BRITAIN - TANZANIA SOCIETY

Bulletin of Tanzanian Affairs No. 4 - August 1977

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Vice-President Aboud Jumbe's statement at the Commonwealth Conference

1. Tanzania's purpose, and Africa's purpose, in Rhodesia is independence on the Basis of Majority Rule. On that there can be no compromise. But we want to achieve it with as little violence as possible.

2. Tanzania, and Africa, supports the Freedom Fighters in their war against the Smith regime. This fighting is hurting the Front-Line States, but it is hurting the Minority Regime even more: Smith would not be talking the way he is without the Guerrilla War. But we in Africa want the war to end as quickly as possible. People are dying in Zimbabwe; Mozambicans, Zambians, Botswana, and Tanzanians, are being killed in the border countries because of this war. We want it to end.

3. Africa is not fighting on behalf of a particular nationalist leader, or nationalist group. The current support of the Front-Line States for the Patriotic Front arises from the fact that it is they who are leading the Guerrilla fighting. Africa's support for the Guerrilla War is support for an independent Zimbabwe Government, based on the power of the majority. Africans constitute about 96% of the Rhodesian population.

4. There is now no dispute between Africa and Britain or other Commonwealth countries about the principle: Independence on the Basis of Majority Rule is now accepted as the objective by everyone. This provides a basis for cooperation between Africa and all other countries of the Commonwealth.

5. But continued Minority Rule in Rhodesia rests on POWER; that is, on the power of the Smith Army. This is not an ordinary colonial situation. In Rhodesia we have been forced to fight a Rebel Government and a Rebel Army. The objective is to defeat that Rebel Government and its Rebel Army. Until the Army of the Minority Regime ceases to be you have not destroyed the effective power of the Minority, even if Smith loses political power, or even if black faces are in a majority in the Government. A Majority Rule Government would be unable to do anything if the present Army was still existing, because everything it tried to do could be made ineffective by that Army. Indeed, a Majority Rule Government would not be governing such an Army; it would be governed by it. A new 'Oath of Loyalty' is irrelevant to this issue. The Rhodesian Army was bound by an Oath of Loyalty to the Queen in 1965; if it did not feel bound by that Oath it is unlikely to feel bound by an Oath to an African Government.

6. The objective of the Freedom Fighters is to destroy the power behind Minority Rule; that is, to destroy the Regime's Army. If necessary, they will continue to fight until that Army is destroyed militarily, however long that takes, and whatever suffering is involved. Defeat of the Guerrilla Forces in particular battles will not affect the ultimate outcome; the war will continue until victory.

7. Britain's latest political initiative is based on the belief that, with the backing of the United States of America, Majority Rule can be achieved by negotiation before the end of 1978. We must therefore assume that Britain is working for, and believes it can achieve, the complete dismantling of the Smith Army and the handing over of all its weapons to the new Majority Rule Government. Unless this happens, a change in the complexion of the Government would be meaningless.

8. It is on that basis, and that assumption, that Africa can cooperate with the current British initiative. For it means that we shall all be working to destroy Smith politically, and to destroy his Power - that is, the present Rhodesian Army.

9. But while Africa cooperates in this political initiative, the war will continue. It will cease only when a Majority Government assumes power. Experience has shown that anything else would ensure the failure of the political discussions. But as soon as the Smith Army is disarmed, the fighting can stop, because the power of the Minority has come to an end. Africa knows that the West will not help it in the Guerrilla War against the Minority Regime. We are sorry about that; but we accept it as a fact. We must assume, however, that the West will not do anything to weaken the Freedom Fighters, or to give any support to Smith in his struggle against them. We must assume also that economic sanctions and other pressures will be continued until the Majority Rule Government takes over and the Smith Army has been destroyed.

10. It must be clear to everyone - and particularly to Smith and Vorster - that if the destruction of Smith's Army is not achieved politically (that is to say with the support of the West), that Army will - sooner or later - be destroyed by the Freedom Fighters working alone.

11. What happens after the destruction of Smith's Army and the ending of Minority Rule, will be affected by the manner in which the change over is effected. If the destruction of Smith's power - and especially the destruction of his Army - is achieved with the active help of the West, and before the Freedom Fighters have destroyed that Army militarily, then there will be elections in Zimbabwe under arrangements agreed between the Nationalists and the British Government. If the Freedom Fighters have to fight to a finish, then the first independent Government of Zimbabwe will be formed by the Freedom Fighters.

12. Now that the principle of Independence on the Basis of Majority Rule has been accepted by Britain, the outstanding question is: what are we going to do about the POWER behind Minority Rule - that is, about the present Rhodesian Army? Is there a real alternative to the destruction of the Smith Army by the Freedom Fighters, with all the suffering which this involves for Zimbabweans and their neighbours in the Front-Line States? Tanzania hopes so. We want the war to end quickly. It can only end when the objective is achieved. We will cooperate with Britain to achieve the objective politically, even while the war is continuing. Fighting and Talking are not incompatible

when the objective of both is the same - that is, the transfer of effective power to the majority of the people. But two questions remain in our mind about the Talking:

(a) Does the British Government realise that ending Minority Rule involves the destruction of the present Rhodesian Army, and is it prepared to insist upon this in its discussions?

(b) Does the British Government believe that the Smith Army can be disarmed and dismantled by negotiation under the existing pressures, or with increased pressures? If so, can it tell us how this will be done before success is claimed for the political initiative?

IKULU
4th June 1977

RULING PARTIES IN TANZANIA

Constitutions are not exactly bedtime reading, nor the internal histories of political parties notable for their news value. But the amalgamation of the Tanganyika African National Union with Zanzibar's Afro-Shirazi Party on 31st January, 1977, to form a new unified party called the Chama cha Mapinduzi (Society of the Revolution) was an occasion of unusual interest and importance. A short account of the origins and development of the two contributory parties and of the significance of unification may therefore be of value.

The TANU party was formed at the annual conference of the Tanganyika African Association held in Dar es Salaam on 7th July, 1954. In large measure it was the Association under a different name. Julius Nyerere had become president of the Association in the previous year soon after his return from Edinburgh. The change, however, reflected an altered emphasis from an organisation which Nyerere called 'semi-social and semi-political' to a body with avowedly political aims, of which the principal goal was the achievement of independence for Tanganyika.

Since the Second World War, TAA had aimed at acquiring a mass following, but for long its support came mainly from the urban centres. Efforts were, however, afoot to extend its influence more widely in rural Tanganyika, where 95% of the people lived, and by 1954 some success in broadening the popular basis of support had been achieved, particularly in Sukumaland. This trend was now greatly reinforced by TANU under the new leaders, who aimed at creating a single political organisation uniting all Tanganyikans in the campaign for independence, forming an efficient machine for the pursuit of this aim and providing the leadership necessary for the assumption of power when the colonial government withdrew.

Prior to independence, the overwhelming preoccupation was with 'uhuru', even though under Nyere's leadership some early consideration was given to some of the problems likely to face an independent government. Nevertheless, the agenda changed fundamentally after independence day on 11th December, 1961. The independence party suddenly became the party of the government and the simple aim of 'uhuru' gave place to a multiplicity of objects proper to its new responsibilities.

From the first elections to the Legislative Council in 1958, TANU

has been virtually the unique representative of the African population both at the centre and in local government. On 14th January, 1963, this de facto position culminated in a decision of the National Executive of TANU that Tanganyika should become a democratic One-Party state and a Commission was appointed by President Nyerere to consider the changes in the constitution of the country and of TANU that were necessary to give effect to this decision, with the Hon. Rashidi Kawawa as chairman and A.S. Nsekela, the present Tanzanian High Commissioner in London, as Secretary. The report was signed on 22nd March, 1965, and its recommendations formed the basis of the Interim Constitution of Tanzania, 1965, following the union with Zanzibar.

Section 3(1) of the Interim Constitution provided that "There shall be one political party in Tanzania" and section 3(2) ordained that until they were united to form a single party, TANU should be the one party for Tanganyika and the Afro-Shirazi Party the one party for Zanzibar. It was, however, assumed that the eventual union of the two parties was to be expected in due course. The new legal status of TANU under the Interim Constitution was further established by the incorporation of a revised constitution for TANU as a Schedule to the Constitution.

This constitution, which opened membership of TANU to all citizens of whatever race who accepted the beliefs, aims and objects of TANU and were over 18, incorporated the 'national ethic' suggested by Julius Nyerere to the Presidential Commission on the Establishment of a Democratic One-Party state as matters of TANU belief. The preamble emphasises the equality of all human beings and their right to dignity and self-respect. Rights of citizens extended to participation in government at all levels, freedom of expression, of movement, of religious belief and of association within the law, protection of life and property and receipt of a just return for labour. Natural resources were to be a common possession held in trust for posterity. To establish economic justice, the State must control the principal means of production and must intervene in economic life to assure the wellbeing of all citizens, to prevent exploitation and to prevent the accumulation of wealth to an extent inconsistant with the ideal of a classless society. Arising out of these beliefs, there followed the aims and objects of TANU. Eight out of twelve of these aims enjoined upon the Government duties in respect of the elimination of poverty, ignorance and disease, giving equal opportunity to all men and women irrespective of race, religion, or status, eradicating exploitation, intimidation, discrimination, bribery and corruption, participating in economic life, controlling the principal means of production and assisting in the formation of cooperative organizations. TANU was to see that the Government worked tirelessly for peace and security through the United Nations and cooperated with other African states to bring about unity. TANU was to safeguard individual dignity in accordance with the Universal Declaration of Human Rights.

Under the Republican Constitution of 1962, Parliament exercised supreme responsibility on Westminster lines, with TANU functioning as the party of government. From 1963 onwards, however, a gradual change took place in the relative functions of TANU and the National Assembly, culminating in the assumption by TANU of the role of supreme policy maker and leaving parliament with the functions of legislator and the responsibility for the authorisation of expenditure from public funds. This transition has been described in a fascinating expose by Pius Msekwa, the present National Executive Secretary of Chama cha Mapinduzi. The decision to introduce democratic one-party government appears to have been taken by the National Executive Committee of TANU and the subject

was not introduced into parliament until the debate on the Interim Constitution, which embodied this principle. But from the time when the new Constitution came into force TANU had gained a prescriptive right and duty to supervise government, a role that was increasingly interpreted as including the responsibility for the initiation of major new departures of policy. Thus, the Arusha Declaration, the Decentralization of Government, the Second Five Year Plan, the transfer of the capital to Dodoma, the accelerated implementation of the policy of Universal Primary Education and the interposition of a work period prior to University entry were policies established by the National Executive and only subsequently brought before parliament where legislation was needed. Policies such as the abolition of local government as previously organised, the adoption of rents for government housing based on a per cent of salary and restrictions on the import of cars to save fofeign exchange were also first promulgated by the National Executive Committee.

The new role of TANU has been expressed by President Nyerere in the following words:

> "... under one-party constitution, TANU is supreme. It is able to give directions to government about the general policy which must be adopted for national development and it has power to give specific instructions about priorities of action in any aspect of our national life. Further, TANU can call the Cabinet, any Minister, or any government official, to account for their activities and any failures in the execution of their duty. That is at national level. The same is true at local level."

On the other side of the coin, TANU has become the channel through which people are encouraged to participate in government from the level of the cell of ten houses and the village TANU branch to the National Conference. Parliament, by contrast, though based on a universal franchise, exercises technical functions less immediately intelligible to the man in the street. A complex system of TANU committees at five different levels provides a series of forums in which citizens can become actively involved in the making of policy and the taking of decisions that affect their own lives.

In its quasi-governmental role, the National Executive Committee was given access to government information and the services of civil servants, from whom it could ask for papers. It could also exercise a power to subpoena witnesses and require the production of documents (Act no.49 of 1965). Members of the National Executive not already members of parliament were paid the same salaries as members of parliament and thus acquired a similar status. Two top civil servants, the attorney-general and the principal secretary to the President's office, were made ex officio non-voting members of the National Executive. In these various ways the National Executive Committee acquired the administrative powers and facilities necessary to enable it to take responsible decisions on matters of high policy.

The Afro-Shirazi Party of Zanzibar, like TANU, was originally formed from previous groupings, the African Association and the Shirazi Association of Zanzibar. At first these two bodies retained their identities within an Afro-Shirazi Union, presided over by Sheikh Abeid Karume, with Sheikh Thabit Kombo as Secretary. After the election of 1957, the two associations merged to form the Afro-Shirazi Party, except in Pemba, where the African Association for a time continued a separate existence

and later merged with another grouping, the Zanzibar and Pemba Peoples Party, forming in 1961 an electoral union with the Arab dominated Zanzibar Nationalist Party.

In the elections of 1961 and 1963, the Afro-Shirazi Party obtained an absolute majority of votes of 1,037 and 13,536 respectively, but failed on both occasions to win power owing to a grossly unfair distribution of population by constituencies. Independence on 10th Dec. 1963, thus saw the installation of a minority coalition under predominantly Arab influence ('Uhuru wa Waarabu' as the occasion was commonly called). This ruling coalition started to suppress opposition and on 12th January, 1964, the Zanzibar Revolution broke out.

Following the union of Tanganyika and Zanzibar on 26th April, 1964, four Zanzibaris were added to the Presidential Commission on the Establishment of a Democratic One-Party State. The Interim Constitution of Tanzania was passed by the National Assembly on 5th July, 1965, providing, as already stated, for the Afro-Shirazi Party to become the sole party of Zanzibar and Pemba and awarding up to a quarter of the seats in the National Assembly of the Democratic Republic to Zanzibar representatives, a number greatly in excess of the number justified purely on population grounds.

The Constitution of the Afro-Shirazi Party, adopted at the sixth annual conference held at Mbweni in Zanzibar from 18th to 29th November, 1975, followed in broad outline the plan adopted by the TANU Constitution, though with a much greater emphasis on revolutionary objectives. This is readily understood if one remembers the contrasting political histories of the islands and the mainland. In Tanganyika, the course of political revolution was deeply influenced by the early emergence of TANU as by far the most important single element in the political spectrum, with Julius Nyerere as its leader, the smooth transition to political independence under Sir Richard Turnbull, the last Governor under the Mandate, and the continuing service of some outstanding British civil servants during the first year or two of independence. In Zanzibar, on the other hand, relatively recent memories of African slavery, the frustrations and humiliations of political domination by a racial minority and gross social and economic inequalities combined to create the explosive situation which finally erupted in the Revolution.

We read, therefore, that the aims of the Afro-Shirazi Party were not only to build 'ujamaa' on a foundation of self-reliance and to pledge friendship with all men on a basis of human equality, but also to continue the revolution by promoting equality among the people of Zanzibar and by fighting colonialism, neo-colonialism, exploitation, parasitism and distinctions based on religion, colour, or any other cause. The Constitution looked to cooperation with revolutionaries to promote world peace; but, unlike TANU, the Afro-Shirazi Party was not committed to respect the standards in the Universal Declaration of Human Rights, nor to seek peace and security through the United Nations.

All these provisions were understandable in the psychological situation which prevailed in Zanzibar after the Revolution and after the tribulations and conflicts of the recent past. The Union Constitution of July, 1965, indeed foresaw an eventual union of ASP with TANU, but the immediate progress of events in Zanzibar after the Revolution seemed to render such coalescence increasingly unlikely. But the aim was never lost to sight. After the accession of Sheikh Aboud Jumbe to the Presidency of Zanzibar and the First Vice-Presidency of the Union, links

between Zanzibar and the mainland were quietly and progressively forged. Zanzibar students started to come to the University of Dar es Salaam. Regular working contacts were made between Government departments on both sides of the water. The Council of the University of Dar es Salaam met on one occasion in Zanzibar.

On 21st January, 1977, a joint National Conference of TANU and ASP was held in Dar es Salaam and passed unanimously a resolution dissolving TANU and ASP on 5th February, 1977, and establishing a single party, to be called Chama cha Mapinduzi, to have "supreme constitutional power over all state organs". This event constituted a remarkable achievement on the part of the leaders concerned, especially Julius Nyerere and Sheikh Aboud Jumbe. The Union of the parties was a prelude to, and was quickly followed by, the adoption of a permanent Constitution for the United Republic.

This Constitution, now in force, incorporates in the preamble a statement of fundamental beliefs primarily based on those of TANU. There follows an admonition on every citizen to respect the persons and rights of others; to protect and obey the laws of the country; to ensure that the country's wealth is preserved and devoted to the common good and not used for the exploitation of others; to ensure to all able-bodied men the right to work for the fulfilment of human needs; and to respect all people in accordance with the Universal Declaration of Human Rights. The Constitution also calls on every citizen to see that the government and parastatal organisations guarantee equal opportunities to all irrespective of sex, colour, tribe, religion, or any other condition; to ensure that no-one is subjected to unjust treatment, threats, segregation, bribery, oppression or favouritism; to secure that the use of the nation's wealth is devoted to the progress of its citizens and especially to the abolition of poverty, ignorance and disease; and to see that the government controls the main regulators of the economy and is founded on democracy and ujamaa. Everyone is to regard work as a true measure of maturity.

The Constitution then goes on to assert that Chama cha Mapinduzi (CCM) is the sole political organisation in Tanzania and bears ultimate responsibility for all matters as set out in its constitution. All political affairs and all matters concerning national organisations in Tanzania are to be conducted by CCM, or under its leadership and supervision. Finally, all regulations arising from the Constitution are to be implemented at all times with an eye to the foregoing responsibilities of CCM.

The constitution of CCM establishes three matters of fundamental belief, namely, that all human beings are equal, that every individual has a right to dignity and respect as a human being and that socialism and self-reliance provide the only way to build a society of free and equal citizens. These articles of faith express in a succinct manner the ethos of modern Tanzania. The first two summarise the Tanzanian's ultimate reply to the defective relationships formerly experienced under colonialism, while the third contains the political philosophy of Tanzania and implies a rejection of systems which allow scope for greed, self-seeking and exploitation. There follow 19 aims and objects for CCM, which follow in general the aims of TANU, with the inclusion of reference to the leadership and guidance of CCM in all public affairs and the continuation of the ideas of the founders of TANU and ASP. The revolutionary terminology of the ASP constitution, save in the name CCM, is noticeably absent.

Like TANU and ASP, the CCM is pyramidal in structure. The supreme organ is the National Conference, comprising all members of parliament (maximum number 229) and of the Zanzibar Revolutionary Council, all District chairmen (96) and secretaries (96), members of the National Executive ex officio (maximum number 154), representatives by Region of the affiliated 'mass organisations' (100) (the Youth Organisation, the Union of Tanzania Women - UWT, the Union of Tanzania Workers - NUTA, the Union of Cooperative Societies - MVU, and the Tanzania Parents Association - TPA) and ten members elected by each District Conference. Since, however, the National Conference comprises over 700 members and is normally required to meet only once in five years, the real power of the Party rests in the National Executive Committee.

This body, of up to 154 members, comprises the Chairman and Vice-Chairman of the Party (President Nyerere and Vice-President Jumbe), members elected by the National Conference from each Region of the Mainland and of Zanzibar (50), the members of the Central Committee (up to 42), all Regional chairmen (25) and secretaries (25) and all chairmen and secretaries of the affiliated mass organisations (10). Meetings are to be held at least every six months. Decisions are reached by a majority of members present and voting, except in matters affecting the structure of the government of the United Republic, or of Zanzibar, or the relation between them, which require a two thirds majority both of mainland members and of Zanzibar members. For day to day administration there is a Central Committee, with standing committees on Defence and Security, Development Planning, Party Activities and the supervision of public institutions. This body has 42 members comprising the national chairman and vice-chairman, 30 members elected by the National Executive Committee and 10 members nominated by the Chairman.

There are Regional and District Conferences, Executive Committees and Working Committees. Below them come the Branches and below them again the Cell, described as the primary organ of the Party. Cell leaders and Branch, District and Regional Chairmen are all elected by the cell members and the Branch, District and Regional Conferences respectively, as are also the majority of members of the Executive Committees at Branch, District and Regional level. The Executive Committees also include any Conference members of the next higher level of administration living within the area concerned and also representatives of mass organisations working in the area. The only unrepresentative member is the Branch, District, or Regional Secretary, who is appointed by the Central Committee. In a country in which administration is an unfamiliar art, it seems reasonable that a central body should as far as possible ensure acceptable standards.

In a one-party state, in which the party exercises supreme policy-making functions, it is of importance to know whether the party is itself a democratic organ and not an instrument of dictatorship by an oligarchy. The brief description here given of the structure of CCM and the manner of appointment at various levels can leave little doubt that it is indeed studiously democratic in intention and in organisation. It is certainly true that the central organ of the Party, from which important policy decisions emanate, rest upon a rather complex system of appointment. But its pyramidal structure is undoubtedly designed to integrate the will of the people with the know-how of the relatively small number of educated people in responsible ppsitions. At cell and village Branch levels, the representation of the people is simple and direct, and it is at these levels that most decisions are taken which concern their day to day lives. At District level, the representation is based on

Branches rather than individuals, while Regional Conference members residing in the District and the Constituency Member of Parliament are brought in from above to provide a link with the higher levels and to invoke the wider experience and perspective that they can command, while the mass organisations are also present to keep the District Conference in close touch with their specialised functions. And so it is also at Regional and National level.

To base government on the will of the people is not easily achieved in a country with such great differences of education, knowledge and experience, and it is an error to assume that a simple franchise will achieve this end. The system adopted by CCM, based on the experience of TANU is one in which the most direct participation occurs in relation to those areas of activity closest to and best understood by the people, while an indirect system of representation is employed to deal with Regional or National issues whose complexity, importance and possible ramifications call for the participation of people of experience and knowledge with a wide-ranging responsibility. It is not, perhaps, the only system of which one can conceive for bringing the will of the people to bear on the affairs of state. But it is certainly an arrangement with real possibilities of success and worthy to be classed among the democratic experiments of our times.

THE HANDICAPPED CHILD IN TANZANIA AND CHILD HEALTH SERVICES

The management of children with chronic handicap is costly and resources for the care of these children in Tanzania is limited and therefore facilities are minimal. It is estimated that of a thousand life births in Tanzania over 150 will die during the first year of life. Many more will have chronic debilitating illnesses requiring long term care. The correct approach for Health Departments must be to prevent the diseases in children which cause these conditions and also provide appropriate maternal and child health services. This is being done in Tanzania. However the number of children with chronic handicap is not likely to decrease in the near future and these children cannot be ignored. Although little is known of the full extent of the problem, in this short article certain aspects of chronic disability in Tanzanian children will be considered with suggestions for management and prevention through provision of appropriate services.

The Handicapped Child

Handicap in the Tanzanian setting is commonly not due to irreversible impairment of bodily function but to continuous exposure to the environmental hazards of infection, malnutrition, social deprivation and ignorance. It is the failure to eliminate these preventable hazards which causes the disability in so many children. The children that survive these hazards are much more likely to suffer growth retardation, developmental delay, intellectual stunting due to lack of stimulation, and the malaise of chronic disease. This form of handicap is common.

However, children with irreversible physical and mental handicaps, are much more vulnerable in this threatening environment and are particularly susceptable in the neonatal period and during the first year of life.

Information on congenital abnormality is scattered and incomplete.

Hamza and Segall describe extra digits, hare lip and cleft palate and spina bifida as common abnormalities. 5% of the admissions to the neonatal ward at Muhimbili Hospital during 1974 were congenital abnormalities. 28% of deaths in the neonatal ward in 1974 were due to congenital abnormalities. In 1975, 4% of the deaths in the neonatal ward at Muhimbili Hospital were caused by congenital disease. The difference between the rates in 1974 and 1975 was probably due to a change in the selection of children admitted to the neonatal ward. Hospital statistics provide only very limited information but epidemiological data on the incidence of chronic handicap in the community are not available.

In 'The Young Child in Tanzania' an estimate of the amount of handicap in Moshi District is described.[1] (The Kilimanjaro Christian Medical Centre is in Moshi.)

> "The number of disabled children in the district is not known but almost every secondary school girl had noticed a few cases in her village. From villages of 100 - 200 households, up to five handicapped were often reported. At Kilema Parish, the parish priest knew 12 mentally handicapped children, 7 epileptic children and 9 lame children."

The whole of Kilema would have fewer than 5,000 children under seven years of age and a small percent of these children would be known by the parish priest. At Kilimanjaro Christian Medical Centre (KCMC), 188 children with handicap were registered in 1972. Of these, 109 were multiple handicaps, 44 had feet deformaties, 22 were polio cases, and 10 had hearing and speech problems. At KCMC 1% of newborn babies were discharged having shown cerebral depression for more than three hours after birth. In 1975 at KCMC, 68 congenital abnormalities were noted among 766 children admitted to the neonatal ward. In order of frequency the most common were talipes, spina bifida, cleft lip/cleft palate and Down's Syndrome.

There is no reliable information available, but it is likely that the more severe congenital abnormalities such as spina bifida and hydrocephalus do not survive since there is no treatment available. Any neonatal condition which interferes with breast feeding is likely to prejudice the survival of the infant. Thus any neurological deficit which prevents the infant suckling or any physical abnormality such as cleft palate is likely to be a major hazard to the child. Twins so often die due to failure of the mother to provide sufficient breast milk. This leads to bottle feeding and almost inevitably to gastro intestinal infection which carries such a high mortality.

The incidence of chronic ear infection and nutritional and infectious eye conditions in the out-patient clinics and in hospital indicate the likelihood of significant hearing and visual deficit in children in the community.

Severe cerebral palsy is relatively uncommon in Tanzania compared with U.K. since these children fail to survive the first year of life. Paralytic polio cases, on the other hand, are more commonly seen since this affects children later when they have passed through the early hazardous years. Those that survive polio with paralysis present long standing social and medical problems. Polio is endemic in Tanzania, and it is common to see children with the physical stigmas of paralytic polio. Many of these children and adults are found amongst the beggars on the pavements of the towns in East Africa. The age of onset of polio is lower in developing countries and affects the pre-school child. Epidemics of paralytic poliomyelitis in the developing countries of the

1. "The Young Child in Tanzania", a report on a study of the young child from conception to seven years: Tanzania National Scientific Research Council, 1973.

tropics and subtropics have shown a three-fold increase in the past ten years. In neighbouring Uganda, the number of severly paralysed patients with poliomyelitis is about 3 per thousand and the total number with residual paralysis following polio is nearer 9 per thousand. The pattern in Tanzania is likely to be similar and poses an enormous problem.

Huckstep summarises the fate of the untreated child with chronic poliomyelitis, the reason for treatment and the aims of rehabilitation ina developing country.[2]

> "Death before maturity is the usual fate of the untreated crawling crippled child in developing countries. Most children with poliomyelitis, however, when upright and walking with supports, or following operation, are accepted by the community, educated by parents and relatives and employable when they reach maturity.
>
> It is more economic to prevent 100 polio cases than to treat one hopelessly crippled child. It is often quicker to straighten 100 deformed limbs by simple subcutaneous operations, than to treat a single patient by complicated procedures. It costs less for 100 crawling paralysed children to walk in simple, locally made calipers and clogs than for one patient to be mobile in expensive imported appliances and boots. It is essential to educate or rehabilitate patients in addition to making them mobile. The final aim should be a patient returned to his own village or town, accepted and integrated into his own community, and earning his own living among his friends."

Provision for the Handicapped

Facilities for children with chronic handicap are meagre but provide a valuable although extremely limited service. Most of the centres are supported by voluntary agencies and receive more or less help from the Government. There are no institutions catering for the pre-school child.

The rehabilitation centre in Dar es Salaam has beds for about 35 patients, adults and children. In March 1976 there were 16 children from 5-15 years and 14 adults. The majority of patents were old polio cases who required appliances (shoes, calipers and crutches) or surgery for contractures. There were two cerebral palsy patients, one talipes and one amputee.

There is one voluntary expatriate physiotherapist who attends the unit every morning and a nursing sister who organises the medical care. The orthopaedic surgeon is busy with acute surgery and so the waiting list for these patients is long. Many patients come from hundreds of miles for treatment. The turnover of patients is slow and the length of stay is three to four months. There is a workshop run by a trained technician who makes and fits simple appliances. These are supplied to other hospitals and centres.

At KCMC there is a modern and extremely well equipped workshop and training school where appliances and prosthesis are made for the handicapped. It is run by an enthusiastic expatriate at present, who is training a Tanzanian to take over. This centre is one of the most modern and well-equipped in East Africa. It provides appliances for other centres in Tanzania and Kenya. Within the hospital a small physiotherapy and occupational therapy unit treats children with cerebral palsy and old polio cases.

The Salvation Army Centre, Mgulani, Dar es Salaam, runs a hostel

2. "Poliomyelitis" by R.L. Huckstep (Churchill Livingston, 1975)

for school children with physical handicap which takes 193 children who are almost all polio cases. The hostel is attached to a Government school and the handicapped children are integrated with normal children. In all two thirds of the children attending the school have handicaps.

There are training centres for the blind in Tabora, Masasi and Dodoma but these include blind adults. There is also a training centre for the deaf in Tabora.

In Handeni in Tanga region, St Francis Mission Hospital, Kwamkono, has a hostel and school for 43 children with old polio. The technician who is a local carpenter, makes very effective and cheap appliances from local materials. There is a smaller similar centre in Masasi in southern Tanzania.

With the limited facilities available for the handicapped it must be assumed that the majority who survive live in rural areas and are accepted by the family and village community. There are many taboos associated with handicap and the fears of the family and community must be allayed with sympathetic education. Integration of handicapped children into family and village life is likely to be the only satisfactory arrangement for the majority of children in Tanzania for some time to come, and every effort should be made to facilitate this by education and support from local medical personnel and auxiliaries. The Government policy is to ensure that parents are given as much support as possible in managing handicapped children and that facilities are available for education, treatment and long-term care. Collection of reliable data on the patterns of handicap is required so that the right provision can be made for these children. Also anthropological studies on how children have been integrated into the family and village life when no special facilities are available would be helpful in planning a service. The medical services are likely to have the most significant effect on chronic handicap in children in Tanzania by concentrating their efforts on prevention and in this respect the development of a maternal and child health programme is important.

Maternal and Child Health Services

The importance of providing maternal and child health (MCH) services has been widely accepted throughout the world. The social, medical and educational benefits are known to have an important and lasting effect on the welfare of families and therefore the nation. In Tanzania there has been a recent reorganisation of maternal and child health services to provide a more efficient, standardised service. In the past there has been a division between services for mothers and services for children. This has meant that a pregnant mother with a toddler had to attend different clinics on different days and probably had to travel a long way for each visit. The reorganisation will bring the two services together in one clinic and it is planned ultimately to have a basic MCH team at dispensary level.

Maternity Services

Approximately one quarter of the total population of Tanzania are women in the reproductive age group 15 - 45 years. The maternal mortality rate is about 27/1,000 and the majority of deliveries occur at home, although there is evidence that about 75% of women attend antenatal clinics at least once; the average number of attendances is 3.8 per pregnancy. About 35% of women have institutional deliveries whether

it is at a large teaching hospital or in a rural dispensary. There is no domiciliary service and postnatal services at present are limited.

Family Planning Services

The family planning association of Tanzania (now UMATI) originally introduced a service in Tanzania to meet part of the need. Family planning is now an integral part of MCH activities. UMATI continues to provide clinical services but increasingly organises training and information services.

Child Health

In 1969 children attending health clinics were estimated as 13% of the country's pre-school population. These clinics were organised as the so-called "under five clinics", providing curative and preventive services with mother receiving health education. Although these should ideally run in conjunction with antenatal clinics and family planning clinics, often this was not possible because of lack of trained staff or unsuitable premises and equipment.

Reorganisation

The aim of the reorganised MCH service is to provide a multipurpose clinic for mother and child. It incorporates all the beneffts of the under five clinic with the added advantage of on-the-spot antenatal and postnatal provision and family planning. Children are weighed, immunised, examined, treated, given prophylaxis and mothers are given advice. Women receive antenatal care, prophylaxis, immunisation, postnatal care and family planning advice and treatment. This combined approach works very well and cuts down duplication of work and also travelling for patients and medical staff.

Mobile clinics are well suited to maternal and child health work. One land rover can carry equipment and personnel sufficient to provide a very satisfactory clinic. One such team provides an important service to a village on the higher slopes of Kilimanjaro. The driver acted as an important member of the team, registering new patients. A useful illustration of the relative cost and difficulty of travel is the cost of an avocado pear in this village on the higher slopes of the mountain, compared with the cost in the market in Moshi 15 miles away in the valley. £1 would have bought 150 avocado pears in the village and only 15 in the market. The mobile clinic took about one hour to get to the village from the hospital whereas it would take a mother and child at least four to five hours.

The standardisation of equipment and methods of running MCH services is another advantage. The universal use of the "road to health" charts as described by Morley and adjusted for local conditions is one innovation. Standard record forms for collection of data are used at all clinics and information is returned centrally for analysis and evaluation.

The Ministry of Health has established a central MCH Unit under the Director of Preventive Services although tthe maternal and child health clinic is designed to provide both curative and preventive services. This unit is responsible for the administration of the national programme, setting up training schemes, data collection and evaluation. It co-ordinates the supply of refrigerators, vaccines and appropriate equipment for the clinics. Initially four zones were established and based on Mwanza, Kilimanjaro, Dar es Salaam and Mtwara. In 1976, two of these zones were operational. Each zone has a co-ordinator responsible for liaison with

regional medical officers and the regional development teams. The regional administration which, with the present plan for decentralisation of Government, has the responsibility to develop MCH services, co-ordinates district provision. Fourteen training schools for MCH aids have been established and the trainées have completed primary school and are taught all aspects of maternal and child health. It is an 18 month course and at one such training school in Bagamoyo, the first year intake was 36. The MCH aid will ultimately replace the rural midwife and at the dispensary level the team will be - rural medical aid, MCH aid and health auxiliary.

Poor communication is one of the main obstacles to development, and it is the difficulty that health teams have travelling to rural communities or patients travelling to clinics that most hinders the provision of health services. Vaccines must be kept at low temperatures and the logistics of getting viable vaccine to a patient in a rural area are enormous. UNICEF refrigerators have been supplied to assist the Tanzanian MCH service. These are run on paraffin which has to be available at the rural dispensary. There is evidence that the refrigerator takes several hours to reach the required temperature once the door has been opened for a short while. This may damage the vaccine and at present there is no simple way of detecting if the vaccine is satisfactory.

Mobile units require vehicles which are well maintained for the rough roads on which they must travel and petrol must be available. The present economic problems of the western world have put an enormous strain on developing countries and in Tanzania medical personnel are having to restrict their travelling simply because the health service cannot afford it.

Nutrition Rehabilitation Units

An important aspect of maternal and child health is the management and prevention of malnutrition. These units are usually linked with a hospital paediatric ward and children who have been admitted to the wards with malnutrition are discharged from the ward to the rehabilitation unit with their mothers. Here they stay about two to three weeks and are exposed to health education in a very practical way. Mothers are taught the importance of balanced diets for their children, how to grow suitable foods and rear chickens for meat and eggs, etc, and how to cook the food using traditional methods. Home economics, family planning, maternal and child care are also taught. The idea is that this will prevent the parents returning with other malnourished children, since it is not so much a lack of available food that causes malnutrition amongst under-fives but the mothers' ignorance of the correct diet for a child. The hope is that these mothers return to their villages and pass on what they have learnt. A more profitable way of disseminating information is to admit mothers who are looked up to in the community and who have healthy childen and to teach them so they may return as teachers to their villages.

Discussion

Introducing the second Five-year Plan in 1969, President Nyerere said:

> "Giving birth is something in which mankind and animals are equal, but rearing the young and especially educating them for many years is something which is a unique gift and responsibility of men. It is for this reason that it is important for human beings to put emphasis on caring for children and the ability to look after them properly, rather than thinking only about the number of children and the ability to give birth."

This has been a much quoted statement but it emphasises some important points. There is a rejection of the old tribal law of acquiring status and wealth by producing a great number of children and an affirmation of the importance of responsible parenthood and the need for the protection, education and care of children. Implied in this statement is the importance of healthy mothers in giving birth to healthy children and the need for family planning services.

In a large country with a scattered population and poor communications, a service that reaches the population, who live largely in rural areas, must be integrated with village life. Tanzania is made up of a large number of tribes with different customs and languages. Swahili is the national tongue but the second language for the majority. Therefore the Government policies have aimed first at developing a national identity to ensure political stability within the country and secondly rural development at village level.

Change has come rapidly to Tanzania and this can be very disturbing to any society. The development of a road can transform a remote village and the improved communication can bring with it education and an improved social environment, but also it brings all the painful changes of development. The development of health services in Tanzania has been, up until recently, more concerned with curative services despite the regular reports emphasising the need to develop preventive services.

The Government has recognised this need for preventive services and also the importance of healthy educated children to the country's development. Looking at the mortality and morbidity of childhood, the majority of acute and chronic handicapping disease in Tanzania is preventable. Improved nutrition, clean water supplies and immunisation against common diseases would transform the pattern of disease in children. Within strict economic limitations the Government has introduced a maternal and child health service which should have a significant impact on the nation's health. The policy of setting up ujamaa villages and self-help schemes should greatly enhance the development of the service. Also the decentralisation of Government enables the people to plan priorities at village level.

Improvement in child health services will only slowly affect the number of children with chronic handicap in the country. Provision for such children in western countries is criticised as inadequate, and to provide anything like an adequate service in Tanzania is impossible in the near future. In UK the emphasis is on supporting the family to care for the handicapped child and where possible integration into normal schools and a normal environment. In Tanzania a similar approach is needed; support within the family and the village, by augmenting the traditional form of management of these children with appropriate education medical care and simple rehabilitation techniques. It has been shown that a great deal can be done to help the physically handicapped at village level by providing simple aids and prostheses made from local materials. The removal of fears and taboos related to the handicapped will also improve the quality of their lives. It is likely that the MCH aid will be the key person at village level to support and guide parents so that the child can be given every opportunity to develop his full potential.

There will still be a place for residential care for the more severe problems, particularly in the urban areas. Again residential schools to teach particular skills to children with specific defects (e.g. blindness) will be necessary, but it is essential to maintain family contact to ensure rehabilitation of the child to a sympathetic environment.

The dilemma for the medical worker in a developing country is to know how best to use his skills and time. Medical problems surround him and urgent problems are always requiring his attention. What helps him understand and appreciate the medical priorities is reliable information on disease patterns within the community and also a constant evaluation of the work he is doing.

Epidemiological studies of morbidity and mortality pinpoint the common problems in the community and are an essential adjunct to providing a relevant and practical service, particularly when the economic restrictions are so great.

Within the reorganised MCH programme there is a system of data collection in a standardised way which will be analysed and evaluated centrally. This will be an important "barometer" on which to measure the services' strength and weaknesses.

It is important that the provision of medical care and the development of services for mother and child should build on the positive aspects of traditional family life and in order to make a developing service acceptable to the population, more social and anthropological studies are required. In this way modern medical techniques will augment the valuable aspects of traditional maternal and child care which have developed over the centuries. This must be emphasised since it is becoming common place in many countries throughout the world to see the steady drift of populations from the traditional rural setting to the ever growing slums and shanty towns of the cities. In this sort of environment important, well established traditions of family life break down and this can do untold damage to the developing child. What appropriate medical care can provide in Tanzania is a gradual manipulation of a threatening environment to provide a greater potential for the normal and healthy development of children and through them a richer cultural development for the nation.3

LETTER TO THE EDITOR

Mr. A.D.H. Leishman writes from Zambia: "On page 2 of the January 1977 issue of the Bulletin .... a statement is made about the ss Liemba in the Transport paragraph. Far from being 'unserviceable', the mv Liemba is scheduled to recommence scheduled services on Lake Tanganyika in September of this year. This information I have direct from the Regional Manager in Dar es salaam in answer to an enquiry I made in connection with the preparation of the Development Plan for Mpulongu Port which the Department of Town & Country Planning here is undertaking. The Regional Manager stated that the intention was to run the Liemba to a schedule which would bring Mpulungu into weekly connection with East Africa instead of the previous twice monthly service peior to 1972. He also asked for an assurance that the harbour at Mpulungu would be dredged by September to allow Liemba once again to berth at the quayside, an assurance which the Zambian Government may be unable, regrettably, to give unless an extremely rapid decision is taken to effect the necessary operations. But there again, Liemba may not be ready by September!

"You will notice I said MV Liemba; the Regional Manager confirmed that new diesel engines had been installed in the vessel, as was reported in the Tanzanian press last year (or was it 1975?)."

3. A copy of the full report on which this article is based and a full list of references may be obtained from the author, Dr. Peter Christie, The Wolfson Centre, Institute of Child Health, Mecklenburg Square, London WC1.

DIGEST OF TANZANIAN NEWS, JANUARY TO JULY, 1977.

Compiled by Graham Mytton

POLITICAL NEWS

On 25th April, a specially convened Constituent Assembly adopted the United Republic's first permanent constitution. The CCM's NEC will be the supreme policy-making body. New Constitution also stipulates the election of MPs from Zanzibar in the same way as on the mainland.

Proposals were announced at the end of December for a new trade union body to replace NUTA. It will be JUWATA (Jumuiya ya Wanafanyakazi Tanzania).

In January, the Minister for Home Affairs, Ali Mwinyi and the Minister of State in the President's Office, Peter Siyovelwa accepted responsibility for "acts of grave misconduct on the part of some members of the police and security forces" in the north-west. Two regional commissioners also resigned - Peter Kisumo and Marco Mabawa. The resignations followed disclosures about the maltreatment of prisoners. Widespread arrests of suspected murderers in Shinyanga and Mwanza regions were followed by a commission of enquiry into the behaviour of the police and security forces. Observers have commented that the latter appear to have seriously over-reacted to earlier public concern about widespread lawlessness and mercenary murders in the area.

POLITICAL APPOINTMENTS

The inauguration of CCM to replace TANU and ASP has been followed by a number of new appointments and a cabinet reshuffle. The Cabinet on February 14th includes:

Prime Minister:	Edward Sokoine	Foreign:	Ben Mkapa
Defence:	Rashidi Kawawa	Finance:	Edwin Mtei
Works:	Alfred Tandau	Natural Resources:	Solomon Ole Saibul
Labour:	Crispin Tungaraza		
Agriculture:	John Malecela	Lands:	Tabitha Siwale
Education:	Nicholas Kuhanga	Justice:	Julie Manning
Information and Broadcasting:	Isaac Sepetu	Capital Development:	Hasnu Makame
National Culture and Youth:	Mirisho Sarakikya	Health:	Leader Stirling
Communications:	Amir Jamal	Water:	Al-Noor Kassum
Commerce:	Alphonse Rulegura	Industries:	Cleopa Msuya
		Civil Service:	Abel Mwanga
		Home Affairs:	Nassor Moyo

Pius Msekwa was appointed Executive Secretary General of the CCM. His deputies are Salmini Amur from Zanzibar, and Col. Simba. Ibrahim Kaduna, the former Foreign Minister replaced Msekwa as Vice Chancellor at the University. Other Appointments:

Party Secretaries: Col. Muhiddin Kimario, Mwanza; Chediel Mgonja, Tabora; Silas Mayunga, Singida; John Mhaville, Dodoma; Nassor Kisoki, West Lake; Bruno Mpangala, Shinyanga; Lawrence Gama, Ruvuma; Athman Kabongo; Charles Kilewo, Mtwara.

CCM Youth League Secretary-General: Rajab Kheri (formerly ASP Youth League).

Daudi Mwakawago, formerly Minister of Information and Broadcasting has now returned to Kivukoni College to be the head.

ECONOMIC

Estimates for 1977/78 were presented to Parliament on June 16th by Finance Minister Edwin Mtei. No increases in personal taxation, but taxation on some trading co-operatives. Government expected to spend 9,523 million shillings.

The Soviet Union is to lend Tanzania $19 million to establish two state farms, a new technical college and to train teachers and agriculturalists in Russia.

AGRICULTURE AND RURAL DEVELOPMENT

Minister of Agriculture, John Malecela announced that the Government would increase the country's capacity to store grain - from 60,000 to 100,000 tons.

In March, relief measures were announced for 100,000 people in Singida Region suffering from widespread drought. Water was being taken to many places.

The National Bicycle Company is now building a cycle factory.

The Government will require companies selling agricultural equipment to establish factories to make spares. Agriculture Minister John Malecela said in March that if they failed to do this they would not be allowed to trade. He said there were 30 different makes of tractor on sale in Tanzania, and for most of them spares were difficult to obtain.

Civil Servants in rural areas are to use horses to save fuel and the cost of vehicles. MPs laughed when told, but Prime Minister Sokoine said "we are serious about this".

EAST AFRICAN COMMUNITY

The disintegration of the EAC has caused some grave problems for Tanzania. The development plan was drawn up assuming the Community would continue to provide services. Now, according to the President, the country would have to spend money on planes, ships and railway equipment to make up for equipment lost to Kenya. The Kenya-Tanzania border was partially closed in February and sealed completely in April in an attempt to make the Kenyans release East African property. Both the Kenyan Foreign Minister and the Tanzanian Vice President have spoken recently about their hopes for a new community including all the countries of Eastern and Central Africa.

IN BRIEF

Tate and Lyle and Booker International are studying ways of expanding Tanzania's sugar industry, both to meet growing home demand and export potential (for example to take up Tanzania's quota for the EEC).

There has been a rabies epidemic in Shinyanga. 50 people had died by April. Villagers were not co-operating in dog vaccination campaigns. Government later announced plans to shoot 1 million dogs in the country.

30,000 animals in game reserves were killed every year by game poachers. according to an official report.

Rubondo Island on Lake Victoria is now a game reserve.

"The Arusha Declaration - 10 years after", a booklet by Julius Nyerere was published in April. The President looks frankly at the progress of socialism. Tanzania, he says "is certainly neither socialist, nor self-reliant". There were still great inequalities, but the drift towards the growth of a class society had been arrested.

Three ships have been bought from Belgium for Lake Victoria, to replace those seized by Kenya. Prefabricated sections are now being pieced together in Mwanza.

Two new radio transmitters are to be built at Kigoma and Dodoma as part of the long term plan to improve RTD reception.