Zambezi Bridge
Construction Project

Background and description
Before examining the possible consequences of the Zambezi bridge on children and how these problems could be averted, the following section provides a brief background to the project. The bridge is actually an old plan that has been on the government’s drawing board for about three decades following Mozambican independence from Portugal in 1975. A start was made to the access roads to the bridge area in the late 1970s, but the project was abandoned because of the war. ¹ When completed, the bridge structure will be 16 metres in width and over 2,300 metres long with two lanes and a walkway. ² Major funders of this mega-project include Sweden, Italy, Japan and the European Union. The government of Japan has already conducted an environmental impact assessment and Swedish International Development Agency (SIDA) funded a poverty and social impact analysis in 2004. In late December 2005, the government awarded the bridge contract to a consortia of two Portuguese companies: Mota Engil and Soares da Costa. It will take at least three years for the bridge to be completed.

The bridge is predicted to help Mozambique in gaining significant economic benefits. The donor-funded bridge with a price tag of 66 million euros (80 million US dollars) will connect Mozambique’s national highway across the river, thereby allowing an uninterrupted, free flow of transportation and commerce from the north to the south of the country. Before the rehabilitation of the north-south national highway, roads were used for transporting

² Xinhua, “EU launches tender for building bridge in Mozambique”, August 14, 2005.
resources from the east to west. In other words, from the inland area to the coast. The consensus for Mozambicans is that the bridge will be a giant step forward. The government and donors of the project say it will contribute to the fight against poverty by stimulating national, regional and local economies by attracting investment and encouraging business and agricultural development.

The bridge construction will also create much-needed jobs and some have already been promised by the government to local communities, including women and youth. The provision of these jobs is crucial for families here and will provide income and opportunities for skills transfer during the actual building period. In addition, construction jobs will allow families to devote money they earn towards longer-term subsistence agriculture and food production on which they so heavily depend. There is also the possibility that new local businesses and employment opportunities will emerge such as the creation of restaurants and guesthouses for construction workers that will hire residents of Caia and Chimuara. Residents with skills in a variety of trades who have been unable to earn a living in this area previously may also be able to find work associated with the construction project.

When the bridge is completed, there will likely be better travel access to emergency health care for residents on both sides of the river. Inhabitants of Caia will be able to travel to health care facilities in Quelimane, which is several hundred kilometres closer than Beira. It will also be easier for residents of Chimuara to go to the hospital in Caia, which has better care and facilities than their small clinic. In addition to the economic, employment and health care benefits that the bridge will bring, the government and local communities predict that it will help reduce the prevalence of certain social problems in Caia and Chimuara which were described earlier, specifically the transmission and spread of HIV/AIDS and STDs, and the prevalence of prostitution. Trucks and other vehicles will no longer be required to experience delays by having to wait for transportation across the river. Without the accumulation of motorists at the crossing, demand for prostitution will likely decrease.

Other potential benefits include a reduction in child mortality and improved access to education. The maternity ward in Mopeia does not presently have the expertise and facilities to help women with complicated childbirths. The hospitals in Marromeu and Caia are better equipped for this. Sometimes women must be taken to Marromeu in the middle of giving birth and have to cross the river by canoe. This takes time and increases the chances of mortality for both women and babies. Children on either side of the river will also be able to more easily access schools when the bridge is completed, particularly for those in secondary school. Children from Caia will be able to study in Zambézia Province and those from Mopeia will be able to study in Sofala Province. For example, if the nearest secondary school that offers a student the training that he/she wants is situated in the neighbouring province, it will be easier for them to cross the bridge more quickly than having to wait for the ferry. Children also complain of the dangers of strong currents and crocodile attacks when they cross the river by canoe. The bridge will allow them to cross without encountering these risks.

**Risks and vulnerabilities of children during construction**

The rationale and need for a new bridge are not in question. However, the negative consequences that the river crossing area and previous infrastructure development projects have on children have raised concerns among residents in these communities that the

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1 Akesson, G. op.cit. ft. 12, p. 7.
4 Ibid., p. 82.
5 Ibid.
construction period could exacerbate an already difficult and dangerous situation. The project will bring in a large influx of outside labour with money, probably several thousand workers, for at least three years. The male workers will be away from their wives and families, which will increase the probability of sexual abuse and exploitation of women and children. There is also a concern that the transmission and spread of HIV/AIDS and STDs will increase over the construction period, affecting workers and local communities alike.

A local businessman explained to Save the Children: “Now imagine the bridge will bring many men of different races, full of dollars and they will not care if the girls are on their period or not. The construction of the bridge will bring lots of death and illness because of more HIV/AIDS. It will bring a lot of problems, but the truth is we need the bridge.” A female youth working at a restaurant in Caia expressed her concern: “When the bridge construction begins, there will be an increase in AIDS because girls here are already used to this way of life. AIDS will spread from the river area to communities all over Mozambique.” A male youth in Chimuara echoed this sentiment: “The situation will get worse when the bridge construction starts and many people will die. All the money coming in will create big problems for people living here.”

There are also parallels between the river crossing situation and infrastructural projects in Caia and Chimuara, and a reality observed elsewhere in transit areas and construction sites. The European Commission, which invests heavily in the transport sector in Sub-Saharan Africa, recognizes this problem. The Director-General for Development explained that: “While new and improved infrastructure brings economic and social benefits, it can also facilitate the spread of disease. Opening up new traffic routes and improving access and personal mobility can contribute to the rapid spread of communicable disease such as AIDS.”

For example, studies have shown that in Malawi road construction has been linked to the spread of HIV/AIDS. The International Aids Economic Network reports this phenomenon in some detail:

The building and maintaining of transport infrastructure can involve groups of workers who are housed away from their families, often for long periods of time. For example a construction company might send a team into a remote part of the country to build a new road or carry out maintenance. The workers are usually men, housed in all male environments, and being away from their families increases the likelihood of their having more sexual partners. Furthermore, their comparative wealth enables them to purchase sexual partners.

In November 2005, the head of a UN agency working in Malawi expressed concern about the Mwanza border crossing through which motorists travel to Mozambique, Zimbabwe

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8 Ibid.
and South Africa. The Mwanza border post handles 70% of all road freight in Malawi where drivers can spend several days waiting for their trucks to be inspected by the national revenue agency. As a consequence, the border site has attracted a number of sex workers.\(^9\) He explained that, *“Long nights, young men far from home and an abundance of poor young women makes … a perfect location for HIV to spread.”*\(^9\) A Zimbabwean truck driver echoed this observation:

**Truck drivers are more vulnerable to HIV/AIDS because they are always away from their families and wives. Sometimes women ask for lifts, but in actual fact they are after the drivers so that they can sleep with them and be paid some cash. Drivers who are weak have fallen prey to it and many have died.”**\(^9\)

There are also examples outside of the African continent. India experiences a similar problem with truckers and prostitution. Truck stops with prostitutes waiting for drivers are pervasive in the sub-continent:

**Local truck stops, called dhabas, litter India’s highways. They provide warm food and bodies for truckers with no questions asked. The prostitutes are poor and uneducated – forced to sell themselves for pennies inside trucks, parking lots or even outside in the bushes. Negotiating condom use simply isn’t an option for most who work alone instead of in more organized brothels.”**\(^11\)

Save the Children is also concerned that children may be given construction jobs involving heavy lifting and hazardous work, making them prone to injury. There will likely be an increase in jobs for children in the informal, small-scale trading sector which supplies workers with basic amenities. Both scenarios could lead to increased school drop-out rates. An education official in Chimula believes that children will be given jobs but not necessarily as workers on the construction site: He claimed:

**The construction companies will hire children to be domestic workers and do other jobs not related with actual construction of the bridge. If this happens, I think more children may leave school. The government has laws about not hiring minors but they are not followed here.**

An education official in Caia believes that children will in fact be hired by construction companies and that children will drop out of school as a result. He vowed to monitor this situation when the construction begins and report cases to the Sofala provincial government.

**Stated intentions of the government and donors**

The government and donors have announced that they will take precautions to help reduce some of the potentially harmful social impacts of bridge construction. The government of Sweden is aware of the current situation at the river crossing and says it will support the mitigation of any eventual negative impacts of the bridge in the area.\(^13\) For its part the government of Mozambique, through both the National Road Administration’s (ANE) Unit for Social Affairs and Environment and the Zambezi Bridge Construction Office, claims to have concrete plans to reduce some of the negative effects of bridge construction for both workers and the local communities. The number one stated priority is controlling the transmission and spread of HIV/AIDS. In Save the Children’s research, addressing issues of abuse and exploitation in the form of child prostitution

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\(^11\) Ibid.

\(^12\) Wilson, Margie. “HIV is Spreading Via India’s Highways.” Associated Press. November 29, 2005.

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and labour are not explicitly stated as being part of the government’s plans, though it is possible they are implicit under the larger HIV/AIDS umbrella.

Combating the spread of HIV/AIDS during the construction period is to be achieved through, “Preventive activities directed towards information, and the social unit of ANE has well prepared programmes for intervention.”

The construction company that was awarded the bridge contract by the government is responsible for facilitating the organization of activities to prevent the spread of HIV/AIDS. The contractor will be required to subcontract a non-governmental organization or other institution which will be responsible for the provision of HIV/AIDS awareness and prevention programmes. ANE also has the task of supervising, monitoring and evaluating activities in the field. ANE has established rules for funding the implementation of activities of the HIV/AIDS programme.

The Ministry of Health has also built a GATV (Office for Advice and Voluntary Testing of HIV/AIDS) in Caia, partly in response to an increased need for such a facility during the bridge construction. The GATV is an office that is part of the national programme for HIV/AIDS prevention, where anyone can get advice and be tested. The health centre in Caia is in the process of being transformed into a rural hospital that is better equipped than the previous unit. This will include a lab with more testing capacity. The complete transformation into a hospital is not yet complete.

In addition, according to a recommendation by ANE’s Social Unit, this project should create a Project-Community Liaison Committee. The aim of this committee would be to act as a link in helping to establish and maintain contacts between the project, the local community and its structures. This proposal is supported by a company called Impacto, which presented the environmental study conducted in 2003. The study contains detailed recommendations, which include a need for the project to hire a Community Relations Officer. Some of the proposed tasks to be performed by this officer would be to inform people about the project, to receive and answer possible complaints, to support local development programmes and to disseminate information on vacancies and job opportunities.

14 Akesson, G. op.cit. ft. 12, p. 7.
15 Ibid, p. 15.
17 Ibid, p. 17.
The government of Japan has also pledged nine million dollars, part of which will help fund the relocation of affected homes and businesses (barracas) in the bridge’s path. This funding will also be spent on health and water supply infrastructure on both sides of the river.

**Why are communities still concerned?**

According to the Chief Engineer of ANE, construction is scheduled to begin in March/April 2006, a mere two months away. Save the Children interviewed members of the community in Caia and Chimuara in mid-December to find out to what extent they are being considered in the government’s plans for bridge construction. Those interviewed were district government officials including police, traditional leaders, health and education workers, parents, youth-led NGOs and associations and their international partners, and children.

Some believe the government is doing an adequate job of consulting the local communities prior to construction. A local council member said he had been in dialogue with ANE over the past few months and had a good sense of the project. There have been meetings organized by ANE to which community leaders have been invited. However, other community members are sceptical that a meaningful dialogue exists. These residents felt they were not consulted adequately and were in fact being left in the dark about a number of issues. They believe that what ever social problems arise during the construction of the bridge the communities will have to deal with them without assistance. In December 2005, a Chimuara health official who is responsible for caring for and treating children with illnesses in the area said he has not been consulted about health concerns and needs of either the local population or the construction workers. A Caia district education official was concerned about a lack of consultation so close to the commencement of construction. He claimed ANE was supposed to share a report it had written about some of the projected social impacts of construction but he was not aware if anyone had seen it. A Mopeia district government official suggested the national government could reach a larger audience by using radio to educate the local communities about the benefits of the bridge project, and how to avoid possible consequences on children and other residents.

Other community leaders were not aware of the existence of a social unit within ANE and that the government had plans to deal with social problems associated with the bridge. Save the Children interviewed an NGO worker who had been told that prior to the commencement of the bridge construction the barracas by the river would be relocated by the government to a designated area in town. He was told the new site would offer better facilities and that the relocation was to have been accomplished by September 2004. This was welcome news because of his concern for local children who spend time at the river crossing and in worker camps. He believes that with the barracas relocated into town, the children would be safer because they would be closer to their families and support networks. Save the Children visited Chimuara over a year later in mid-December 2005 and the barracas had still not been relocated.