The Town of Mutarara regularly hosts over 100,000 displaced people, fleeing from rebel attacks elsewhere in war-torn central Mozambique. But the district is increasingly difficult to supply. Shops are ransacked, and supplies of essential goods cut off by the MNR. In late 1986 they over-ran the town, and many people, including FRELIMO troops crossed to Malawi as refugees.

The nearby railway line is a constant rebel target; a few wagonloads of relief food occasionally arrive within 40km of Mutarara. Families receive a monthly ration of only 20kg; enough to last about ten days. The women carry the sacks along the inoperative railway line; the MNR have removed the sleepers further down the track.

A striking feature of Mozambique's rural poverty is the almost complete lack of basic goods. The MNR's disruption of trade and transport, and Mozambique's foreign exchange crisis have made clothes, shoes, soap, cooking oil, paraffin, blankets, batteries and tools all virtually unobtainable. But today's destitution is also partly the result of the elimination of traditional skills and local industries by the Portuguese.

Isolated Niassa province gets hardly any outside supplies, and cannot meet its own basic needs. As staff from one local project struggling to reintroduce long-lost crafts explained: "The old colonialists contracted European firms to set up great estates to supply cotton for Portugal, and used the whip and the gallows to make the peasants grow cotton. To increase production they discouraged use of land to produce crops for domestic purposes, and forbade people to work on their own small cottage industries. They set up shops to sell clothes, sheets and cloth made in Europe. The effect was to stamp out the crafts that continue today in neighbouring countries... yarn spinning and cotton weaving has died out... This northern part of Mozambique is cold in the winter months of May to October and the children suffer wearing only rags and having no blankets to cover them at night."

Similarly, vegetable oil extraction, metalwork, pottery and shoemaking are forgotten skills in much of Mozambique, and supplies of industrially made goods, which people became used to under colonial rule, have broken down.

Barter is the order of the day in rural Mozambique. Since there are no goods to be had for cash, farmers are not willing to sell any food surplus they manage to produce but instead prefer to barter it directly for goods.

The village of Mieze, 25km from Pemba in Cabo Delgado province, produces food in abundance. Money is useless, but a bar of soap will buy a huge bunch of bananas, and four batteries a chicken. All these goods are unobtainable even in Pemba, the provincial capital. In months gone by, an official marketing campaign exchanged battery-less radios for farmers' crops. A visitor with goods to trade quickly draws a crowd of villagers anxious to barter.

One old man, Simião Matola, is doing better than most. He has built himself an oil press from scrap metal, and squeezes sunflower seeds and peanuts to extract oil, to fill the constant queue of customers' bottles. He uses the remaining seed-cake as pig feed. Papa Simião's skills and initiative are unusual in Mozambique today.
A BASIC FOOD SUPPLY is the major preoccupation for most Mozambican people. A rationing system entitles workers and their families to small quantities of staple goods: rice, maize flour, beans, sugar and salt, and very occasionally, cooking oil and soap. This can sometimes be supplemented with bread, milk, eggs and processed foods from a local cooperative, usually only well stocked for public holidays.

Rations are made up of subsidized national produce and food aid, sold off to city dwellers who would otherwise go hungry. Prices are low but rations are never enough; only 2kg of basic food grain per person each month. Many must rely on supplies from the machamba or family farm, in the city suburbs or out of town. Otherwise food must be bought at high prices on the official or unofficial markets.

In recent years Mozambique's marketplaces and shops have been virtually empty. With all the difficulties of growing and marketing produce that drought, floods and war have brought, restrictive official prices gave growers no incentive to sell their produce. As a result it was only to be found sold secretly, and very expensively on the unofficial, parallel market, the candonga.

In 1985 the government raised official prices of staple foods and abolished price controls for fruit, vegetables and other goods. Produce flooded onto the market but prices soared, as middlemen — transporters and retailers — made big profits. Instead of people having money to spend but no goods to buy, there is now plenty of produce for sale, but not enough money to buy it; a situation called "official candonga" in Maputo. However, if getting goods to market does not depend on profiteering middlemen, the prices can be kept reasonably low, as in some provincial marketplaces.

Candonga is a dominant feature of life in Mozambique's war economy. Traders exploit shortages by hoarding, transporting and smuggling goods for resale at high speculative prices. This creates a vicious circle of massive inflation which forces many people to resort to illegal deals to obtain the food they need. After independence the government increased urban wages but production did not rise. Mozambique's currency, the Metical (MT), began to fall in value. Shortages of goods meant price rises; poverty increased consistently from 1981 to 1985, as even official prices rose by 161%. Unofficial prices rose by perhaps ten times as much.

A Mozambican worker might earn around 5,000MT a month — some earn more, many even less — but a bar of soap costs 1,500MT (about £25) or more on the candonga.

As the real value of the Metical continues to fall there is a brisk trade in hard currency — US dollars or South African Rand — which buys what the Metical cannot, imported goods. A government-run hard currency shop, the loia franca, sells imported hardware and foods to Maputo's foreign workers, and is used increasingly by Mozambicans for whom it is the only source of supplies when the rations run out.

Hard up Mozambicans can be willing to pay as much as 800MT for one dollar, to buy goods in the shop. The exchange rate at which foreign currency officially enters the country, is only 400MT to the dollar. The government's economic recovery programme, introduced in 1987, is however leading to rapid change.
IN THE FIRST TWELVE YEARS of independence Mozambique has been beset by a staggering array of externally produced economic problems. “However,” as Samora Machel told FRELIMO’s 4th Congress in 1983, “we should above all else look at the internal causes that have contributed to the persistence of imbalances and to the problems that currently face us.”

Four years later, the government’s carefully thought out Economic Rehabilitation Programme is in full swing. Its aims are multiple. Firstly, agricultural production both of food and of export crops must increase, so prices for peasant producers have been raised. This will only work, however, if the goods that producers want to buy are available in the shops. So the next step is to rehabilitate the local industries which produce the goods. Incentives to workers and management are proposed, including encouragement to the private sector, but this still leaves the question of finance.

With a US$3.4 billion debt, and a trade deficit in 1986 of US$447.8 million, Mozambique simply does not have the resources to finance such a programme and has been obliged to turn to the international community, including Western institutions like the IMF, to negotiate new loans, and the rescheduling of old debts. Partly to encourage a positive response from these sources, Mozambique has itself introduced financial measures which are more usually imposed from outside. The currency has recently been devalued twice and further devaluation is likely; health charges have increased, subsidies to nationalised industries have been slashed, and prices have increased more than wages.

In practice this has led to a noticeable increase of goods in the shops and a decline in the once thriving black market. Improved industrial production (15% over the first three months of the year) should allow greater commerce with rural areas — if not disrupted by MNR activity.

International response to the Programme has been positive. However, there are risks. Increased rents are forcing the lower paid out of the city centres; the cost of living for lower and middle income families is rising at the same time as incentives are being offered to private entrepreneurs; the crime rate, once low but now on the increase as a result of rising unemployment, looks set to worsen; and, most crucially given the anti-IMF riots in Zambia early in 1987, there must be questions as to how much more austerity people can tolerate.

Yet the options are very limited and the government, by choosing a path which will satisfy international demands whilst retaining the maximum possible control over what is done has remained confident of its ability to convince the Mozambican people of the need for tough action in the face of the very hard economic realities.
After independence, many women trained as health workers.

Women speak out at a meeting between aid workers and resettled villagers who have fled from the MNR.
WOMEN IN MOZAMBIQUE

I N MOZAMBIQUE, women’s disadvantages are typical of traditional, male-dominated societies; a heavy burden of household labour and family food production, and limited access to education, cash and basic consumer goods.

But the liberation war gave Mozambican women a glimpse of a better, independent status; women joined FRELIMO as guerrilla fighters and became local organisers, guides and health workers. A women’s organisation, the Organização da Mulher Mozambicana (OMM) was set up in 1973 as a focus for women’s political activity, promoting their rights and welfare.

Mozambique’s constitution grants equal rights to women and men, and women have continued to gain since independence despite enormous obstacles. But tradition is not easily overcome and even active, working women are often still restricted by convention to being dependent on men — for instance to obtain rations.

90% of Mozambican women are peasants, doing unpaid agricultural work. Nevertheless many have some cash income, mainly from farm produce. Although most agriculture in Mozambique is dependent on women’s work, there are no mechanisms for consulting them on official agricultural policy. In effect they are regarded as merely tools to fulfil central agricultural plans. Arguably, this is one reason for Mozambique’s agricultural failures.

In southern Mozambique women are active in the cooperative movement. In the ‘Green Zones’ — farming belts around the major cities — women have formed many successful farming coops, getting together to overcome their economic difficulties. In the north, men continue to resist the integration of women into cooperatives, but in Maputo, the General Union of Agricultural Coops, though open to both sexes, is emerging as a new vehicle for women’s organisation.

In education too, women have obstacles to overcome. Although 50% of primary school entrants are female, only about a quarter of them complete their first four years. The pressures on girls to drop out are severe, both to help with domestic tasks and to take part in traditional initiation rites. The OMM has blamed these rites for holding back women’s progress as they reinforce traditional attitudes about women’s role and status.

The OMM also campaigns against the tradition of polygamy which leads to women and children receiving inadequate support from their menfolk and restricts their access to cash and goods. War and the migration of men in search of work have made women a majority. Bride price, known locally as lobolo is another current concern. Once a traditional duty helping to cement communities, in today’s inflated cash economy lobolo can be exorbitant with marriage regarded as a business deal between men, and women as merchandise.

An OMM special conference in 1984 focused on these matters, but in the end many felt that the conference was dominated by male party leaders, wary of women’s challenge to their authority.

The OMM’s strength lies primarily at local level, in the rural areas. Up and down the country women play an active role in public meetings, speaking out freely and often criticising male officials. And in the present emergency local OMM groups have been tremendously active in organising relief camps and children’s centres.

While war drastically increases women’s economic burdens and holds back social progress, the recognition of women’s importance and the idea of sexual equality is gaining ground in Mozambique.
Weighing In. Nutritional control for children at an urban health post.
RELIMO’S SUCCESS in health policy, forged in the ‘liberated zones’ during the independence struggle, has been an example to developing nations. In colonial Mozambique health care discriminated sharply against Africans and facilities were concentrated in big towns and around settler communities.

In 1975 the new government took control of health, placing an emphasis on primary health care. They created a wide network of basic health posts stretching throughout the countryside, where village health workers dispense a basic range of drugs to treat the most common diseases.

The 3rd Party Congress in 1977 gave priority to preventive medicine; improved sanitation, health education and mother-and-child care. Health for all became a basic right, fees were abolished and replaced by a small nominal charge. A national campaign ensured that by 1980 43% of rural and 72% of urban households had latrines. Today, an encouraging aspect of Mozambique’s relief camps for displaced people is the presence of simple pit latrines beside almost every rudimentary dwelling, minimising the spread of disease in the overcrowded conditions.

Since independence the government has built over 1,300 primary health posts and trained over 6,000 paramedical workers, although around 20% of the rural health care network has now been destroyed by the MNR. Without transport and in fear of bandit attacks, many health workers cannot now reach remote districts where mortality and disease are at their highest.

In 1977 Mozambique became one of the first countries to introduce a national drug list of 343 essential drugs. The import and sale of unlisted medicines was banned, and a state company, Medimoc, created to buy necessary drugs, keeping the import bill to within 20% of the health budget.

But today Mozambique has become dependent on foreign aid to finance the drug programme, and donors sometimes offer drugs not on the national list, or concentrate on the very limited range of medicines needed for rural health posts.

Essential hospital drugs are in critically short supply, a grim situation in a country at war with huge number of emergency cases. Delays in funding drug supplies and transport problems mean that many rural health centres have pitifully low stocks of even basic drugs. As a result people are turning back to consulting the curandeiros — traditional healers using herbs, roots and sometimes spiritualism.

Immunisation against disease has been a major success. According to the World Health Organisation, Mozambique had managed to vaccinate 95% of its population by 1979. Since then the war has ensured that coverage has dropped to around 44% although recent vaccination campaigns in major cities have been highly effective.

In Mozambique as in all poor countries, the risks to health are very great. Infant mortality rose considerably between 1980 and 1984, largely because of poor nutrition and the destruction of health facilities. The Ministry of Health has estimated that 40% of children never reach their 5th birthday. This is corroborated by Unicef which classes Mozambique’s infant mortality rate as one of the highest in the world. Most deaths in rural areas are due to common diseases, amongst the easiest to prevent and cure, given the resources; — measles, diarrhoea, respiratory infections and malaria.

Despite the emphasis on rural health, only 15% of doctors practise in the countryside, and considerably more is spent on health in the cities than in rural areas. Even in the cities, the government is now having to part-pay doctors in hard currency to avert an impending ‘brain drain’.

In spite of the difficulties, the government has continued to devote an average 11% of national resources to health. In 1986 however the health budget was cut to 8% — reflecting the restraints required by the International Monetary Fund, which Mozambique recently joined, and the growing demands of military spending. Health officials have warned against a reversal of the gains made since independence and the direction of policy by foreign donors. So far, Mozambique has managed to resist these pressures.
Scarc materials are put to good use, and the thirst for learning is immense.

Basic education for market stall-holders at Maxixe, Inhambane.