia as well. The range of tools through the years to empower the global poor include income-generation, microfinance, and social entrepreneurship (Bornstein, 2004; Mair and Marti, 2006); Woodworth, 2001; Yunus, 2008), all of which were taught to and studied intensively by my students.

Humanities and Human Development: Another cluster of concepts our teams used to help those suffering in Mozambique was derived from the humanities, meaning we drew on the study of ancient and modern languages, literature, philosophy, history, anthropology, and local religions. While Portuguese is the nation's official language, indigenous languages that some of CFL's volunteers tried to appreciate, if not learn very well, included Makhuwa, Chwabo, Ndadu, and Changana. Anthropology students at BYU offered superb assistance in our field work and action research methodologies. Our primary agenda was to foster "human development," that is our approach for helping enlarge people's opportunities and freedoms by improving their well-being. Generally speaking, humanities students are viewed as humanities scholars ("humanists"), but we sought to rebrand that term in our efforts to become hands-on humanities scholars, i.e. "humanitarians" who were striving to help the hungry and impoverished people of Africa.

Care for Life

The Arizona group's initial impetus arose from hearing stories of abandoned orphans in Mozambique 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 INGO has moved through four different stages of development since its beginning:

Stage 1: Relief and aid (2000-2002)

Stage 2: Education and agriculture (2002-2010)

Stage 3: Humanitarian expeditions (2003-2020)

Stage 4: Empowering families (2005-2021)

I will briefly describe the emphasis of CFL's labors beginning in 2000 as it evolved over the initial few years of its start-up (CFL, 2007).

Stage 1- Relief Aid: Starting in 2000 the INGO'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, a naïve expectation, to be sure. 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 and over subsequent years, 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 with a few native, educated staffers. 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 Mozambique's second largest city, 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 centerpieces of CFL.

Stage 3 – Humanitarian Expeditions: The next phase emerged in early 2003-2004. 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., Arizona professionals and neighbors of the founders, and high school or college-age young Americans traveling at their own expense to provide humanitarian service in Mozambique. During those initial years, dozens of my Brigham Young University students volunteered to do humanitarian work with CFL. These efforts helped build awareness in the U.S. of the plight of Africa, and in particular, Mozambique. They 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 were begun and continue until now in 2022. This program continues today with various teams of young U.S. adults still volunteering at various CFL project sites in Mozambique during two-week excursions.

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. Mozambique's having been colonized by Portugal centuries ago made Bueno's fluency in his native language essential to lead the INGO. 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 the same budget and staff would probably not produce the desired results the U.S. organization sought (FPP, 2007). More funding and an innovative new program would be essential. Thus, the Family Preservation Program began to be conceived by Bueno and others, and its efforts continue today.

Family Preservation Program (FPP)

This 2005 analysis 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 physical health and economic self-sufficiency. As an INGO consultant, I and others worked with Bueno and the CFL board in developing this new strategy. Bueno was soon hired as the new Country Director for CFL, committing to live in Africa as the lead manager in leading Care for Life's multiple programs. After months of further planning, he moved his wife and family to Africa to implement and polish the beginning plans. He hired more skilled staff and 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 earlier 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 measurement 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 leaders became convinced that family and community tools were the best way of supporting suffering children, particularly in rural areas. Bueno drew on his BYU MPA 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 would consist of 20-30 families. The families of each Zone would elect their own Zone Leader, and the Zone would be divided into two Groups of 10-15 families each. The cluster of families in the Group would then elect a Group Leader (Bueno and Finlayson, 2006).

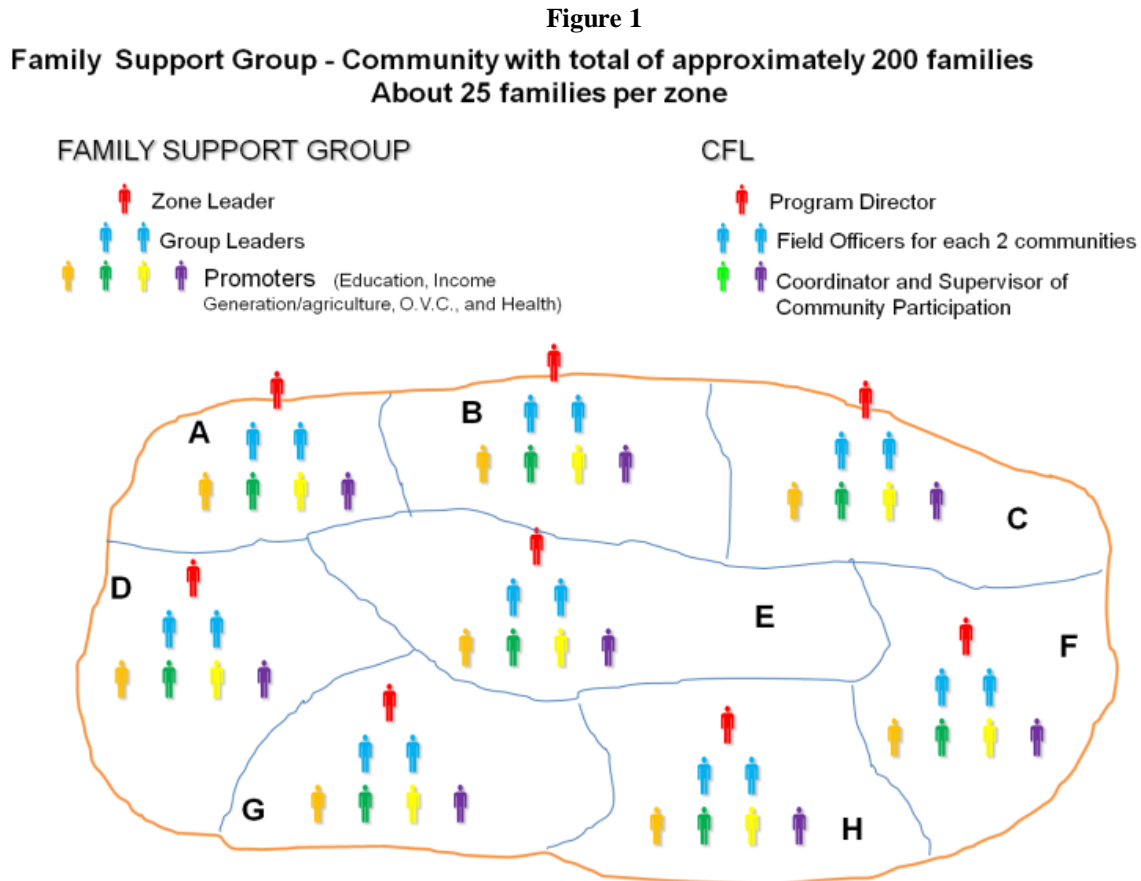
The basic idea from the outset was that FPP would not simply be administered by outside staff professionals from CFL. Rather, the INGO's hired staff would work with local community leaders and facilitators of the village, who functioned as volunteer leaders, thus, creating a real sense of ownership from 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 for 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. Other folks would be selected to become "*promotores*," guides or advocates who would promote specific development tools such as clean water or microfinance. CFL could thereby accomplish its goals without huge new overhead costs in funding of a larger 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 eight 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

Figure 1 shows the layout of mobilizing new local leaders and organizing community groups for practicing FPP principles:



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 were FPP operational. The table below summarizes multiple facets to be applied through each village's programs:

Table I

- Establishing small-scale farming programs
- Strengthening the capacity of families to protect and care for orphans and vulnerable children by prolonging the lives of parents
- Providing support in the following indicators: Health and hygiene, food security, housing, education, income generating activities, psychosocial needs, and community participation.
- Mobilizing and supporting community-based responses to provide immediate as well as long term assistance to vulnerable households.
- Assisting orphans and vulnerable children to have access to essential services including education, health care, government registration, and others
- Helping governments protect the most vulnerable children through improved policy and legislation and by channeling resources to communities.
- Raising awareness at all levels through advocacy and social mobilization to create a supportive environment for children affected by HIV/AIDS
- Recruiting and training volunteer village leaders to gain tech assistance skills to serve the community

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 him in Africa, as well as the CFL board in Arizona. 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 weekly updated 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, the section below offers important information.

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, became examples of the need to work in participatory fashion with local villages, not merely channel monies through national government officials where corruption is often rife. This also suggests the critical need to work toward sustainable solutions that will continue after the INGO eventually withdraws from the area.

The Case of Mbatwe Village

The impacts of FPP village programs, based on family unit achievements, have been 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 began using clean (treated) drinking water
- 198 families built *tarimbas* (a small bamboo table for storing dishes and cooking utensils above ground level)
- 112 families started using garbage containers for their waste products
- 98 families planted vegetable gardens which improved people's diets and family health
- 143 families practiced the habit of sweeping the dirt floors inside and the ground around their houses daily
- 109 families built an external bamboo washroom for personal hygiene
- 135 women began attending literacy classes four times a week
- 227 families performed 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 as microenterprises

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 gradually began 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). Such graduation success also enabled CFL to begin replicating its program in additional villages since the dollars used in Mbatwe would no longer be required there.

In subsequent years, the quality of village lives where the Family Preservation Program was established continued to develop. What follows are some more current yet impressive statistics (Care for Life, 2022):

- 88% of families treat their drinking water...which has reduced the occurrences of diarrhea and sickness.
- 89% of CFL families sleep under a mosquito net...reducing the incidences of malaria.
- 75% of families use a latrine...which keeps them healthier so parents can provide for their families and children can go to school.
- 68% of adults can read and do basic math...so they can now sign their names on documents and find employment.
- 89% of children are attending school...which gives them the power in knowledge to make a better life.
- 4800 bags of cement were earned and distributed by CFL staff as rewards...so that families can now build improved latrines and stronger homes.
- 1700 tests were given for HIV/AIDS...and referrals are provided to those who tested positive for free treatment.

- 45,000 children ages 9-14 have been taught AIDS prevention...to empower them with accurate knowledge to more fully prevent contracting the virus.

IV. Conclusions

Care for Life has only had the experience of some two decades. What the future holds in the long term 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 INGO 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 and/or huge global INGOs. Instead, it operates from below, and enjoys indigenous leadership focused on small scale, local, and practical outcomes.

A recent formal study of CFL and FPP has been published by my colleagues from several other universities in Utah (Panos and others, 2020) showing that data accumulated from the last five years are quite impressive. Clearly, neither the Family Preservation Program, Care for Life, nor the nation of Mozambique are becoming utopias. But on a small scale, at least, a growing group of historically impoverished native communities in the region are on the path to a better future. Family self-reliance and strengthened practices of healthy living are on the increase.

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