

**USAID MOZAMBIQUE
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**GENDER PROFILE IN MOZAMBIQUE:
ANALYSIS AND ACTION PLAN
FOR THE NEW STRATEGY PERIOD 2004-2010**

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EXECUTIVE SUMMARY

This Gender Profile is a part of the elaboration of the USAID Country Strategy for 2004-2010. Its main purpose is to describe and analyse gender relations in Mozambique in general, and to relate these to women's economic, social and political status in Mozambique in particular. In this way, various issues are identified that constitute important barriers to women's ability to fully and actively participate in Mozambique's current and future development in key areas (the creation of rural wealth, the creation of non-agricultural sources of income, health, HIV/AIDS and democracy and governance).

In spite of their role as primary food producers women have limited access to essential resources and services. In remote rural areas both men and women have difficulties to acquire agricultural inputs, but this is even more difficult for women due to cultural, sociological and traditional factors. Accurate information about women's relative access to, and control over, land, credit, marketing support services and transport, and the ways in which these condition women's responses to market stimuli is fundamental in the development of rural income and food security strategies. Given that household resources may not be pooled or jointly owned, this affects men and women's investment priorities, with a greater tendency among women to concentrate on providing for the household's basic needs, and a greater demand among men for investment in agricultural inputs for commercial production.

The economic changes that have taken place in Mozambique since the mid 1980s have resulted in both greater income generating opportunities and the disintegration of traditional family support structures. In today's economic context, women's employment opportunities are coming increasingly from small firms and self-employment. Income generation has become a popular way of working with poor women in Mozambique. The government's National Post-Beijing Plan of Action therefore calls for measures that promote women's self-employment, develop female entrepreneurial capabilities and support small businesses for women in urban and rural areas.

A key aspect of these measures is that they are almost all dependent on literacy and numeracy. It is well-known that "unless women have this basic education, they will tend to be confined to the unskilled, easy-to-enter, low margin businesses which return low rewards for their time and effort. Nor will they be able to acquire the higher-order skills and know-how which are associated with businesses offering growth potential."¹ Improved labour force skills for women will only result in greater female employment if employment policies effectively address and resolve the horizontal and vertical gender segregation of the labour market.

Apart from education levels women's entrepreneurship in Mozambique is also limited by women's limited access to market information. Due to this, women often start businesses that copy what already exists, thereby facing strong competition. Without a sound knowledge of the consumers' needs and preferences, women's businesses run the risk of being unsustainable. Apart from agricultural cooperatives, there is little marketing support for women; they lack collection and sales centres for their products and are unable to establish linkages with traders and exporters.

Extensive legislation and administrative arrangements and regulations limit the ability of small and micro enterprises to 'graduate' to the formal sector in general and women's

¹ ILO, *More and Better Jobs for Women: an action guide*, Geneva 1996, p 126.

enterprises in particular. Micro credit and credit is an effective tool to foster female entrepreneurship, but has to be tailored to suit the specific needs of women's businesses.

In spite of significant improvements in the material infrastructure, it appears that "the increase in resources, on its own, does not lead to an improvement of the women's access to mother and child health services (...) and that other factors (must be mentioned) such as the distance between health centres, the lack of hospital transport, and others of a cultural nature, e.g. attendance/vigil of child birth by the husband or by women in the husband's family, bad care provided by some health professionals, the lack of hospitalization conditions and resources for complicated births – it is enough to mention that the average transfer time from a health centre to a rural hospital is over four hours."²

There is still a need for the health system to identify women's health problems and in particular to address the gender relations that constrain women's access to and use of public health services. This will require sustained training and recruitment of more female health workers, not just at the lower levels, but also as qualified medical practitioners, and health service planning on the basis of participatory data collection from men and women. Although there is a demonstrated link between women's education and their own health as well as that of their children, it should be noted that alternative health services, such as traditional birth attendants and traditional healers, have a social legitimacy particularly among women which should not be ignored.

The young age at which men and women engage in sexual relations, the prevalence and cultural acceptance of high risk behaviour and inadequate knowledge about sexuality and inappropriate reproductive health information mean that adolescent women in particular are vulnerable to reproductive health risks, such as maternal mortality and STDs. While there is a clear focus on women's health as a reproductive health issue, women have other specific health problems that are rarely addressed, nor is there a systematic inclusion of gender aspects in important health programmes outside of reproductive health components.

Campaigns informing women and adolescents about their rights to safe sex and good health will fail if they do not effectively empower them to take appropriate decisions themselves. Hence the key to bring about non-risk behaviour changes is to address the gender imbalances that underpin various cultural and social practices and deprive women of the ability to speak out in public on matters related to sexuality.

In Mozambique, there is a growing awareness about the need to promote women's advancement and the need to address women's concerns in development policies of government and NGOs, but it has proved difficult to analyse gender imbalances and the power relations that they are built on. This is partly due to cultural reasons and due to historical reasons factors that have politicized the women's movement instead of orienting it towards the transformation of women's social status. Constructive, sound debates around the concept of gender, its social construction and power relations, are scarce. This translates into a widespread difficulty in operationlizing gender and gender strategies, both among NGOs and government.

There is a need to mobilize and support female leadership at all levels, whether at central or provincial and community level, as well as within government and in civil society through

² SDC, *Report of the First Joint Mission to Evaluate the Performance of the Mozambique Health Sector in 2001 (draft)*, Maputo 2002, p 54.

training in leadership, management and communication skills. Particularly important is the need to build closer links between female elected officials and their female constituents. This is important in relation to the legitimacy of female elected officials, without which they are not able to act as role models, as well as in relation to accountability, i.e. what have they actually done to promote women's advancement and to improve the life of the rural women who voted for them.

Future challenges will be to extend debates on the legal reform process to a nationwide level, so that regional gender imbalances and concerns are also adequately reflected. Information campaigns targeting women are essential if women are to have a sense of ownership of the reform process, to contribute, and to gain an understanding of what the law says about them and why reforms are necessary.³ Considering the high level of female illiteracy and limited penetration of information to the rural areas, it is critical to use appropriate information channels, such as community-based radios and culturally appropriate messages.

In this respect, the role of the media should be highlighted, in particular in relation to the need for a systematic media policy which seeks to change the way women's roles are perceived and gender conflicts are played out in public. To achieve this, it is necessary to promote female journalists' professionalism and to sensitize all journalists/media professionals so that they may pay special attention to gender issues as important political and social issues.⁴ It is noted that at the moment all forms of the media in Mozambique (written, radio, TV) tend to report on gender as women's issues and treat those as a separate issue in dedicated programmes or on the margin of general news items.

To foster a strong and proactive women's movement in Mozambique more institutional capacity building, more training and more coordination are required, as well as improving linkages between leadership and constituents. Articulation with other women's movements at regional and global level will be fundamental to introduce a greater dynamism and visibility to women's actions in Mozambique.

³ Oxfam America, *Brief on Legal Reform Program in Mozambique Funded by Oxfam America*, typescript, Maputo 2001, p 5.

⁴ Da Silva, Terezinha & Andrade, Ximena, *Beyond Inequalities: Women in Mozambique*, SARDC Maputo 2000, p 49, box 12.

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ACRONYMS AND ABBREVIATIONS

AMCCJ:	Associação de Mulheres de Carreira Jurídica (NGO uniting female lawyers)
CEA:	Centro de Estudos Africanos
CEDAW:	Convention on the Elimination of All Forms of Discrimination Against Women
CPI:	Centro de Promoção de Investimentos (Investment promotion centre)
DPAP:	Direcção Provincial da Agricultura e Pescas (Provincial directorate for agriculture and fisheries)
DPMCAS:	Direcção Provincial do Ministério da Mulher e Coordenação da Acção Social (Provincial directorate of women and social affairs)
GDI:	Gender development index
GDP:	Gross domestic product
GOM:	Government of Mozambique
HDI:	Human development index
INE:	Instituto Nacional de Estatística (National statistics institute)
MCH:	Mother and Child Health Care
MMCAS:	Ministério da Mulher e Coordenação da Acção Social (Ministry for Women's and Social Affairs)
MTCT:	Mother to Child Transmission (of HIV infection)
OMM:	Organização de Mulheres Moçambicanas (Mozambican Women's Organization)
PARPA:	Política para a Redução da Pobreza Absoluta (National Poverty Reduction Policy/planning instrument)
PES:	Plano Económico e Social (National economic and social plan)
PESS:	Plano Estratégico do Sector da Saúde (Health sector strategic plan)
PNI:	Plano Nacional Integrado (National integrated development plan for the health sector)
PROAGRI:	Programa Nacional da Agricultura (National programme for the agricultural sector)
PRSP:	Poverty Reduction Strategy Paper
QUIBB:	Questionário de Indicadores Básicos de Bem-estar (household survey)
SADC:	Southern African Development Community
SIDA:	Swedish International Development Agency
STD:	Sexually transmitted disease(s)
TB:	Tuberculosis
TCV:	Todos Contra Violência (National anti-violence campaign)
UA:	Unit of Attendance (measure of attendance of health care facilities)
VCT:	Voluntary Counseling and Testing (w.r.t. HIV status)
WLSA:	Women and Law in Southern Africa (regional NGO)

1. INTRODUCTION

1.1. Background and purpose of the report

The work presented in this report is a Gender Analysis and Action Plan for the strategy period 2004-2010. It was commissioned by USAID/Mozambique to inform and guide the development of the new Country Strategy Plan for 2004-2010 which is currently being developed. The purpose of the Gender Analysis is to outline the gender issues as they relate to and involve USAID's objectives that are described in the Concept Paper for the new Country Strategy Plan. In addition, the Action Plan consists of detailed recommendations on how to address the most critical and relevant gender issues in the Country Strategic Plan in particular and in USAID/Mozambique's future activities in general. To this end, the Gender Analysis and Action Plan will not only be available in the present written form, but it will also be presented to the staff of USAID/Mozambique as a series of staff briefings.

1.2. Methodology

The Gender Analysis consists of a review of the relevant gender issues in key areas of the future Country Strategic Plan, through a desk study and literature review and through interviews with key actors and stakeholders in the different sectors.

1.3. USAID/Mozambique development goals & Country Strategic Plan

The Mozambican development environment is generally described in favourable terms, emphasizing the economic reforms that were instituted since 1986 and the political and democratic reforms that took place after the end of the civil war in 1992. The historical evolution and ongoing reforms are described in detail in the Concept Paper for the new Country Strategic Plan; therefore this report is confined to highlighting the most important elements that will affect future socio-economic and political developments and their impact on women's lives in Mozambique.

Consistent with the commitment of the Mozambican Government to alleviate poverty through continued economic reform and democratization, the development goal of USAID/Mozambique for 1996-2003 was the broadened participation of Mozambique's citizens in economic growth processes and political life. While significant gains were made, much still remains to be done. Women's socio-economic status in Mozambique remains low and this hinders their ability to fully participate in and benefit from the new economic and political opportunities. Hence the development goal of USAID/Mozambique for the period 2004-2010 centres on broad double-digit economic growth that is sustained through expanded capacities and opportunities, with a particular focus on the most vulnerable groups, among whom rural women with low education standards.

In its Concept Paper, USAID/Mozambique proposes several Strategic Objectives and Special Objectives that are based on the key principles of US foreign aid as well as on Mozambican national priorities. The Concept Paper identifies five key areas for intervention: rural income, trade, health, HIV/AIDS and government-citizen interaction. Since these areas were identified as priority areas for future USAID/Mozambican programming, the report identifies the relevant gender issues in each sector, as well as in relation to poverty reduction policies and gender policies initiated in Mozambique.

2. 'ENGENDERING' NATIONAL POVERTY REDUCTION STRATEGIES

In spite of impressive overall economic growth in the last decade, Mozambique remains one of the poorest countries in the world.⁵ The Government of Mozambique (GOM) defines poverty as 'the inability of individuals to ensure for themselves and their dependants a set of minimum basic conditions for their survival'.⁶ Although poverty is widespread (69.4 % of the total population lives below the poverty line), the incidence of poverty is higher in rural areas (where it affects 79.7 % of the population) than in urban areas and displays significant regional variations, with the incidence of poverty ranging between 87.9 % in Sofala and 47.8 % in Maputo City.⁷

In Mozambique economic growth has not resulted in greater human development for all. Important inequalities continue to exist between men and women, urban and rural areas, and provinces, as shown in the table below. In the period 1997-2000 the Gender Development Index (GDI) grew at the same rate as the Human Development Index (HDI), showing that the disparities between men and women or gender gap are not widening, but that the policies to promote the advancement of women are not yet producing visible results: one sees that the status quo is maintained instead of a closing gender gap.⁸

Table 1: Gender gap, regional variations

Province	GDI	HDI	Gender gap
Niassa	0.246	0.267	-0.021
Cabo Delgado	0.199	0.219	-0.020
Nampula	0.227	0.245	-0.018
Zambezia	0.183	0.202	-0.019
Tete	0.275	0.292	-0.017
Manica	0.303	0.320	-0.017
Sofala	0.300	0.323	-0.023
Inhambane	0.341	0.352	-0.011
Gaza	0.338	0.345	-0.007
Maputo Prov.	0.431	0.435	-0.004
Maputo City	0.620	0.622	-0.002
Mozambique	0.304	0.317	-0.013

Source: UNDP, *National Human Development 2001*, p 29.

The gender development index (GDI) basically compares human development indicators (HDI) for women and men, thus reflecting gender differences. In particular, it measures women's life expectancy, education rates and contribution to real GDP per capita in relation to men. The gender development index shows that in the entire country women's development is lower than for men. The gender gap is greatest in Sofala, which also has the

⁵ Since the stabilization and liberalization of the economy Mozambique has experienced significant economic growth, with an average of 10 % real annual growth in a non-inflationary environment and GDP has grown by 7.5 % in the period 1996-2001. It should however be noted that this growth was mainly concentrated in Maputo City and in the construction sector. Office of the Resident Coordinator of the United Nations, *Common Country Assessment*, Maputo 2000, p 17. In terms of human development, Mozambique is currently ranked as the 170th country out of 173 countries. UNDP, *Human Development Report 2002*.

⁶ Office of the Resident Coordinator of the United Nations, *Common Country Assessment*, Maputo 2000, p 16.

⁷ Office of the Resident Coordinator of the United Nations, *Common Country Assessment*, Maputo 2000, p 16.

⁸ UNDP, *National Human Development Report Mozambique 2001*, Maputo, 2002, p 22.

highest incidence of poverty, and lowest in Maputo City. This is due to the fact that the capital has a better health and education infrastructure, as well as a higher rate of economic growth.

Table 2: Basic human development indicators

		Illiteracy				Life expectancy		Poverty
		%, 1997 data Urban		%, 1997 data Rural		2000 data years		% of households affected, 1997 data
Province	Gender Development Index 2000 (Projections of 1997 pop. census)	Male	Female	Male	Female	Male	Female	All households ⁹
Niassa	0.246	28.3	64.3	47.8	15.8	42.7	45.2	70.6
Cabo Delgado	0.199	37.6	71.6	40.0	11.5	39.3	42.9	57.4
Nampula	0.227	33.8	67.4	43.3	14.1	40.9	41.7	68.9
Zambezia	0.183	27.4	60.7	46.8	14.8	37.6	39.8	68.1
Tete	0.275	19.9	50.5	50.0	19.0	43.9	47.1	82.3
Manica	0.303	15.9	48.4	61.5	26.1	43.5	48.0	62.6
Sofala	0.300	14.3	50.1	64.1	25.2	42.0	46.0	87.9
Inhambane	0.341	19.3	46.6	64.9	33.6	45.2	52.8	82.6
Gaza	0.338	21.3	45.8	64.2	37.0	44.2	52.6	64.7
Maputo Prov.	0.431	10.6	32.0	79.8	54.1	50.2	56.9	65.6
Maputo City	0.620	7.1	22.6	92.9	77.4	63.8	63.8	47.8
Country	0.304	19.4	46.2	55.4	25.9	46.0	46.0	-

Source: Compiled using INE data cited in UNDP, National Human Development Report 2001, Maputo 2002, tables 34, 35, 37.

The picture painted by the GDI and HDI data is consistent with the findings of the most recent Household Survey (QUIBB 2001) that found that 38 % of all households surveyed consider that their economic situation has worsened over the period 2000-2001.¹⁰ This opinion was expressed most in the rural areas, particularly in Sofala (59.2 %) and Gaza (60 %), where the majority of households were severely affected by the floods of 2001 and 2000. It is relevant that the QUIBB shows a correlation between the households' perception of their worsened economic situation and the sex of the head of the household: in both rural and urban areas more female heads of households reported a worsening of their household's economic status than male heads of households (49.4 % and 34.6 % respectively), which can be taken as another indication of the fact that although poverty affects men and women equally, women have less opportunities and alternatives to overcome their poor status.¹¹

The current goal of the Mozambican government is to reduce the incidence of absolute poverty from the current level of 70 % to 60 % by 2004. For the period 2004-2010, the

⁹ There is no overall, reliable data available on the sex of the head of household, but it is estimated that approximately 25 % of households nationwide are headed by women.

¹⁰ INE, *Questionario de Indicadores Basicos de Bem-Estar: Relatorio Final*, Maputo 2001, p52.

¹¹ INE, *Questionario de Indicadores Basicos de Bem-Estar: Relatorio Final*, Maputo 2001, p 52.

Government of Mozambique aims to reduce poverty to 50 % by 2010. The following elements are commonly identified as the main determinants of poverty in Mozambique: insufficient and uneven economic growth, poor education levels, high household dependency ratios, low agricultural production, lack of employment opportunities and infrastructural constraints, particularly in rural areas.¹² Consequently, government policy is predicated on measures to achieve a pro-poor macroeconomic environment and poverty reduction. The GDI, HDI and QUIBB data point to the necessity to address women's low social and economic status in the overall poverty reduction strategies.

The institutional framework for the overall goal of poverty reduction in Mozambique consists of the GOM's Five Year Programme (policy objectives), the annual Social and Economic Plan (PES, describing the strategies), State Budget (OE, allocating resources) and PARPA (Plano de Acção para Redução da Pobreza Absoluta). The PARPA was developed in 2000 by the Government of Mozambique (GOM) to ensure that governmental policies and public actions in various sectors contribute towards the reduction of absolute poverty. Thus the PARPA defines the national priorities and determines how resources will be allocated in the context of the national economy. Mozambique is also a partner in the HIPC initiative, whereby it qualifies for a significant reduction of its external debt, on the condition that debt service savings are used in pro-poor ways, i.e. investment in social sectors. To ensure that services are delivered equitably, it is necessary to ensure that the sectoral strategies are also gender mainstreamed.

In the early drafts of the PARPA, poverty-related gender issues were not systematically integrated, in spite of mounting evidence that gender-based inequalities slow economic growth and poverty reduction and that gender-based inequalities tend to be the most extreme among the poorest households.¹³ This omission is due to the fact that the PARPA is based on the Inquerito Nacional aos Agregados Familiares sobre as Condições de Vida, 1996-97.¹⁴ This study is very controversial in gender debates, since it appears to show that women and female headed households are not significantly poorer than other households.

In other words, it casts doubt on the notion that women are more affected by poverty in Mozambique, in spite of clear factual evidence that there is indeed feminization of poverty in Mozambique. However, it was demonstrated that this interpretation is due to methodological issues, whereby gender analysis was entirely absent.¹⁵ Although similar ambiguities are found in other studies that were commissioned to examine the nature of the feminization of poverty in Mozambique¹⁶ a consensus has been established both in Mozambique and internationally that women are indeed increasingly and disproportionately vulnerable to poverty.¹⁷

¹² Office of the Resident Coordinator of the United Nations, *Common Country Assessment*, Maputo 2000, p 16. The findings are based on a household survey conducted in 1996-97 that was published as INE, *Entendendo a Pobreza e o Bem-Estar em Moçambique: a primeira avaliação nacional*, 1998.

¹³ World Bank, Poverty Reduction & Economic Management Network Gender and Development Group, *Gender in the PRSPs: A Stocktaking*, August 2001, p 2.

¹⁴ INE, *Entendendo a Pobreza e o Bem-Estar em Moçambique: a primeira avaliação nacional*, 1998.

¹⁵ Van den Bergh-Collier, Edda, *Towards Gender Equality: Gender Profile of Mozambique*, Irish Embassy & SIDA, Maputo, 2002.

¹⁶ ILO/SAMAT, *The Feminization of Poverty in Mozambique*, Harare/Maputo, 2001.

¹⁷ World Bank Technical Paper No. 428, *Gender, Growth, and Poverty Reduction: Special Programme of Assistance for Africa, 1998 Status Report on Poverty in Sub-Saharan Africa*, Washington, p xi.

This consensus is crystalized in the national Post-Beijing Plan of Action that outlines seven critical areas of concern with corresponding strategic objectives.¹⁸ The seven areas are: (1) poverty reduction and employment, (2) education, (3) health and HIV/AIDS, (4) women's human rights and violence, (5) women in decision making and social communication, (6) environment and agriculture, and (7) institutional mechanisms to ensure that government policies promote the advancement of women and include a gender perspective. The PARPA defines poverty as a multi-dimensional phenomenon, which requires concerted action on various fronts by government, non-governmental partners, the private sector and civil society.¹⁹ It thus draws on and incorporates various components of the National Population Policy, Food Security Strategy, National Strategic Plan to Fight STDs and HIV/AIDS, Integrated National Social Action/Employment/Youth Programme, national agricultural strategy (PROAGRI). Gender has been integrated into these policies to varying degrees, but it has proved difficult to operationalize the concept of gender and consequently their impact on women's lives has been uneven. The Post-Beijing Plan of Action is an important instrument to link and operationalize sectoral gender policies to the PARPA.

In view of the absence of systematic gender concerns in the early drafts of the PARPA, the Gender Donor Group established a Working Group that made specific recommendations on what gender indicators to include in the document.²⁰ It was also recommended that women representing civil society in all provinces should participate in the elaboration of the policy document and annual review/update of the PARPA. The PARPA is a national document, and should therefore cover country-wide concerns. Such participation will enable women's groups to examine if the priorities stated in the PARPA are appropriate from the perspective of a gender-responsive poverty diagnosis, if they are feasible and sustainable, and whether the proposed resource allocation is equitable by region and gender.²¹ Seminars in economic and policy literacy targeting women's NGOs have been held to facilitate such participation in the course of 2001. It is expected that this will contribute towards the institutionalization of permanent capacity on the part of women's organizations to monitor the impact of the PARPA on poverty reduction among women.²²

Although much has been done to ensure that gender-related poverty issues and constraints were included in the diagnosis and identify appropriate public actions, it remains important to continuously monitor outputs and impacts during the annual review of the PARPA from a gender perspective. This can be achieved by ensuring that the annual sectoral reports of the PARPA contain gender indicators and that the five yearly household surveys include gender issues. As the coordinator of the government's poverty reduction strategies and responsible partner for the annual review of the PARPA, the Ministry of Planning and Finance has a special role to play in holding the sectors accountable for the operationalization, implementation and monitoring of the gender aspects of the PARPA such as through the 'poverty observatory'. In addition, the Grupo Operativo can explore how it may be fulfill a

¹⁸ MMCAS, *Plano Nacional de Accao para o Avanco da Mulher 2000-2006*, Maputo 2002.

¹⁹ Hirvonen, Soila, *Esboço do artigo para o Boletim do Forum Mulher sobre o PARPA e a participação da sociedade civil*, memorandum distributed to Gender Donor Group, 19 August 2001.

²⁰ Smith, Marla, Gender Consultant DANIDA Maputo, *personal communication*, 2002.

²¹ Hirvonen, Soila, *Esboço do artigo para o Boletim do Forum Mulher sobre o PARPA e a participação da sociedade civil*, memorandum distributed to Gender Donor Group, 19 August 2001.

²² Seminars were held by the Marcha Mundial Committee and Forum Mulher on 4-5 April 2001, 13-14 June 2001 and November 2001. Seminar reports are available from Forum Mulher.

role as watchdog that ensures that the PARPA and its specific gender issues are mainstreamed into sectoral plans.²³

The recent processes indicate that there is a political will to design, implement and regularly assess policies that are sensitive to equity and equality. The way forward will be to consolidate the existing political will, to persevere and to continue to invest in capacity building for gender planning and monitoring, even though this is a slow process, particularly at the provincial level, and whereby expertise is often tied up to individuals instead of being institutionalized.

The PARPA is based on the assumption that a pro-poor macro-economic environment, i.e. non-inflationary expansion of the economy driven by the private sector and increased agricultural production, will automatically benefit the population of Mozambique as a whole. Since economic growth alone is not sufficient to eradicate poverty nor to promote equity, strategies that prioritise market dominated policies for poverty eradication should be accompanied by measures focusing on people's differential entitlements, capabilities, choices and rights.²⁴ To analyse if and how macroeconomic policies maintain or reduce gender-based inequality, it is necessary to focus on gender as a category of analysis. A useful starting point is the traditional sexual division of labour, and the concept of household.

The basic unit of economic analysis is the household, both in terms of production and consumption. Although this is generally taken to be a gender-neutral unit of analysis, it hides important gender dimensions and inequalities. Women's reproductive role means that they are responsible for a series of tasks that increase their work load, but that are also unrecorded in the national accounts systems. Children are also closely integrated into household production systems as households rely on children's labour, in particular girls.

Although both men and women are involved in production, women are generally responsible for subsistence activities whereas men are more involved in the commercial sectors. The varied contributions of men and women to the productive economy become visible through the 'gender intensity of production' in different sectors. In Mozambique, men and women are not equally distributed across the productive economy, as agriculture is a female-intensive sector of production and industry and services are male-intensive.²⁵

A simple distinction between male and female heads of households does not adequately capture the diversity of family systems and how they allocate resources. Patterns of disadvantage for girls and women occur in almost all households, regardless of the sex of the head of the household. On the other hand, the sex of the head of the household can be a useful indication of the household's vulnerability to poverty. For instance, most female heads of households are widowed, separated or divorced, which suggests that these female headship is the result of disruptive life changes for women, with implications for increased vulnerability to poverty.²⁶ In Mozambique, however, it should be remembered that there are important

²³ The Grupo Operativo is an intersectoral coordination mechanism, consisting of 2 gender focal points per ministry. It was established to oversee and coordinate national efforts to implement the commitments made by the government at the Fourth World Conference on Women (Beijing, 1995).

²⁴ Beneria, L and Bisnath, S *Poverty and Gender: an analysis for action*, UNDP Gender in Development Monograph Series Nr. 2, New York, 1996.

²⁵ World Bank Technical Paper No. 428, *Gender, Growth, and Poverty Reduction: Special Programme of Assistance for Africa, 1998 Status Report on Poverty in Sub-Saharan Africa*, Washington, paragraphs 6-7.

²⁶ World Bank Technical Paper No. 428, *Gender, Growth, and Poverty Reduction: Special Programme of Assistance for Africa, 1998 Status Report on Poverty in Sub-Saharan Africa*, Washington, paragraphs 13-14.

regional differences. Hence, female headship may be suggestive of disruptive life changes in the Northern and Central regions, whereas in the South female headship is mostly due to male labour migration to South Africa or Maputo.

Overall, female headed households have a higher dependency ratio (number of dependents per 100 potentially/economically active persons) than male headed households. It is estimated that the national average approximates 85.9 for all households, with 83.6 for male headed households and 97.2 for female headed households.²⁷ The rural households have higher dependency ratios, linked to male labour migration and the absence of sufficient employment opportunities.²⁸ The greater burden on female headed households is also apparent from the fact that they have more children and more elderly relatives in their care: 88 and 9.2 respectively, compared to male headed households (79 and 4.6 respectively).

3. GENDER AND RURAL INCOME

3.1. *Background*

Agriculture is the most important sector of the Mozambican economy, accounting for roughly a quarter of the GDP. The widespread reliance on agriculture is due to the limited viable economic alternatives in rural areas, particularly for women. Approximately 80 % of the Mozambican population live and work in the agricultural sector, with 90.9 % of all women engaged in agriculture.²⁹

USAID/Mozambique places a central emphasis on the acceleration of rural income growth. Strategic Objective 1 is “to accelerate rural income growth” through improved transport infrastructures, expanded commercial trading networks, improved land tenure security and other agricultural policies promoting investment in agricultural production, and more use of sustainable agricultural technologies.³⁰ Apart from increasing income, these measures will also increase agricultural production and thereby improve food security.

3.2. *Division of labour in small holder farming & women’s role in food security*

The roles that women play in agriculture varies from region to region, depending on predominant crops cultivated and traditional sexual division of labour. Both men and women are active in agriculture, often sharing or dividing tasks in crop production, live stock raising, fishing and in the care and use of forests. Men are mainly responsible for the clearing and preparation and ploughing of fields while women play a major part in sowing, weeding, harvesting, threshing, food processing, transportation and marketing. As in other African countries men in Mozambique are responsible for large live stock (cattle) while women care for the smaller animals (poultry, pigs, sheep and goats). In other sectors exists a similar sexual division of labour. In fishing, men are responsible for off-shore fishing and women carry out on-shore tasks such as net making and repair, fish processing and fishing in rivers. In forestry, women are responsible for seedlings and gather food, fodder and fuelwood.

²⁷ INE, *QUIBB 2001*, table 3.3.

²⁸ INE, *QUIBB 2001*, table 3.3.

²⁹ UNDP, *National Human Development Report 2001*, Maputo 2002, p 81.

³⁰ USAID/Mozambique, *Concept Paper for the Country Strategic Plan 2004-2010*, Maputo 2002, p 8.

In all provinces, women's role in agriculture is characterized by low productivity and concentration on subsistence agriculture for household consumption. Commercial crops such as cotton, cashew nuts, sugar, citrus fruits, copra, tobacco and tea represent around 30 % of the GNP. These are usually cultivated in plantations, but a significant amount of cash crops is purchased direct from small holders who supply large agricultural enterprises at agreed prices. This is the case, for example, with cotton and cashew nuts grown for Textafrika in Manica and Cabo Caju in Cabo Delgado. Small scale production by families and households is also important, although it is difficult to quantify the amounts produced and to measure their economic value, since these staples are grown by the household for their own consumption. In this way, a significant part of women's economic contribution is not reflected in national accounts and thus undervalued.

Where large scale cash cropping is possible the tendency is for men to become involved in this sector, especially when it requires sophisticated production techniques and inputs. Women on the other hand become increasingly responsible for household food production and small scale cash cropping with low levels of technology, such as tending fruit and cashew trees and horticulture. Households engaged in horticulture can be divided into two groups: those with small kitchen gardens around the homestead, and those with larger plots farther away from the village centre. The latter are semi-commercial farmers and may often also have kitchen gardens at home. Households with small gardens "do not have access to technical assistance and they apply traditional methods with little or no inputs, often relying on informal sharing of know-how among neighbours", ³¹ whereas "horticultural production displays better planting and cropping techniques and some inputs are applied (...) generally, there is more direct involvement by men and production is destined primarily for sale in local markets".³²

Apart from producing food stuffs, women also contribute to household food security as wage earners earning an income to purchase food. In this respect it is noted that when women have direct control over income they tend to spend it on the family and prioritize improved nutritional security of children and elderly dependents. They also play a role in food security as those who process and prepare foods, as those who care for the basic needs of the household (gathering fuel, fetching water, cleaning, cooking, child rearing etc.).

Access to adequate food remains a critical issue, particularly in the urban areas, where households lack access to arable land. In Manica province, for example, urban households purchase more than 80 % of their food requirements compared to rural households that purchase only around 30 %.³³ In Mozambique there is a hungry season from November to March, when the households wait for the harvest. This season coincides with the rainy season

³¹ INE data from 1997, cited in FAO Government Cooperative Programme and Belgian Food Security Fund, *Project Document: Improving Nutrition and Household Food Security in Manica Province (GCP/MOZ/027/BEL)*, p 6.

³² INE data from 1997, cited in FAO Government Cooperative Programme and Belgian Food Security Fund, *Project Document: Improving Nutrition and Household Food Security in Manica Province (GCP/MOZ/027/BEL)*, p 7.

³³ INE data from 1997, cited in FAO Government Cooperative Programme and Belgian Food Security Fund, *Project Document: Improving Nutrition and Household Food Security in Manica Province (GCP/MOZ/027/BEL)*, p 2.

and higher incidence of infectious diseases. Households typically respond by daily meal reduction, gathering of wild plants, roots and fruits, and looking for day work.³⁴

3.3. Gender and infrastructure

An important determinant of food security is access to markets and public transport, which indirectly affects the prices of goods sold at the market. According to the Household Survey of 1996-97, “only about a fourth of rural communities were found to have a permanent or weekly market, and inhabitants of communities without a market had to travel on average 15 km to reach one (...) in one third of those cases, the roads used to reach those markets were not passable year-round, (with) the worst market access conditions (...) in the rural areas of the central region of the country”.³⁵ The most recent household survey found that 40 % of the households in Mozambique have access to a food market. A breakdown of the figures by place of residence shows that this is significantly worse in the rural areas (38.4 %), where there are fewer markets and greater distances, than in urban areas (83.9 %).³⁶

Subsequently, the survey found that the majority of rural households face transport difficulties. The situation is particularly pronounced in Niassa, Tete and Zambezia, where 68 %, 69.8 % and 66.3 % of households sampled have to travel more than 30 minutes by foot to reach a point of public transport.³⁷ The disparity between urban and rural areas also reflects the fact that most rural households depend on their own production for food stuffs, i.e. they rely mainly on women’s agricultural production. Although the survey does not include figures on transport utilization by sex of the household, anecdotal information shows that the greater distances and high transport costs discourage women in general and female headed households in particular from supplying markets, thus reinforcing women’s tendency to concentrate on subsistence agriculture.³⁸

In order to benefit from improved road networks, women and men will need access to means to utilize them. Women’s access to transport and credit is generally less than men’s. In this sense, interventions should consider measures to improve women’s access, based on a careful analysis of women’s needs for infrastructure, including not only roads to markets but also roads to farm land, health and education facilities. Furthermore, road projects should also consider the possible negative impact on local markets of opening up external outlets and consequent competition, which may influence women’s income generating activities and require a total shift in focus to meet external market demands.³⁹ As will be discussed below, women are less able to freely respond to external market stimuli.

The Feeder Roads project in Mozambique has attempted to involve women during the construction phase of infrastructure. It was found that women did not participate much in the

³⁴ INE data from 1997, cited in FAO Government Cooperative Programme and Belgian Food Security Fund, *Project Document: Improving Nutrition and Household Food Security in Manica Province (GCP/MOZ/027/BEL)*, p 4.

³⁵ INE data from 1997, cited in FAO Government Cooperative Programme and Belgian Food Security Fund, *Project Document: Improving Nutrition and Household Food Security in Manica Province (GCP/MOZ/027/BEL)*, p 2.

³⁶ INE, *QUIBB 2001*, table 10.3, p 76.

³⁷ INE, *QUIBB 2001*, table 10.3, p 76.

³⁸ Van den Bergh-Collier, Edda, *mission notes*, mission of the UN Gender Group, 1997.

³⁹ For a detailed discussion of gender issues in infrastructure projects, see Gaynor, Cathy, *Irish Aid Policy on Gender on an Operational Footing*, Dublin 1995, pp 84-88.

construction, since this is not considered women's work. However, a more detailed analysis of the situation cast light on several additional elements that limit women's participation, such as the fact that women were not informed about employment opportunities, recruitment procedures were handled predominantly by men who consider such work inappropriate for women, the timing of road work did not fit in with women's other work, and the fact that women were limited to certain categories of tasks (e.g. cooking for the work brigades, fetching water, and light manual work such as weeding). In addition, it was found that the food basket offered as an incentive consisted of produce that women could more efficiently grow themselves.⁴⁰ Although it has proven difficult to integrate women in such projects, experience in Mozambique has highlighted the need to consult with women as users of infrastructure to determine what roads and infrastructure will have the most beneficial impact on women by reducing their travel time.

3.4. Low productivity: women's access to land, credit, inputs, marketing services

In Mozambique, government and donor strategies continue to focus predominantly on measures that will promote a greater investment in agriculture to increase productivity and diversify production. This also includes strategies to improve availability and access to food through improved market infrastructure and liberal marketing policies. The rationale is that this will increase household food security (through increased consumption of own produce) and increase household wealth (by generating surplus for sale on the market).

PROAGRI is the framework for agricultural development adopted by the Government in 1998. Its principal goal is the transformation from subsistence agriculture to the creation of market surpluses and an efficient enterprise sector. The first phase of PROAGRI was support for institutional capacity building within the Ministry of Agriculture and Rural Development. The second phase will focus on the delivery of services. It has a Gender Unit, that has helped to direct a focus on the integration of gender issues in order to overcome social relations that constrain production and productivity in the sector.

Although the Gender Unit has made concrete suggestions on how to do this,⁴¹ including the prioritization of gender-sensitive extension services, on the ground few services are directed at women or fail to take gender into consideration: "The rural extension services in the DPAPs⁴² continue to operate with tremendous gender imbalance, something that was first noticed a long time ago (...) there are very few women working as extensionists, and almost nothing has been done to improve the situation, notwithstanding (the Ministry of Agriculture's) national plans (...) meanwhile, 59.52 % of the economically active population over 15 that classified themselves as peasants were women".⁴³ The situation appears to be nationwide. In Cabo Delgado only 3 out of 32 extension workers are women, and in Maputo Province the situation is similar, with only 2 out of 7 female extensionists in Boane and 1 out of 6 in Matatuine.⁴⁴

⁴⁰ Gender adviser to Feeder Roads Programme (DNEP), *personal communication*, 1999.

⁴¹ *Análise dos PAAOs 2003*, Grupo Desenvolvimento Institucional, Subgrupo do Género, MADER, Maputo 2002.

⁴² DPAP: Provincial Directorate of Agriculture.

⁴³ Arthur, Maria Jose et al. *Inequality Policies: Rudiments for an evaluation of Government and NGO gender policies and programmes Post-Beijing, 1995-1999* Forum Mulher, Maputo 2000, p 46.

⁴⁴ Arthur, Maria Jose et al. *Inequality Policies: Rudiments for an evaluation of Government and NGO gender policies and programmes Post-Beijing, 1995-1999* Forum Mulher, Maputo 2000, p 46, 48.

Apart from the low number of female extension workers, there is also the problem that women do not participate in extension meetings. Again, this seems to be a countrywide phenomenon. A study found that in Cabo Delgado: “even though women comprise the majority labour force in the family sector, it is the men who appear as representatives (and) when extensionists hold meetings in the communities it is the male family members who come”. This is echoed by the head of the Gender Unit of DNAP in Nampula, who stated that “In meetings in the countryside about livestock development, land ownership or the use of resources, it is always the men who come (...) the women stay in the fields working (...) they are the majority but when the men learn something they keep the knowledge to themselves and don’t pass it on to their wives”.⁴⁵ In Inhambane, it was found that “sometimes out of a course of over forty people, only two or three are women”.⁴⁶ These findings account for the low numbers of women farmers assisted by extension services nationwide.

In sum, it can be said that typically, extension services focus on cash crops and large livestock, and thus do not reach the majority of women farmers. A notable exception is the introduction of Vitamin-A enriched sweet potato cultivation, which has proved very popular. Given that this has a clear impact on household food security and nutrition, campaigns specifically targeted women and successfully used appropriate messaging techniques (in vernacular, female extension workers, meetings held at places where women congregate and at suitable times).

Land tenure is essential, although in Mozambique land is still plentiful. The Land Law of 1998 improves women’s access to land by allowing them to register land title in their individual name, although in practice land held by a family unit is often still allocated by the male elders. In addition, the land reform process and break-up of communal land holdings has led to the transfer of land rights to male heads of households. Various studies indicate that after divorce or separation women’s land rights remain insecure, particularly in the South where patrilineal systems predominate. A nationwide campaign was held to disseminate information on women’s land rights, but it remains difficult to enforce these rights when there is a conflict between traditional rights and new legal rights. Generally, women’s plots are smaller than men’s plots and women have less access to labour (i.e. higher dependency ratio).

Rural organizations such as cooperatives are important to ensure farmers’ access to productive resources, credit and support services such as agricultural extension. The cooperatives also represent farmers’ needs in relation to government and development project managers and can be used as mechanisms to distribute government subsidised inputs to farmers. Women’s participation in such rural organizations is therefore critical. In Mozambique women participate in various cooperatives but are underrepresented in decision-making, such as in UNAC (União das Cooperativas). This means that their needs and perspectives are not always sufficiently reflected in the delivery of services, including marketing and storage/transport services, provided by the rural organizations.

Women’s access to the commercial and marketing network is limited by the deficiency of the road network and rural infrastructure resulting in high transportation costs. Although in recent years substantial efforts are made to ensure that women participate in agricultural credit

⁴⁵ Arthur, Maria Jose et al. *Inequality Policies: Rudiments for an evaluation of Government and NGO gender policies and programmes Post-Beijing, 1995-1999* Forum Mulher, Maputo 2000, p 47.

⁴⁶ Arthur, Maria Jose et al. *Inequality Policies: Rudiments for an evaluation of Government and NGO gender policies and programmes Post-Beijing, 1995-1999* Forum Mulher, Maputo 2000, p 48.

schemes, the traditional division of labour implies that many women lack opportunities to participate in cash cropping and thus find it difficult to generate cash to repay loans.

3.5. *Diversification in household production systems*

It is often assumed that when certain crops fetch a better price on the market or have a demonstrated advantage for nutrition farmers will react by cultivating more of those crops ('crop switching' as a rational response to market stimuli). However, interviews with women in Zambia suggest that women may not respond in this 'rational' way for the following reasons.⁴⁷

- women's difficulties to obtain know-how required for new crops (particularly when extension services target men),
- women's difficult access to credit to invest in inputs,
- women's difficulties in transporting and marketing crops.

In addition, when new technologies are introduced, such as advanced irrigation or fertilization methods, the value of land is increased and better suited for cash cropping, so that it may be monopolized by men or lead to more work for women in the fields. Anecdotal evidence suggests that women decide not to generate surplus production if they cannot transport it to the market in time or if they do not receive proceeds of the sale.⁴⁸ Female headed households typically have less labour so that they cultivate smaller areas and more reluctant to switch to more labour consuming techniques.

Live stock production is an important component of agricultural policy, in which gender constraints play an essential role. Cattle rearing is more prominent in the South, where it is mainly the responsibility of men. Everywhere women tend smaller animals, such as poultry, pigs and goats. Animals are acquired in a variety of ways, including cash purchase, inheritance or lobolo. Given women's limited ability to raise cash, a study found that women predominantly resort to mutual aid schemes to finance the acquisition of animals.⁴⁹ The limited access of women to cash, however, frequently results in their inability to pay for veterinary services when necessary. Furthermore, the study indicates that women's participation in live stock schemes also depends on their access to free grazing and their access to land. The breakup of communal lands, without compensatory land for women, is particularly relevant in this respect.

Extension services for the livestock sector have limited women's participation in restocking initiatives in the following ways: training sessions were held at dip tanks for cattle, the content was focused on cattle rearing, and training sessions often lasted for a whole week with overnight stays, which is incompatible with women's other tasks. Furthermore, unless women gain benefits (access to and control over additional income), the overall impact of restocking may be negative for women in so far as it increases the household's access to animal traction, thereby increasing the amount of land cultivated, thus resulting in additional work for women.⁵⁰

⁴⁷ Van den Bergh-Collier, Edda, *mission notes*, mission of the UN Gender Group, 1997.

⁴⁸ Van den Bergh-Collier, Edda, *mission notes*, mission of the UN Gender Group, 1997.

⁴⁹ Dohmen, Carol and Faftine, Olga *Report of a Mission on Gender and Livestock Development and Production in Mozambique*, KIT Amsterdam 1997.

⁵⁰ Dohmen, Carol and Faftine, Olga *Report of a Mission on Gender and Livestock Development and Production in Mozambique*, KIT Amsterdam 1997.

3.6. *Sustainable technologies*

Women have a special knowledge of the rich biodiversity in Mozambique, understanding the value and diverse uses of certain plants and animals for nutrition and medicinal use. Environmental degradation can be aggravated by gender-blind land policies in the following ways:

- When women's access to land is limited or uncertain, women tend to cultivate marginal lands that produce lower yields, until the soil is exhausted;
- Lack of secure tenure results in a reluctance to invest in environmentally sound practices;
- Lack of credit limits the ability of women farmers to buy less environmentally damaging technologies and inputs.

This sets in motion a cycle of decreased productivity, leading to environmental degradation, which leads to lower productivity etc.

The Ministry for Coordination of Environment has a Gender Unit that has elaborated a gender policy. At provincial level, various awareness and capacity building seminars were held to train staff to deal with gender and in some provinces, such as Nampula, anti-burning campaigns were launched. As women are the primary users of woodfuel, these campaigns have directly targeted at women. It should however be noted that deforestation is caused primarily by the demand for wood in the industrial and construction sectors and uncontrolled commercial logging.

3.7. *Implications*

In spite of their role as primary food producers women have limited access to essential resources and services. In remote rural areas both men and women have difficulties to acquire agricultural inputs, but this is even more difficult for women due to cultural, sociological and traditional factors. Accurate information about women's relative access to, and control over, land, credit, marketing support services and transport, and the ways in which these condition women's responses to market stimuli is fundamental in the development of rural income and food security strategies. Given that household resources may not be pooled or jointly owned, this affects men and women's investment priorities, with a greater tendency among women to concentrate on providing for the household's basic needs, and a greater demand among men for investment in agricultural inputs for commercial production.

4. GENDER AND THE CREATION OF NON-AGRICULTURAL EMPLOYMENT & INCOME GENERATING OPPORTUNITIES

4.1. *Background*

Women increasingly face gender-related obstacles that hinder their ability to achieve economic autonomy and to ensure sustainable livelihoods for themselves and their dependents. This is particularly the case for women in rural areas and in the provinces where there are fewer opportunities for employment of women in the private sector. This has forced many women to seek out alternatives in the informal sector, where an increasing number of

women has become self-employed and owners/managers of micro, small and medium-scale enterprises.

To ensure that the poor majority of Mozambique's population can participate in economic growth, the PARPA also highlights the importance of creating non-agricultural employment in parallel with efforts to increase rural income. Therefore, USAID/Mozambique has developed Strategic Objective 2, namely to increase labour-intensive exports and promote the development of private businesses. Key issues to be addressed here— because they have the greatest impact on gender relations - are the constraints and opportunities for female entrepreneurship, women's demand for and use of financial products and credit, women's ability to participate in domestic/regional/global market integration, and equitable employment policies.

4.2. *Female labour force participation*

In view of the low agricultural yields, insufficient network of basic infrastructures, the country's weak industrial base, lack of formal employment opportunities, and the lack of state-run social security most households resort to alternative, additional sources of income. These survival strategies are all the more important and widespread, considering that 71 % of the rural population lives in absolute poverty and that 33.2 % of the households surveyed by the QUIBB in 2001 cannot meet their food requirements.⁵¹ The most common survival strategies comprise the decision to work on the household's own machamba to increase food production or generate additional cash through cash crops, to seek wage employment (temporary or permanent), labour migration, or to establish micro or small scale enterprises.

It is important to mention the community-based safety networks that exist to shore up families in times of hardship, although these networks are usually under severe strain when the whole community falls on hard times (floods, droughts, insect infestations, disease, HIV/AIDS etc.) and may exclude elderly and widowed women (who lost their connection to husband's family).⁵²

The government is committed to stimulating private investment to fuel economic growth. At national level, various measures were instituted such as CPI⁵³, but these result mostly in high profile megaprojects financed and implemented by foreign capital groups. The environment remains difficult for private businesses. The annual review of businesses conducted by KPMG shows that although some individual companies are profitable, the total revenue of the top 100 businesses in the country shows a loss.⁵⁴ On the whole, SMEs operate in a difficult environment, characterized by customs delays and costs, rigidities in the domestic labour market, poor quality of public infrastructure and high transaction costs, including red tape, inspections, fines and limited access to credit.⁵⁵

A characteristic feature of globalization is that it can create employment opportunities in the formal sector for women, particularly where the country's comparative advantage is the

⁵¹ UNDP, *National Human Development Report Mozambique*, Maputo, 2001, p 74.

⁵² These women are usually marginalized – some are even vulnerable to accusations of witchcraft – so that if they can, they organize themselves. For them, the ownership of fruit trees is important, they live off the sale of supplementary fruits (citrus, coconut, cashew). Young women may resort to early marriage in an attempt to escape poverty, or resort to commercial sex for money or favours.

⁵³ CPI: Centre for Promotion of Investment.

⁵⁴ KPMG, *Top 100 Firms in Mozambique*, Maputo 2001.

⁵⁵ USAID Mozambique, *Trade Mainstreaming Annex to CSP Concept Paper*, Maputo 2002, p ii.

presence of a large, cheap labour force. In this way, gender-based wage differentials reinforce the viability of the export of labour-intensive manufactured products to lower-cost markets. These gains are however offset by trends that exacerbate inequalities between male and female workers since the jobs created are typically jobs with low wages, low skill levels and little job security.⁵⁶ Conversely, globalization may lead to the displacement of employment. In Mozambique this was the case in the cashew sector. When the cashew factories closed down, the predominantly female labour force lost its jobs.

Although globalization usually results in the creation of lower quality jobs and exerts downward pressure on wages and working conditions, it is usually accompanied by decreased state investment in social services, thereby also increasing women's traditional responsibilities as primary caregivers.⁵⁷

Recent data points to the importance of the informal sector: according to the latest National Human Development Report '84,6 % of all workers in Mozambique appear to be informal, 92.6 % of workers in rural areas and 65 % of all workers in urban areas are in the informal sector'.⁵⁸ As expected the majority of these are women: 'overall, women account for 59.1 % of total informal workers at national level – 75.8 % in rural areas and 24.2 % in urban areas'.⁵⁹ These figures are consistent with the lack of formal job opportunities for women: over the last thirty years the number of women in industry has risen from 13,000 to less than 50,000 and the number of women in trade and service sector has increased from 66,000 to approximately 125,000.⁶⁰ In Cabo Delgado, for example, the private sector formally employs 7,904 individuals, of whom only 468 are women.⁶¹

Table 3: Labour force participation

Type of work	Urban		Rural	
	Male	Female	Male	Female
Public administration	14.1	6.1	1.8	0.3
Public enterprises	25.5	7.3	3.2	0.9
Private sector	22.9	8.7	4.8	0.6
Cooperative sector	0.5	0.7	0.1	0.1
Self-employed	28.2	51.8	62.9	35.4
Unpaid worker	7.1	23.7	26.7	62.4
Entrepreneur	1.1	0.4	0.4	0.1
Servant (empregado)	0.8	1.3	0.2	0.1
Total	100	100	100	100

Source: UNDP, *National Human Development Report 2001*, Maputo 2002, p 82, table 5.9

⁵⁶ ILO, *More and Better Jobs for Women: an action guide*, Geneva 1996, p 30.

⁵⁷ OECD *Gender Tipsheets: Globalization*. Available from the OECD website.

⁵⁸ Ardeni, P.G. *Women and Poverty in Mozambique: is there a gender bias in living standards and employment conditions*, Feminization of Poverty Study (ILO/SAMAT, Harare) working paper, cited in UNDP, *National Human Development Report*, Maputo, 2002, p 83.

⁵⁹ Ardeni, P.G. *Women and Poverty in Mozambique: is there a gender bias in living standards and employment conditions*, Feminization of Poverty Study (ILO/SAMAT, Harare) working paper, cited in UNDP, *National Human Development Report*, Maputo, 2002, p 83.

⁶⁰ Ardeni, P.G. *Women and Poverty in Mozambique: is there a gender bias in living standards and employment conditions*, Feminization of Poverty Study (ILO/SAMAT, Harare) working paper, cited in UNDP, *National Human Development Report*, Maputo, 2002, p 81.

⁶¹ DPMCAS, *Relatorio Sobre a Situacao da Mulher em Cabo Delgado*, Pemba 2001.

4.3. *Women in formal employment*

The labour market is segregated both vertically and horizontally. Women are concentrated in lower skilled jobs. Pay differentials can also be understood in terms of gender. Since wage levels reflect productivity, women's lower education levels is reflected in their lower productivity, which is taken to justify lower wages. A deeper reason for women's low wages is the general assumption that men are the primary producers and thus need employment and income earning opportunities the most. Women on the other hand are viewed as secondary income earners and are more confined to informal, small scale earning opportunities. This is rooted in the gender-based division of labour, which places central emphasis on women's role as subsistence producers and on their reproductive role.

Social protection for women in formal employment should address both women's concerns as workers and as mothers. The 1997 Labour Law protects women against occupational health hazards as well as maternity rights. However, a review of the Provincial Directorates of Labour (DPT) shows that in practice the law is seldom applied, particularly in the provinces, and that "the fight against discrimination at work is neither a priority nor carried out".⁶² It was found that these directorates have almost no links with the trade unions, and that they have little control over application of the law in private companies. This is ascribed to both the fact that they have no means of bringing pressure to bear, and to the inadequate functioning of the labour tribunals.⁶³ The tribunals are understaffed and mainly consider the legality of contracts for national and foreign workers and questions of social security, but pay little attention to discriminatory practices based on sex, sackings without just cause or sexual harassment.⁶⁴ It is also important to note that the majority of women are working in the informal sector, where they cannot pressure their employer for a contract. Cottage industries or piece work from home is often excluded from labour legislation through the legal definition of "work" and "work place".

4.4. *Female entrepreneurship*

While market integration is an important stimulus to economic growth, it has several important gender issues. Integration in wider markets requires a higher level of mobility, which female entrepreneurs often don't have due to their reproductive role and due to the fact that husbands often do not allow their wives to travel for long periods of time. Therefore, female trading is often confined either to purchasing from easily accessible suppliers, either around the border areas or along the major road networks.

Women's businesses vary with women's age. A study in Nampula found that "for those women in their teens or early twenties, the production and sale of sweet and savoury cookies figure prominently (...) given the data presented on childbearing, it is not surprising that women in this age group need to develop businesses that allow them to be in the home or close to it (...) many of these businesses also generate limited returns."⁶⁵ Women in their thirties or older tend to diversify their business, often operating more than one business at the

⁶² Arthur, Maria Jose et al. *Inequality Policies: Rudiments for an evaluation of Government and NGO gender policies and programmes Post-Beijing, 1995-1999* Forum Mulher, Maputo 2000, p 36.

⁶³ Arthur, Maria Jose et al. *Inequality Policies: Rudiments for an evaluation of Government and NGO gender policies and programmes Post-Beijing, 1995-1999* Forum Mulher, Maputo 2000, p 36.

⁶⁴ Arthur, Maria Jose et al. *Inequality Policies: Rudiments for an evaluation of Government and NGO gender policies and programmes Post-Beijing, 1995-1999* Forum Mulher, Maputo 2000, p 38.

⁶⁵ Horn, Nancy, *Gender Based Market Research: Nampula Province, Mozambique – Fundo de Credito Comunitario de Nampula, UNCDF & World Relief*, Maputo 2000, p 63.

time or changing businesses seasonally.⁶⁶ For women traders, who buy and sell commodities, the high cost of transport is often prohibitive. For those women that have their own manufacturing businesses, transport costs are also a constraint. This is “one of the reasons why women are concentrated in piece work which they do at home and combine with other duties (...) such women however are often exploited and gain nothing more than a meagre income from their activity.”⁶⁷

Women have less access to market information about consumer preferences and demand. This correlates with women’s low educational status. Without such information, women’s businesses tend to focus on artisanal products such as baskets, processed foods, bead work etc. which are more difficult to sell in a wider market, since the demand for such items can usually be satisfied by local producers. It remains difficult for women to explore alternative products, since they would require higher capital investment. One notable exception, however, are women’s mining businesses which women in Zambezia and Manica were able to start when they obtained land title and mining rights.⁶⁸ Even when women have access to information, such as in Nampula due to the relatively broad trading network, it is difficult for women to diversify their business activities on account of their low profit margins that yield low capital returns for investment.

In the informal market, women buy and sell new and second-hand clothing (calamidades), food produce, prepared foods, tableware and utensils and local products. Broadly speaking, women’s types of business can be divided in four categories:⁶⁹

- production: producing goods for selling, e.g. mandioca, peanuts, chickens
- processing: converting raw materials into finished products, e.g. processing mandioca into flour, basket weaving, earthen pots
- trading: buying and selling, e.g. grocery shop, market stall
- services: e.g. sewing, hair pleating, cooking.

Women’s businesses are predominantly micro-entreprises, characterized by the following:

- low level of capitalization
- initiated/managed by a household or a few individuals
- self-employment (owner is manager and worker)
- utilization of local resources and raw materials
- informal transactions (no written agreements, based on personal contacts)
- easy entry into the sector.

⁶⁶ Horn, Nancy, *Gender Based Market Research: Nampula Province, Mozambique – Fundo de Credito Comunitario de Nampula, UNCDF & World Relief*, Maputo 2000, p 64.

⁶⁷ Gaynor, Cathy, *Irish Aid Policy on Gender on an Operational Footing*, Irish Aid (Dublin) 1995, p 81.

⁶⁸ Honwana Welch, Gita, *personal communication*, Maputo 1999.

⁶⁹ This section draws on data collected in Inhambane for GTZ Mozambique, Van den Bergh-Collier, Edda, *Gender Analysis*, Maputo 2001.

Women’s low status is reflected and affects women’s economic activities as follows:

Table 4: Roots, Indications & Consequences of Women’s Low Status

Reasons	Indications	Consequences
Culture of dependence (patrilineal culture)	Low self-esteem (lack of confidence) Afraid to take risks	Low (monetary) contribution to household and community development Limited role in decision-making in society and household
Traditional thinking Many children	Short term vision Mother & child poor Heavy work burden	Time for productive activities limited Poor quality of life
Lack of technological skills Limited business skills	Low productivity Income-generation limited	Poverty, inefficient use of resources Limited (monetary) contribution to household Limited business experience (mostly informal sector because of easy entry)
Low literacy Lack of funds Lack of organization	Lack of creativity Income-generation limited Local resources not used	Narrow world view, few choices envisaged Monetary contribution to household limited Dependence on external factors to overcome constraints – many remain in the informal sector

Analysis framework based on “My Very Own: Training Manual for Micro-Entreprise Development and Gender” (available from FAO, Rome)

With little opportunity in the formal sector, it is clear that most women have to rely on their own economic strategies for survival and that their ability to respond to existing market/business opportunities is critical. In this respect, urban women have an advantage over rural women, since various enabling factors are more present in the urban areas than in the rural areas (e.g. higher urban female literacy rates, availability of technology and credit in the urban areas). In addition, development trends/economic growth is concentrated in the urban agglomerations.

However, even in the urban areas women’s entrepreneurship is characterized by the following constraints:

- financial constraints: difficulties in accessing loans due to the conditions imposed by lending institutions and the need to obtain authorization from the husband;
- limited capacity and technical constraints: the high level of illiteracy also excludes the majority of women, particularly the poorest, from acquiring knowledge of production techniques and marketing strategies;
- lack of information about women’s legal rights and laws protecting their access to productive resources;
- lack of business skills, whereby women’s operations cannot expand, remaining small;
- legal and administrative constraints to acquire productive assets and to register a business in a woman’s own name.

For these reasons, it is difficult for female entrepreneurs to graduate from the informal sector to the formal sector. It is observed however that a higher profile may not bring any immediate advantages and instead lead to more red tape and a proliferation of administrative complications. Experience has shown that poor women’s enterprises flourish under the

following conditions, resulting in an increased demand by women for financial and other support and resulting in less risk of indebtedness:

- modest financial investment,
- low individual risk,
- short gestation period between investment and return,
- availability of local markets.⁷⁰

4.5. Women and credit

One of the major instruments to support women's businesses is through the provision of credit. Women in all parts of the country find it difficult to obtain formal credit from banks since they are unable to raise collateral in their own name. It is also difficult to access credit from relatives or neighbours or the community because there is a common perception that their business generates all the cash they need.⁷¹

Various studies report that women are typically risk averse: they are concerned about using formal credit and fear that their goods will be confiscated if they are unable to repay the loans. This explains in part why informal saving systems such as *xitique geral* (i.e. a rotating savings and credit association) are so popular among women. Elderly women or well established female entrepreneurs are often recognised as moneyholders for both men and women, but they are not always reliable – particularly when their husbands have a right to control their economic activities and assets. On the other hand, systems such as *xitique* prevents members' spouses from gaining access to income earned.⁷²

Women have high repayment rates, even at commercial interest rates, but in Gaza for instance the effects of HIV/AIDS are beginning to be felt in the high number of defaulting members.⁷³ This results in the need to involve family members in the training component of credit schemes, so that they may be able to take over the business when the client becomes ill.

Repeated loans to women clients and even their ability to repay loans are often taken as the sole measure of the success of self-employment programmes. It is advisable to rather judge a programme by its ability to ensure that the beneficiaries were able to build up their own capital and to reduce their dependence on external sources of capital⁷⁴ - and in this sense gauge to what extent the programme has empowered its beneficiaries. Moreover, it is necessary to consider that micro credit does not automatically improve women's status since it does not address other factors that contribute to gender inequality, such as discriminatory labour practices, educational biases, violence, unequal domestic responsibilities etc.⁷⁵

4.6. Implications

The economic changes that have taken place in Mozambique since the mid 1980s have resulted in both greater income generating opportunities and the disintegration of traditional

⁷⁰ OECD Gender Tipsheets: *Micro Credit and Micro Enterprises Development*. Available from OECD website.

⁷¹ Horn, Nancy, *Gender Based Market Research: Nampula Province, Mozambique – Fundo de Credito Comunitario de Nampula, UNCDF & World Relief*, Maputo 2000, p 74.

⁷² UNDP, *National Human Development Report*, Maputo, 2002, p 85, box 5.5.

⁷³ Smith, Marla, *personal communication*, 2002.

⁷⁴ ILO, *More and Better Jobs for Women: an action guide*, Geneva 1996, p 132.

⁷⁵ OECD Gender Tipsheets: *Micro Credit*. Available from OECD website.

family support structures. In today's economic context, women's employment opportunities are coming increasingly from small firms and self-employment. Income generation has become a popular way of working with poor women in Mozambique. The government's National Post-Beijing Plan of Action therefore calls for measures that promote women's self-employment, develop female entrepreneurial capabilities and support small businesses for women in urban and rural areas.

A key aspect of these measures is that they are almost all dependent on literacy and numeracy. It is well-known that "unless women have this basic education, they will tend to be confined to the unskilled, easy-to-enter, low margin businesses which return low rewards for their time and effort. Nor will they be able to acquire the higher-order skills and know-how which are associated with businesses offering growth potential."⁷⁶ Improved labour force skills for women will only result in greater female employment if employment policies effectively address and resolve the horizontal and vertical gender segregation of the labour market.

Apart from education levels women's entrepreneurship in Mozambique is also limited by women's limited access to market information. Due to this, women often start businesses that copy what already exists, thereby facing strong competition. Without a sound knowledge of the consumers' needs and preferences, women's businesses run the risk of being unsustainable. Apart from agricultural cooperatives, there is little marketing support for women; they lack collection and sales centres for their products and are unable to establish linkages with traders and exporters.

Extensive legislation and administrative arrangements and regulations limit the ability of small and micro enterprises to 'graduate' to the formal sector in general and women's enterprises in particular. Micro credit and credit is an effective tool to foster female entrepreneurship, but has to be tailored to suit the specific needs of women's businesses.

5. GENDER AND HEALTH

The right to good health is not only vital to well-being and a person's ability to participate in all areas of public and private life, but it is also a human right. USAID Mozambique proposes a third strategic objective, viz. the increased use of quality health services. The Government of Mozambique has prioritized the following gender areas in its national Post-Beijing Plan of Action: expansion of women's access to quality basic health services, the consolidation of gender-responsive prevention programmes, including measures to reduce maternal and infant mortality and infectious and/or sexually transmissible diseases, and the efficient utilization and monitoring of funds allocated to women's health programmes.

5.1. Delivery of public health services to women

In the past years, emphasis was placed on the rehabilitation of the existing infrastructure and construction of new health facilities. In recent years, however, there has been a growing concern focus on equitable access and quality service delivery. The health sector's strategic plan (PESS) is based on the PARPA and reflects the chosen priorities for the health sector, namely the reduction of morbidity and mortality levels through the prevention and cure of endemic diseases. The gender approach was institutionalized within the Ministry of Health in

⁷⁶ ILO, *More and Better Jobs for Women: an action guide*, Geneva 1996, p 126.

2000, with the appointment of a gender advisor. Gender initiatives have focused on training, coordination and research. The PESS also recognises the importance of a gender approach in the health sector, however, as with numerous other sectors, in practice there are some problems:

- it has proven difficult to operationalize the gender mainstreaming approach;
- the definition of gender priorities and actions is more dependent on the awareness of individuals than on an overall, comprehensive vision (uneven mainstreaming and awareness);
- there is a strong maternal bias (gender is mostly seen as relevant to reproductive health but not to other important health concerns).

There has been a tendency in the past to equate 'gender and health' with 'women and health', which was basically taken to mean birth control and maternal mortality. In the National Integrated Development Plan (PNI) family planning is no longer seen as merely a birth control issue, but as part of reproductive health in a wider sense. As such, it includes aspects such as women's decision-making on the number and spacing of children, sexual health and women's right to make decisions affecting their bodies and health. While this is a positive step, there is still a strong maternal bias in that gender is not systematically included in other health programmes such as malaria, cholera and TB programmes. Women's reproductive role is important in determining women's health, but women's health needs lie beyond reproductive health. The wider health needs include issues related to malnutrition, overwork, violence, occupational health hazards, unsafe water and sanitation conditions etc.

The health sector is severely understaffed due to the shortage of qualified personnel. The health sector's human resources development plan has acknowledged this, and highlighted the need for both more female health professionals and more women in administrative and management positions, considering that in spite of the high number of female health workers less than 40 % occupy leadership positions at central level and around 25 % occupy leadership positions at provincial level.⁷⁷ Gender has also been included in staff development courses.

A good instrument to measure the equality of access is the inequity index, per province. This indicator is based on the Units of Attendance (UA), a measure of health service activity unique to Mozambique. UA combines various health service activities in a weighted sum: vaccination doses (x 0.5) + OP consultations + MCH consultations + inpatient days (x 9) + deliveries (x 12). The Inequity Index compares the best situation to the worst situation in each province.⁷⁸ This shows that there are significant differences between the provinces; in Tete Province access to services is the most uneven and Gaza has the most even distribution of health services. Since the UA is based on health services that are primarily used by women, this indicator can be loosely interpreted as overall indication of women's access to health facilities.

It is generally assumed that women's access to health services is limited by their workload (subsistence farming and/or income generating activities and childcare responsibilities) and long travel times. More than half of all households indicate that it takes more than hour to

⁷⁷ SDC, *Report of the First Joint Mission to Evaluate the Performance of the Mozambique Health Sector in 2001 (draft)*, Maputo 2002, p 56.

⁷⁸ SDC, *Report of the First Joint Mission to Evaluate the Performance of the Mozambique Health Sector in 2001 (draft)*, Maputo 2002, p 12.

reach a health facility.⁷⁹ While the situation is better in the urban areas, even 51.5 % have to travel for more than 30 minutes. The situation is worst in Zambezia, where only 5.5 % of households have access to a health facility less than 30 minutes away. This implies that an outreach component is necessary, possibly through the deployment of community-based health workers. The recruitment of women as volunteer health workers (delivering drugs, supervising treatment, running educational campaigns) is important to ensure that the services are adequate and culturally acceptable for women (i.e. sensitive to women's right to privacy, confidentiality, informed consent, full information about options and services available to women). It is also important, however, to recognise that this puts a strain on women's time and that they should be compensated in some way for their activities. This is relevant to the ongoing public debate about whether community midwives should be paid by the Provincial Health Directorates.⁸⁰

At the institutional level, health policies/programmes tend to perpetuate gender stereotypes, ignore socio-economic disparities and other differences among women and focus mostly on reproductive health, whereas it is also necessary to include attention for other health problems, such as mental health disorders and sexual violence. A more comprehensive approach would require systematic sex-disaggregation of data to guide the definition of health services that meet women's needs, to evaluate the quality of service delivery and to guide the allocation of resources to gender-sensitive areas. Although the national campaign against gender-based violence has received wide attention, to date activities have been limited mostly to the Central Hospital of Maputo where legal, medical and psychosocial counseling is available. It is reported that victims of sexual violence or rape have to pay up between 300,000 Mt and 600,000 Mt for a medical consultation that will provide them with a legally valid medical report.⁸¹

Patterns of use and satisfaction of health service quality indicate whether the specific needs of men and women are being met. The recent household survey found that over half of all respondents (52.1 %) were satisfied with the health services provided to them, although there were regional variations.⁸² The main reasons for dissatisfaction are long waiting times (38.8 %), lack of drugs/medication (35.3 %) and lack of improvement/results after treatment (31.4 %). Although the data does not allow for systematic sex-disaggregation, it does show that more women than men consider that the service is very expensive (21.2 % versus 17.8 %).

WHO estimates that only roughly half of TB cases in Mozambique are treated. Many delay treatment seeking and only a relatively small number of patients complete treatment. Traditionally, population groups such as the Maconde, Macua and Muani peoples attribute infectious diseases such as leprosy and TB to supernatural causes.⁸³ The diseases are thus linked to a number of specific taboos, i.e. it is thought that stepping over snake tracks, stealing

⁷⁹ INE, *QUIBB 2001*, p 71. Figures in this paragraph were taken from the same source.

⁸⁰ Community midwives were trained to assist women during pregnancy and birth and to improve the referral system for antenatal care. While very successful – the programme has raised the number of assisted births to 40 % nationwide – the management of the programme by the Provincial Health Directorates (DPS) has raised the midwives' expectations that they would be paid salaries by the DPS, which has proved impossible on the grounds that they are not civil servants.

⁸¹ SDC, *Report of the First Joint Mission to Evaluate the Performance of the Mozambique Health Sector in 2001 (draft)*, Maputo 2002, p 62.

⁸² INE, *QUIBB 2001*, table 6.4, p 39.

⁸³ This paragraph is based on field work carried out in Cabo Delgado, Van den Bergh-Collier, E. *Gender Equality Integration in the Leprosy/TB project in Cabo Delgado Province, Mozambique*, report for the (Canadian) Leprosy Mission, 2001.

from someone else's machamba, quarreling with relatives or neighbours, jealousy and witchcraft can cause disease. This is understandable because TB and leprosy are transmitted in invisible ways (inhalation of germs) and may result in 'strange' and debilitating conditions as skin discoloration, claw hands, eyelid paralysis, loss of limbs and death. In the past, this has led to ostracism and physical isolation of patients. In the rural areas the traditional beliefs and taboos persist, particularly among women due to their low level of education, and where the population has less access to systematic information campaigns.

The perception that these diseases are linked to supernatural causes has far-reaching implications. Since disease is ascribed to socially unacceptable behaviour, its causes and remedy concern not only the female patient but the entire family group and/or community. For this reason, many patients prefer to seek help from a traditional healer, so that they leave it very late before seeking medical attention, by which time the advanced leprosy may have already resulted in severe physical disability. The small number of patients who complete treatment is due to several factors, including the long distances and sale of pills by the health staff (drugs are distributed freely, but in many districts they are sold). These factors affect women in particular: they accompany sick relatives and have less control over disposable income to buy medication.⁸⁴

5.2. Child survival services in public health facilities

Although between 1997 and 2001 the coverage rate of the Mother and Child Health Programme has improved, progress has not been even in all provinces. Significant improvements were made in measures to refer pregnant women to antenatal care and to monitor the growth of infants aged 0 to 12 months.⁸⁵

Infant mortality is estimated at 131 per 1000 live births, in the richest quartile this figure is 95 per 1000 live births compared to 188 per 1000 live births in the poorest quartile.⁸⁶ The main causes are diarrhoea, malaria, anemia, respiratory tract infections and measles. There do not appear to be significant differences between the status of boys and girls, instead the main difference is based on residence (in urban areas the situation is better than in rural areas). However, there is a clearly demonstrated link between the mother's education level and the child's overall health and nutritional status as can be seen from the following table (figures indicate the % of households interviewed):

Table 5: Correlation between maternal education and child health status

Education level of mother	Height/age: Past/chronic malnutrition	Weight/height: Recent sickness or present malnutrition	Enrolled in nutrition programme	Enrolled in weight control programme	Received vaccination (BCG,DTP, Polio, Measles)
No education	47.2	5.8	36.4	67.9	47.0
Primary - EP1	32.1	4.2	51.7	94.0	77.7
Primary - EP 2	24.9	5.3	52.5	94.8	80.5
Secondary	16.6	3.8	69.0	96.7	88.4
Does not live	47.5	4.9	39.0	77.9	35.4

⁸⁴ Van den Bergh-Collier, E. *Gender Equality Integration in the Leprosy/TB project in Cabo Delgado Province, Mozambique*, report for the (Canadian) Leprosy Mission, 2001.

⁸⁵ SDC, *Report of the First Joint Mission to Evaluate the Performance of the Mozambique Health Sector in 2001 (draft)*, Maputo 2002, p 53.

⁸⁶ World Bank, summary gender profile, from WB website. Data is from the period 1997-99.

with mother					
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Source: compiled from INE, *QUIBB 2001*, tables 7.6 and 7.7.

While the positive effect of female education on children's health justifies sustained intervention in this area, it should also be noted that educational programmes on nutritional care for children should be directed towards both parents, since the exclusion of men from these programmes perpetuates current gender roles.

5.3. Reproductive health services

Conditions forcing girls into early marriage, pregnancy and child bearing account for the trend towards early sexual experience and high fertility rate. The crude birth rate is estimated at 43.9 and the total fertility rate is approximately 6.3.⁸⁷ Although the same source also cites other figures for the total fertility rate, ranging from 5.8 to 6.1) it is clear that there are important regional imbalances and that fertility is lower in urban areas in general and in Maputo City in particular (4 children per woman) compared to Tete (7 children per woman) and Manica (7.6 children per woman).⁸⁸

The average age at which girls have their first sexual relations ranges between 12 and 16 years.⁸⁹ This young age, together with lack of information and services, increases the risk of unwanted pregnancy, HIV/AIDS and other STDs and unsafe abortions. Early childbearing not only impedes young women's education and employment opportunities, but also has an adverse impact on the quality of their lives and that of their children.

For these reasons, much attention has been devoted to adolescents and youths. These programmes have a large gender component, since girls are physically and psychosocially more vulnerable to sexual abuse, violence and prostitution and consequences of premature sexual relations. Programmes try to respond to the need for counseling and information services for adolescents that will respect a young woman's right to privacy and confidentiality and informed consent and educate boys to respect women's right to self-determination and to share responsibility in matters of sexuality and reproduction.

Maternal mortality in Mozambique is estimated at 1500 per 100,000 live births.⁹⁰ It is one of the highest rates in the world and a leading cause of death among women of reproductive age. Zambezia, Nampula and Cabo Delgado have the highest maternal mortality rates. The most frequent causes of maternal deaths are obstructed labour, haemorrhage, infection, hypertension and unsafe abortions. The causes show that maternal mortality is generally avoidable, if timely and appropriate medical care is administered. Maternal anemia is prevalent, which not only poses health risks to the pregnant mother but also to the child when it is born with low birth weight. Apart from the emotional aspects, maternal death has grave implications for the household through the loss of a productive adult, particularly one who is primarily responsible for child care and household food production/consumption. In many countries a correlation is

⁸⁷ Crude birth rate: annual number of births per 1000 population. Total fertility rate refers to the number of children that would be born to a woman if she were to live to the end of her child bearing years and bear children at each age in accordance with age-specific fertility rates. Da Silva, Terezinha & Andrade, Ximena, *Beyond Inequalities: Women in Mozambique*, SARDC Maputo 2000, p 12.

⁸⁸ Da Silva, T. & Andrade, X., *Beyond Inequalities: Women in Mozambique*, SARDC Maputo 2000, p 43.

⁸⁹ Da Silva, T. & Andrade, X., *Beyond Inequalities: Women in Mozambique*, SARDC Maputo 2000, p 53.

⁹⁰ Da Silva, Terezinha & Andrade, Ximena, *Beyond Inequalities: Women in Mozambique*, SARDC Maputo 2000, p 12. This is a UNICEF/WHO/Ministry of Health agreed estimate.

observed between maternal death and increased poverty and malnutrition among the household members.⁹¹

A major problem is that often women and family members do not recognise the signs of a potentially unsafe pregnancy and labour. Together with the tendency to first try traditional methods, this delays decisions to seek medical help. In most cases, the decision to take a woman to hospital is left to men, since this involves transport expenses and costs related to a hospital internment. In this sense, it is critical for men to know when to take a woman to hospital before it is too late, and to empower women to make such decisions themselves. In rural areas, transport is problematic, and arrangements for this cause delays. It is acknowledged that “in some instances the pregnancy outcome may be determined more by the lateness of arrival at obstetric emergency care than by the quality of care provided”.⁹² For this reason, it is useful to establish waiting houses (*casa de espera*) close to the hospital where a woman can await labour. Once in the health post/hospital, problems frequently arise due to inadequate services (low level of training of health practitioners, long queues, lack of surgical skills and sterile equipment, lack of medication and safe blood supplies etc.)

It is estimated that 50.1 % of all births in Mozambique take place outside of a hospital/health facility.⁹³ This is particularly the case for girls aged 12-14, of whom 60.3 % give birth at home. As can be expected, the majority of home births occur in rural areas (64.4 %) compared to 16 % in urban areas in general and 3.4 % in Maputo City. This is directly related to the lack of health infrastructure in rural areas. The higher incidence of home births in rural areas, and particularly in the northern provinces also points to a cultural preference for traditional birth attendants. In Cabo Delgado 70.6 % of births take place at home, in Nampula this stands at 65.4 % and in Zambezia 71.5 %. There is also a strong correlation between hospital births and the mother’s level of education: only 40.4 % of mothers without formal education give birth in hospital, compared to 95 % of mothers with secondary or higher education.

The most recent household survey found that 75 % of pregnant women in the sample received antenatal care (69 % in rural areas and 91.9 % in urban areas). Around 85 % of these women attended three or more antenatal visits. Although more than 70 % of women attending antenatal clinics received immunisation against tetanus, only 39.8 % were able to identify the type of vaccination they had received.⁹⁴ This highlights both the low level of women’s education and the fact that medical services are administered without duly informing or sensitizing female patients.

The lack of qualified medical personnel is also reflected in the fact that countrywide, only 2.2 % of births are assisted by a doctor and only 5 % are attended by a nurse, compared to midwives (42.9 % of births) and traditional birth attendants (19 %).⁹⁵ A significant 30.1 % of women give birth alone or are assisted by relatives only. It is noteworthy that the majority of mothers who give birth alone or with relatives only are girls in the 12-14 age group; girls in this age group do not appear to have access to medical staff. The national average of 2.2 % of births attended by a medical doctor masks important differences between rural and urban

⁹¹ Ransom, E. and Yinger, N. *Por Una Maternidade Sin Riesgos: como superar los obstaculos en la atencion a la salud materna*, Population Reference Bureau 2002.

⁹² SDC, *Report of the First Joint Mission to Evaluate the Performance of the Mozambique Health Sector in 2001 (draft)*, Maputo 2002, p 14.

⁹³ INE, *QUIBB 2001*, table 7.4, p 44. The figures cited in this paragraph are from the same source.

⁹⁴ SDC, *Report of the First Joint Mission to Evaluate the Performance of the Mozambique Health Sector in 2001 (draft)*, Maputo 2002, p 53.

⁹⁵ INE, *QUIBB 2001*, table 7.5, p 46. The figures cited in this paragraph are from the same source.

areas: almost all doctor assisted births occur in urban areas (6.2 % of all births in urban areas) versus 0.5 % in rural areas.

The Ministry of Health carried out assessments of the health services' capacity to provide emergency obstetric care in all provinces using a standard protocol. For basic services the minimum standard is four obstetric care units per 500,000 inhabitants. The national survey conducted by the Ministry of Health found that only 25 % of this standard is reached.⁹⁶ For more sophisticated emergency obstetric care, the national target is one obstetric care unit per 500,000 inhabitants. While this standard is reached in Mozambique, this national average masks important regional differences. The survey also found that even though basic maternity services were available, the quality of services is often unacceptable and essential drug supplies and equipment are lacking.⁹⁷ This is consistent with the findings of the Household Survey of 2001 that identified the lack of drugs and equipment as major reasons for user dissatisfaction.

5.4. Implications

In spite of significant improvements in the material infrastructure, it appears that “the increase in resources, on its own, does not lead to an improvement of the women’s access to mother and child health services (...) and that other factors (must be mentioned) such as the distance between health centres, the lack of hospital transport, and others of a cultural nature, e.g. attendance/vigil of child birth by the husband or by women in the husband’s family, bad care provided by some health professionals, the lack of hospitalization conditions and resources for complicated births – it is enough to mention that the average transfer time from a health centre to a rural hospital is over four hours.”⁹⁸

There is still a need for the health system to identify women’s health problems and in particular to address the gender relations that constrain women’s access to and use of public health services. This will require sustained training and recruitment of more female health workers, not just at the lower levels, but also as qualified medical practitioners, and health service planning on the basis of participatory data collection from men and women. Although there is a demonstrated link between women’s education and their own health as well as that of their children, it should be noted that alternative health services, such as traditional birth attendants and traditional healers, have a social legitimacy particularly among women which should not be ignored.

The young age at which men and women engage in sexual relations, the prevalence and cultural acceptance of high risk behaviour and inadequate knowledge about sexuality and inappropriate reproductive health information mean that adolescent women in particular are vulnerable to reproductive health risks, such as maternal mortality and STDs. While there is a clear focus on women’s health as a reproductive health issue, older women have specific health problems that are rarely addressed, nor is there a systematic inclusion of gender aspects in important health programmes outside of reproductive health components.

⁹⁶ SDC, *Report of the First Joint Mission to Evaluate the Performance of the Mozambique Health Sector in 2001 (draft)*, Maputo 2002, p 13.

⁹⁷ SDC, *Report of the First Joint Mission to Evaluate the Performance of the Mozambique Health Sector in 2001 (draft)*, Maputo 2002, p 13.

⁹⁸ SDC, *Report of the First Joint Mission to Evaluate the Performance of the Mozambique Health Sector in 2001 (draft)*, Maputo 2002, p 54.

6. GENDER AND HIV/AIDS

HIV/AIDS is a growing concern in Mozambique. Whereas in the past, Mozambique was a country with low levels of infection relative to the Southern African region, infection rates have rapidly increased after the peace agreement and re-opening of the main transport corridors and economic revival. It is estimated that the national average prevalence rate among adults aged 15-49 years is 12,2 %.⁹⁹ Again, there are regional variations, with markedly higher prevalence rates in the central provinces (16,5 %) and southern provinces (13,2 %) compared to the northern provinces (5,7 %), reflecting the influence of the transport corridors.¹⁰⁰

It is striking that in the age group 15-29 more women than men are infected.¹⁰¹ In particular, women aged 15-19 are twice as likely to be infected than men, and women aged 20-24 are approximately four times as likely to be infected than men. In the 25-29 age group there are still more women than men infected, but the difference between the sexes is less. The 30-49 age groups are characterized by a higher infection rate among men, but women's infection rates remain high. These rates may indicate that younger women use sexual relations as a survival strategy, particularly with older partners who are more economically established. It is also accepted that successful men may have multiple partners.

Young women tend to have sexual relations at an earlier age than young men. Although surveys indicate that 79 % of adolescent women and 76 % of young adult males interviewed reported sexual experience, only 6 % and 7 % of women and men used contraception at first sexual intercourse.¹⁰² The preferred method is the use of condoms. Overall, it can be said that both men and women consider that the most appropriate form of birth control is the condom. However, 38 % of young women consider that the pill is most appropriate. Only 58 % of women say that condoms protect against STDs – compared to 74 % of males. This not only reflects the lower level of education among women, particularly in the north and rural areas, but also that condom campaigns have specifically targeted males. Although 67 % of women agree that using a condom with a new partner is a good idea, only 52 % agree that women ought to insist that their partners use a condom. This clearly illustrates that a large number of women is unable to negotiate safe sex with her partner. This implies that the distribution of condoms alone is not effective to reduce HIV risks and prevalence.

Campaigns informing women about their rights to safe sex and good health have failed to effectively empower them to take appropriate decisions themselves. This of course is largely due to deep-seated cultural and social practices, such as the acceptance of early sexual relations, acceptance that men may have multiple partners, levirate (the custom whereby widows are 'inherited' by the deceased's brother or other male relative so that she becomes a wife of the man who takes the place of the deceased) etc. Culturally, it is not accepted that women should speak out in public on matters related to sexuality, and this makes it difficult to find female adult role models, who could lead sensitization campaigns targeted to girls.

⁹⁹ INE, *Impacto Demografico do HIV/SIDA em Mocambique (Actualizacao)*, Maputo 2000, p 9.

¹⁰⁰ INE, *Impacto Demografico do HIV/SIDA em Mocambique (Actualizacao)*, Maputo 2000, p 9.

¹⁰¹ INE, *Impacto Demografico do HIV/SIDA em Mocambique (Actualizacao)*, Maputo 2000, p 11.

¹⁰² INE, *Inquerito Nacional Sobre Saude Reprodutiva e Comportamento Sexual dos Jovens e Adolescentes 2001*, Maputo 2002, preliminary report. Nationwide the sample interviewed approx. 5000 females and 5000 males in the 15-24 age groups. Figures cited in this paragraph are taken from the same source.

Given the young population structure, and considering that young women are more vulnerable to HIV infection both on social/cultural and biological grounds it is important to ensure measures to protect and inform young women of the risks. The majority of women and men interviewed in a recent survey agree that youth should have access to information about contraception and sex.¹⁰³ This point of view is particularly strong in the Southern provinces, and there is a strong correlation between the demand for such sexual education and the respondents' level of education. Consider, for instance, that 93.5 % of the women interviewed who have secondary education and 93.7 % of the men interviewed with secondary education agreed that sexual education should be available to youth, compared to the respondents without any formal education, where only 52.6 % of women and 40.4 % of men agreed that sexual education should be available.

There are strong links between HIV/AIDS and poverty. Generally speaking, the poor are at a greater risk of infection and risk a rapid pathological development. In particular, female headed households may also be at greater risk in the following ways:

- those with precarious livelihoods who may resort to commercial sex appears as a ready source of cash and favour, particularly those with fewer choices on work, uncertain futures and pressure to meet immediate needs;
- the lower health status, low nutritional status, limited access to health care and treatment, poor sanitation also exacerbate vulnerability to opportunistic diseases;
- low educational status often leads to lack of awareness of the risks and transmission of the virus.

The impact of the epidemic will be felt at various levels, including that of the household, social services and national economy. The majority of the rural households depend on household farming for subsistence. As more people become sick, they are unable to work and this reduces household labour quality and quantity. In the case of female headed household this may exacerbate an already high dependency ratio and further reduce available adult labour. Furthermore, in the absence of a functioning medical infrastructure, other household members, usually women and girls, will have to devote more time caring for the sick. Women are often double victims, in that they are responsible for caring for the sick household members and could be without support when they themselves fall ill.

As the family will have to bear the cost for treatment this will affect the availability of disposable cash income, of which less will be available to purchase other necessities such as food, investment goods (stock for trading, agricultural inputs, seeds) or hire labour to compensate for the lost labour of the sick. When households become thus unable to supply sufficient agricultural and labour inputs, their productive capacity is undermined. The composition of crops may be gradually altered as families shift from high-labour intensive crops to less labour intensive crops or families may respond by reducing the acreage of land under cultivation. The immediate implication is that young girls in particular are unable to go to school, as their labour is needed at home and as there is less money to pay fees and school necessities.

7. GENDER AND GOVERNMENT-CITIZEN INTERACTION

¹⁰³ INE, *Inquerito Nacional sobre Saude reprodutiva e Comportamento Sexual dos Jovens e Adolescentes (relatorio preliminar)*, Maputo 2001. Statistics in this paragraph are taken from the same source, pp 16-25.

7.1. Women's participation in governance

Economic growth is to a large extent dependent on social cohesion and political stability. These in turn require ongoing support to the process of democratization. An essential aspect of democracy is the ability of citizens to effectively participate in governance processes.

Since in Mozambique women constitute 52 % of the total population, it is required that: (a) women are informed of their rights, so that they are able and willing to participate, (b) women feel adequately represented by the elected officials who ensure that their concerns are addressed by the government's policies and reflected in quality public service, and (c) women feel that their rights and freedoms are protected by the state through legislation and justice delivery, so that there is no need to resort to unlawful or unjust means of conflict resolution. In this sense, democracy is also a way of keeping the social peace and reducing the potential for conflict among the different societal groups. This is particularly important in a country such as Mozambique, that has a historical experience of civil war and where socio-economic differences are so pronounced, whether they be based on wealth, ethnicity and regionalism, or sex.

In order to increase citizen participation, Special Objective 5 proposes to reduce the potential for conflict through improved citizen-government interaction. This will be achieved through (1) the strengthening of civil rights and citizen knowledge of those rights, especially at the local level, (2) the expansion of formal and informal mechanisms for constructive citizen involvement in governance, especially at the local level, and (3) the implementation of key legal and judicial reforms.

In the past, the support of USAID/Mozambique focused on providing support to the central level, i.e. Parliament, political parties and some sectoral activities. In keeping with the decentralization process and the growing legal autonomy of local administrations, future support will focus on the local level, i.e. provincial, municipal and district level. This approach also addresses the significant divide that exists between citizens and government. Since the relationship between citizens and government is closest and more flexible at the local level, the local governance structures present more opportunities for participation, and thus also for improving the relationship between elected officials and their constituencies more effectively and permanently.

7.2. Women's participation in decision-making

Mozambique is often cited as a successful example of women's participation in formal political structures. This is based on the following facts:

- 29.4 % of the parliamentarians are women;
- Parliament is required to have a female Vice Deputy Speaker;
- The creation of the parliamentary Commission for Social Affairs, Gender and Environment and Parliamentary Women's Caucus;
- Frelimo has instituted a quota system whereby at least 30 % and ideally 35 % of the election candidates should be women;¹⁰⁴

¹⁰⁴ According to Frelimo policy, the ranking of election candidates guarantees that female candidates will be featured among those who will occupy seats won by Frelimo in each province. Separate elections are held in the party to ensure that women are included and these results determine the composition of the overall election list.

- Ratification of CEDAW, Beijing Declaration & Platform for Action, SADC Declaration on Gender and Development, and various other international instruments that uphold gender and women's rights.

It should be noted that although the number of women in decision-making is steadily rising, women are still under-represented. Consider the following table:

Table 6: Women in decision-making

Positions held (1998 data)	Women	Men	Total
<i>Cabinet</i>			
Minister	3	21	24
Deputy Minister	4	20	24
National Director & Deputy	14	100	114
Members of Parliament	71	179	250
Provincial Governor	0	10	10
Provincial Director & Deputy	6	116	122
<i>Women in Central Organs of State Apparatus</i>			
Head of central department	69	229	298
Head of central section	61	172	233
Head of provincial department	22	158	180
Head of central administrative department	50	138	188
<i>Women in the Judiciary</i>			
Deputy Attorney-General	1	5	6
Provincial Attorney	7	28	35
District Attorney	18	83	101
Professional Judges	?	?	?
Legal technicians	27	169	196
Lawyers	40	146	186

Source: Compiled from Da Silva, Terezinha & Andrade, Ximena, *Beyond Inequalities: Women in Mozambique*, SARDC Maputo 2000, tables 15, 17 and 19 – using 1998 data. Reliable data on judges not currently available.

At the policy level, there is a commitment to promote gender concerns. The Council of Ministers has recently approved a National Plan of Action to implement the commitments it undertook by signing CEDAW, the Beijing Declaration, and SADC Gender Policy. In addition, the government has instituted various institutional mechanisms at both central and provincial level to mainstream gender in its policies (i.e. creation of a Ministry for Coordination of Social Action and Women's Affairs in 2000, the establishment of gender units in various key ministries and the Grupo Operativo).¹⁰⁵

In 1996 the Ministry of State Administration outlined a plan to increase the number of women in the civil service, particularly at senior level. This plan is still relevant in so far as that there

Da Silva, Terezinha & Andrade, Ximena, *Beyond Inequalities: Women in Mozambique*, SARDC Maputo 2000, p 34, box 8.

¹⁰⁵ The Grupo Operativo is an intersectoral coordination mechanism established to ensure that all ministerial policies and programmes address gender issues and mainstream gender into their activities. Each ministry – and a few civil society actors reknown for their interest in gender – appoint two gender focal points who constitute the members. In spite of its high level character (it is presided by the Minister of Social Action and Women's Affairs), its functioning has been undermined by the need to train its members and the fact that it does not have any instruments/mechanisms to hold the member institutions accountable.

is still a recognized need to encourage women's leadership through training, objective chances of professional promotion, encouraging women at local level to offer themselves as candidates at the next municipal elections, and promoting interchanges between women in the civil service and in other sectors.¹⁰⁶

The above constitute important achievements, but the question is whether female politicians and officials adequately represent women's concerns in general and use their position to actively promote women's advancement. There are strong indications that the gender debate is not yet sufficiently present in the formal political fora. For example, the Women Parliamentarians' Caucus has yet to engage political actors and stakeholders in a debate on the allocation of the State Budget's resources to the social sectors in ways that can promote women's concerns. Although women's contribution to the economy results in a fair level of practical power at the household level, women's organizations and female elected officials are still reluctant to challenge macro-economic policies. Another example is the fact that much of the discussion around women's rights takes the form of debates around specific, well demarcated topics such as violence against women, without addressing power issues within the household. The result is that there is virtually no debate about strategic gender needs and strategies to bring about a social transformation and gender equality.¹⁰⁷

It is also noted that in spite of greater awareness about the importance of introducing gender equality measures, governmental policies and programmes and institutional mechanisms are not sufficiently effective. This is due to diverse factors, inter alia:

- the difficulty to operationalize the concept of gender equality and lack of mainstreaming skills,
- the inability of the national machinery to act as a watchdog because it has no power to control and monitor mainstreaming by other institutions,
- resistance against the introduction of measures that will transform social relations,
- resorting to a welfare approach, focusing on practical gender needs instead of strategic gender needs.

Both at central level and in the sphere of formal politics, there is a lack of agents of change. To some extent, this may be due to the fact that there is a cultural reluctance to engage a debate around power relations between men and women in politics, where power relations are the most visible. This is rooted in the historical evolution of the women's movement in Mozambique, which started as a political issue: OMM was created as the women's branch of Frelimo to mobilize women in support of the party. This political character was based on the view that "at the level of party and government, equality between men and women is seen as a part of the broader socialist concept of equality, which has been introduced without any specific analysis of gender issues. In this view, the primary contradiction is between women and the capitalist social order. Contradictions between women and men are recognized, but

¹⁰⁶ Arthur, Maria Jose et al. *Inequality Policies: Rudiments for an evaluation of Government and NGO gender policies and programmes Post-Beijing, 1995-1999* Forum Mulher, Maputo 2000, p 62.

¹⁰⁷ The gender 'jargon' distinguishes between strategic gender needs and practical gender needs. Practical gender needs refer to what can be done to address women's everyday, practical problems. It thus prioritizes actions such as provision of quality services, health, water and sanitation and is related to the welfare approach. Strategic gender needs focus on what skills women need to have in order to effectively transform their position in society and to break out of the traditional patriarchal role models. It thus focuses on education, leadership skills, economic autonomy, human rights framework etc. and is related to the empowerment approach.

are seen as being of a secondary nature”.¹⁰⁸ Like OMM, the Liga Feminina of Renamo typically addresses women’s concerns through specific women’s projects instead of adopting a systematic overall approach to gender.

A study of municipal and parliamentary deputies shows that often female politicians are recruited into political life by men and that women in office usually occupy positions that reflect women’s traditional ‘vocation’ to care and provide welfare services.¹⁰⁹ The traditional sexual division of labour also aggravates the difficulties in combining a professional and political life with a personal and family life. This is consistent with the popular perception that “the idea of gender equality is new and does not correspond to the reality of Mozambican women”.¹¹⁰

At the local level, women traditionally play an important role in the community’s public life, yet this appears to hide important contradictions. While within the household traditional power relations may continue to exist, in the community women are visible as agents of change. They are seen as mobilizers and educators, mediate in conflicts, campaign for adult literacy, participate in production cooperatives. OMM, that has branches down to the district and bairro level, and the Grupos Dinamisadores made use of women’s social roles to politically mobilize women – but never challenged the traditional power structures within the household. Participation in the public life gives women a role which is often denied them in the home and may initiate a process of emancipation; but this remains “at best double-edged, as it may provoke conflicts in the family which eventually lead to divorce”.¹¹¹ At the same time, the re-empowerment of traditional community-based leadership structures is expected to reinforce patriarchal values and thus lead to the economic and political exclusion of women.

7.3. *Women’s rights, legal and judicial reforms*

Gender equality and non-discrimination are fundamental principles recognized by the Constitution.¹¹² Provided that they are enshrined and protected by the legislation as a whole, they offer protection against such exclusion. There are however a number of thorny issues:

- high female illiteracy levels deprive many women of adequate information about their rights;
- potential conflict between traditional conflict resolution mechanisms and modern legal instruments;
- community-based courts are predominantly staffed by men who are generally reluctant to ‘impose women’s modern rights’, especially in matters related to power relations inside the family and between spouses.

In addition, the majority of Mozambicans continue to apply the customary laws, which in the South and Central regions are characterized by patrilineal customs, while in the North

¹⁰⁸ Berg, Nina & Gundersen, Aase, *Legal Reform in Mozambique: Equality and Emancipation for Women Through Popular Justice?* Maputo, s.d.

¹⁰⁹ UNDP, *National Human Development Report Mozambique*, Maputo, 2001, p 45.

¹¹⁰ Berg, Nina & Gundersen, Aase, *Legal Reform in Mozambique: Equality and Emancipation for Women Through Popular Justice?* Maputo, s.d.

¹¹¹ Urdang, Stephanie, cited in Berg, Nina & Gundersen, Aase, *Legal Reform in Mozambique: Equality and Emancipation for Women Through Popular Justice?* Maputo, s.d.

¹¹² Cfr. Articles 6 and 67 of the Constitution of 1990.

matrilineal customs are maintained. In addition, the Muslim community also applies religious law in the form of the Sharia.

Since Independence in 1975, the government has initiated a process of legal reform to bring legislation in line with the changing social order. The change to a multi-party system and pluralism in the 1990s has strengthened this process, resulting in the review of various pieces of key legislation. In 1997 a new Land Law was passed, granting women title to land in their own name, and since early 1998 a new Labour Law protects the rights of women workers, particularly in relation to extended maternity rights. Other key laws are still under discussion, such as the Penal Code, Commercial Code and Family Law.

In the Family Law gender conflicts are visible in various forms of discrimination against women. Although a draft Family Law was prepared and submitted to Parliament, it has not yet been passed. With the support of various donors civil society has played an important advocacy role on the inclusion of gender issues in the bill. Donor support has focused on information campaigns led by NGOs and the media to inform women about their rights and facilitate the participation of women in the debates. Thus, a number of gender issues have been identified, such as:

- recognition of equal rights in matrimony, including nuptial age, nationality, residence of women after marriage, marital authority, administration of conjugal property, declaration of birth;
- recognition of traditional and religious marriages;
- acceptance of domestic violence as a cause for divorce;
- elimination of discrimination against children born outside of formal marriage.¹¹³

However, these innovations are still contentious, so that their inclusion in the final law will still require a sustained advocacy and lobbying. This not only requires more coordination among the NGOs, but also the ability of NGO leadership to put pressure on the government to enact the reforms. Since the new law has not yet been passed, family issues are still governed by the 1967 Civil Code, “which discriminates flagrantly in relation to women’s rights (...) the drafting and approval of a new Family Law is therefore urgent.”¹¹⁴

The Penal Code is also under review. Here priority has been given to the elimination of gender-based violence. Gender-based violence is a wide concept, which is interpreted by some to include various forms of discrimination and humiliating treatment of women.¹¹⁵ The debate around gender violence in Mozambique has however focused narrowly on physical and domestic violence. Violence against women is an extreme form of social control since “consciously or not, the objective of violence against women is to preserve male supremacy”.¹¹⁶ At the joint initiative of civil society and government, a campaign was launched called Todos Contra Violencia, to inform women about their rights, create a public debate and provide legal, medical and psychosocial counseling to victims of violence. Although this initiative was very successful in the beginning, at present problems are arising

¹¹³ Oxfam America, *Brief on Legal Reform Program in Mozambique Funded by Oxfam America*, typescript, Maputo 2001, p 4.

¹¹⁴ Arthur, Maria Jose et al. *Inequality Policies: Rudiments for an evaluation of Government and NGO gender policies and programmes Post-Beijing, 1995-1999* Forum Mulher, Maputo 2000, p 55.

¹¹⁵ For a discussion of the definition of gender-based violence, see UNDP, *National Human Development Report Mozambique*, Maputo, 2001, p 48, box 3.10.

¹¹⁶ Arthur, Maria Jose et al. *Inequality Policies: Rudiments for an evaluation of Government and NGO gender policies and programmes Post-Beijing, 1995-1999* Forum Mulher, Maputo 2000, p 59.

around the institutionalization of the relationship between the member organizations of Todos Contra Violencia.

In spite of this weakening of the coalition/strategic alliance, there is still a broad consensus on two key issues: (1) that the new Penal Law should define domestic violence as a crime, and (2) that femicide should be recognized and punishable in the same way as homicide. In particular, the latter demand stems from the fact that judges are more lenient in the case of murder and manslaughter committed by men than by women.¹¹⁷ This is because the ways in which conflicts are settled (whether formally or informally) are still based on the patriarchal models and notions of ‘cultural reality’ that submits women to unequal rights. Another example is adultery: adultery by a woman carries a jail sentence of 2 to 8 years, in the case of the husband the sentence is 3 months to 3 years.¹¹⁸

The process of legal reform has led to significant achievements. In the first place, research was carried out on gender issues to be addressed in new legislation. Secondly, the NGOs have gained credibility and legitimacy, so that they are now increasingly recognized by the government as partners in legal reform and representatives of women’s issues. This has allowed them to participate in setting the agenda, e.g. NGOs have initiated a debate on inheritance rights. In this respect, NGOs also have an important role in lobbying for compliance with international conventions safeguarding women’s rights. In particular, they are urging for Mozambique to submitted a country report to the CEDAW committee.

The first prerequisite for legal measures to improve the lot of women is that women should have access to legal institutions. They should have formal access (i.e. not be required to be legally represented by a male relative). Many women still find their access limited due to high legal costs, procedures conducted in Portuguese, and a high degree of formalism (the weight of written documents over oral evidence). Women also lack adequate information about their rights and have little faith that a male judge will apply the law over the principles enshrined in traditional mechanisms of conflict resolution. A study on maintenance rights found that the “disadvantages and the difficulties (to obtain proper justice) outweigh the benefits by far”.¹¹⁹

Legal NGOs such as AMCCJ and research institutes such as CEA and WLSA have begun to can play an important role in testing the application of the new laws. This is done by bringing test cases based on the situation of their clients/constituency. In addition, they have called for the establishment of family courts that are more accessible to women.¹²⁰ This is particularly important considering that research has found that gender conflicts are the most visible in the domestic sphere governed by family law: “conflicts that involve women are predominantly generated within the family, in other words they are conflicts that are directly or indirectly related to the way the social construction of gender takes place (...) given that the social role of women accentuates their condition as wife, mother and daughter, women’s complaints emerge publicly in a context of the disappearance or questioning of the male framework of protection/dependence”.¹²¹ Subsequently, it is found that “the main problems presented by

¹¹⁷ WLSA, *The Justice Delivery System and the Illusion of Transparency*, Maputo 2000, p 131.

¹¹⁸ WLSA, *Families in a Changing Environment in Mozambique*, Maputo 1997, p 151-152.

¹¹⁹ WLSA, *Maintenance Rights and Women in Mozambique: Case Studies in the Southern Region*, CEA Maputo 1992, p 135.

¹²⁰ Oxfam America, *Brief on Legal Reform Program in Mozambique Funded by Oxfam America*, typescript, Maputo 2001, p 6.

¹²¹ WLSA, *The Justice Delivery System and the Illusion of Transparency*, Maputo 2000, p 132.

women in the formal courts are petitions for maintenance, divorce and division of property”.¹²²

7.4. *Women’s organizations and ‘gender’ NGOs*

Since the early 1990s there has been a proliferation of civil society organizations, including a large number of women’s organizations. NGOs are increasingly recognized as the voice of civil society. While many of these actively promote women’s advancement through concrete activities, few actually address the power imbalances that shape gender imbalances at all levels, whether at the household or community level.

Gender still means different things to different people. There are numerous NGOs in Mozambique that are involved in gender issues or paying attention to gender issues, but it can be said that there are two groups: (1) the so-called ‘gender’ or women’s organizations that are directly concerned with gender and (2) other NGOs that indirectly address gender issues.¹²³

The first group refers to organizations that are specifically dedicated to gender issues, i.e. they stipulate their explicit desire to improve women’s position in society in their mandate, they apply a gender analysis and gender perspective in the definition of their objectives, strategies and activities, they single out problematic gender relations as their chosen area of intervention and they usually consist of female directors and staff. The NGOs that belong to this group are almost all members of Forum Mulher, which acts as an umbrella and coordination platform for its members. Forum Mulher has compiled an inventory of its members and associated NGOs that serves as a useful list of women’s NGOs in Mozambique.

The second group refers to the ‘mainstream’ or sectoral NGOs that operate in the communities and/or specialize in certain areas such as education, vocational training, civic education, water and sanitation services, credit, agricultural extension services and nutrition etc. These may also include associations and cooperatives, as well as religious organisations. They are not specifically and explicitly addressing gender issues, but carry out activities that by their very nature benefit the community and women and thus indirectly contribute to the improvement of women’s position in society and women’s empowerment.

National NGOs emerged in response to the drive for community-based development, and have assumed that community-based interventions will automatically benefit women, thereby ignoring that community structures are usually anchored in the ‘cultural reality’ of gender inequality. Churches and religious groups are also influential in maintaining patriarchal values.

In general, one notes the marked progress in the gender NGO’s leadership’s management capacity. There is a growing professionalization of the services provided by the NGOs. However, there are a number of weaknesses. Institutional capacity remains rather limited, particularly at the level of local delegations. There is little coordination among gender NGOs: they do not have a common, jointly formulated Post Beijing Plan of Action. Subsequently each has its own priorities, as well as its individual funding mechanisms, plans and strategies, partners and administration. There is little concrete collaboration among gender NGOs:

¹²² WLSA, *The Justice Delivery System and the Illusion of Transparency*, Maputo 2000, p 133.

¹²³ Van den Bergh-Collier, Edda & Osorio da Conceição, *Assessment of Gender and Women’s NGOs in Mozambique*, NOVIB 2001.

Forum Mulher should focus on strategic coordination among its members to strengthen its advocacy and lobby role, but has tended in recent years to focus on bureaucratic coordination. Thus many NGOs operate in the same thematic areas and target the same groups without capitalizing on possible synergies, resulting in inefficient use of resources. The majority of gender NGOs are based in Maputo and there is little coordination with NGOs in provinces.

There is only a limited articulation between the gender NGOs and state institutions. In general, individual NGOs only maintain fragile and minimal links with the state, which translates into a very limited participation of NGOs in the gender strategies of the government. Consider for example the sector of legal reform where the female lawyers' association is widely accepted by both civil society and government as spokesperson for women but plays a minimal role vis-a-vis the Ministry of Justice.

Based on the above, it can be concluded that a united, vigorous and militant women's movement with sound academic underpinnings does not exist in Mozambique, but that there are instead a large number of organizations that undertake diverse and topical activities. Although it is not possible here to verify the actual impact of gender NGOs in communities, it would appear that efforts made during the last decade have not yet produced the expected results in so far as that for many men and women, gender inequality continues unchallenged, particularly in the provinces. Considering that gender advocacy and gender NGOs were predominantly the domain of educated, urban, professional women, there is some doubt whether they adequately represent the poor, illiterate and rural women they claim to defend. It has to be said, however, that they have opened the debate on gender, thereby creating at least theoretical opportunities for ordinary women to participate in ways to renegotiate gender relations.

7.5. Implications

In Mozambique, there is a growing awareness about the need to promote women's advancement and the need to address women's concerns in development policies of government and NGOs, but it has proved difficult to analyse gender imbalances and the power relations that they are built on. This is partly due to cultural reasons and due to historical reasons factors that have politicized the women's movement instead of orienting it towards the transformation of women's social status. Constructive, sound debates around the concept of gender, its social construction and power relations, are scarce. This translates into a widespread difficulty in operationalizing gender and gender strategies, both among NGOs and government.

There is a need to mobilize and support female leadership at all levels, whether at central or provincial and community level, as well as within government and in civil society through training in leadership, management and communication skills. Particularly important is the need to build closer links between female elected officials and their female constituents. This is important in relation to the legitimacy of female elected officials, without which they are not able to act as role models, as well as in relation to accountability, i.e. what have they actually done to promote women's advancement and to improve the life of the rural women who voted for them.

Future challenges will be to extend debates on the legal reform process to a nationwide level, so that regional gender imbalances and concerns are also adequately reflected. Information

campaigns targeting women are essential if women are to have a sense of ownership of the reform process, to contribute, and to gain an understanding of what the law says about them and why reforms are necessary.¹²⁴ Considering the high level of female illiteracy and limited penetration of information to the rural areas, it is critical to use appropriate information channels, such as community-based radios and culturally appropriate messages.

In this respect, the role of the media should be highlighted, in particular in relation to the need for a systematic media policy which seeks to change the way women's roles are perceived and gender conflicts are played out in public. To achieve this, it is necessary to promote female journalists' professionalism and to sensitize all journalists/media professionals so that they may pay special attention to gender issues as important political and social issues.¹²⁵ It is noted that at the moment all forms of the media in Mozambique (written, radio, TV) tend to report on gender as women's issues and treat those as a separate issue in dedicated programmes or on the margin of general news items.

To foster a strong and proactive women's movement in Mozambique more institutional capacity building, more training and more coordination are required, as well as improving linkages between leadership and constituents. Articulation with other women's movements at regional and global level will be fundamental to introduce a greater dynamism and visibility to women's actions in Mozambique.

8. GENDER ACTION PLAN

Based on the gender issues identified in the Gender Profile, the following elements were selected together with the various SO teams to be integrated in the strategies outlined in the Country Strategy and future activities.

SO 5

RAPID RURAL INCOME GROWTH SUSTAINED IN TARGET AREAS

- Advocate for gender-responsive policy (PROAGRI).
- Promote the inclusion of gender in the research and extension agenda (ensure that extension work adequately addresses women farmers' needs)
- Promote field level activities that have a clear demonstration effect of how various kinds of female farming can be improved.
- Promote the introduction of women-friendly technologies in rural industries.
- Ensure appropriate dissemination of market information via channels that effectively reach women producers, distributors and consumers.
- Ensure that women stakeholders are consulted in the selection of roads to be rehabilitated.
- Encourage the adoption of best practices in the construction (road rehabilitation) industry regarding the recruitment and training of women.

SO 6

LABOR INTENSIVE EXPORTS INCREASED

¹²⁴ Oxfam America, *Brief on Legal Reform Program in Mozambique Funded by Oxfam America*, typescript, Maputo 2001, p 5.

¹²⁵ Da Silva, Terezinha & Andrade, Ximena, *Beyond Inequalities: Women in Mozambique*, SARDC Maputo 2000, p 49, box 12.

- Promote self-regulation at the level of associations to ensure that minimum labor standards are applied.
- Ensure that statistics and data on employment creation are disaggregated by sex and systematic monitoring of equity impacts (i.e. all future studies involving business surveys to gather data on the sex of the ownership of the business and analyze the results accordingly to determine if there are gender differences in experience).
This leads to a potential link with SO 9 (Governance and Democracy) since it raises questions such as whether men and women entrepreneurs have different experiences with bureaucratic procedures and red tape, to obtain necessary documentation, licenses and government approvals.
- Carry out policy research on liberalization measures that support gender equality.

SO 7

INCREASED USE OF CHILD SURVIVAL AND REPRODUCTIVE HEALTH SERVICES IN TARGET AREAS

- Expand the concept of women's health so that it captures women's health needs at various stages of their life cycle and does not focus solely on reproductive health.
- Include a greater focus on men and youth in reproductive health and maternal health campaigns.
- Develop community-based care and treatment options that do not fall solely on the shoulders of women and girls.
- Explore to what extent linkages can be made to female literacy and educational programs (to maximize the link between health care use patterns and female education).

SO 8

HIV/AIDS PREVENTION AND CARE ENHANCED THROUGH BEHAVIOR CHANGE

- Ensure that the concept of 'leadership' includes women that can actively influence the community and thus effectively contribute towards behavior-change at community level. These women may include traditional birth attendants, OMM representatives, women who already participate in community management systems (e.g. water and sanitation committees, village school committees, local health committees, etc.), traditional healers, successful female entrepreneurs and markets traders etc.
- Undertake advocacy so that all counterparts and implementing partners pay attention to gender issues and so that these may develop appropriate policy measures (e.g. policy on sexual and domestic violence).
- Advocacy should have a very strategic and pragmatic focus, i.e. should focus on the extent to which women citizens are able to identify and formulate their specific concerns and on the extent to which Mozambique is ready to enact and enforce new regulations. Here is a potential link with SO 9 (Governance & Democracy).
In sharing that lessons learned are widely disseminated and shared, ensure that full analysis is made of women's role in influencing the adoption of no-risk behavior.
- Ensure that gender differentiated impacts of interventions are identified and carry out operations research to address the questions raised by the analysis of gender differentiated impacts.
- Ensure that the definition of 'community' is sufficiently flexible to include all mechanisms by which people associate, i.e. so that it captures all the ways in which women can be mobilized to define, analyze and address their specific concerns ("the women at the well").

- Define appropriate messages targeting women, i.e. messages may be in vernacular, understandable, based on cultural realities and relevant to women's lives.
- Ensure that care and treatment options (in particular home-based care and community support services) do not perpetuate the existing division of labor whereby their burden falls disproportionately on women and girls.

This creates potential linkages with SO 5 in that SO5 will include a focus on laborsaving and higher productivity crops that will help to alleviate women's work burden and mitigate against the loss of productive family members.

SO 9

MORE DEMOCRATIC MUNICIPAL GOVERNANCE

- Define the concept of 'accountability' so that it can address the reasons why women have less access to information about their rights and opportunities to participate in development processes. ('Accountability' refers to the right of citizens to information, but women tend to participate less in formal politics, have less 'voice' in formal governance structures, have lower education levels, men tend to speak for the community, there are weak links between female elected officials and female voters.)
In the establishment of municipal/neighborhood-based community councils, ensure the participation of a wide cross-section of community members, including women drawn from different social layers.
- Ensure that community councils effectively incorporate gender issues in their development plans and promote women's participation in the implementation and monitoring of the development plans (so that gender priorities do not 'evaporate').
- Examine whether the Women's Budget methodology may be applied to the financial management of municipal resources.
- Integrate gender as a category of potential vulnerability and conflict in the Conflict and Vulnerability Analysis.
- Support effective issue-based civic action and advocacy in function of the issues that are identified by the national women's movement as urgent priorities (e.g. Family Law, violence policy etc.).