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REPORT ON THE STATUS OF NUTRITION  
MOZAMBIQUE

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## 1.0 INTRODUCTION

This report was prepared to provide the USAID/Maputo staff with: 1) a summary of current nutritional status in Mozambique, with an examination of urban/rural differences, 2) an examination of the proposal to decrease the food aid ration from 350g to 300g per person per day, and 3) a review of the Maputo ration system of food distribution to its residents.

This report is based on a  cursory  and  preliminary  examination of current literature and data, unpublished reports by donor and government agencies, and information from resident officials working in the food and nutrition field. Because of the general paucity of national nutrition data, and the limitations of the available data, this assessment cannot be regarded as a comprehensive analysis; rather, it is a collection of severely limited information, impressions and observations gathered on a non-scientific, non-rigorous basis.

While the information contained herein is believed to be accurate, further investigation is required to substantiate the major conclusions.

## 2.0 NUTRITIONAL STATUS IN MOZAMBIQUE

### 2.1 Introduction and Definitions

Overall, a community's nutritional status can be assessed through examining the nutritional well-being of its children. Because of their rapid growth, and their nutritional vulnerability, children will manifest food/nutrition problems earlier than most adults. Thus, a review of child nutrition and health data can provide insight into the nutrition problems of a community.

MALNUTRITION, technically protein-energy malnutrition (PEM), is the result of consuming too few calories and/or protein. PEM manifests itself in diminished growth and/or the development of symptoms nutrient deficiency symptoms. Various grades of malnutrition (mild, moderate, severe) have been developed based on internationally accepted standards for height, weight, and age of the child. Anthropometric measurements (height and weight being most common) are used to detect PEM. Severe malnutrition is often accompanied by signs of Kwashiorkor, Marasmus, and/or vitamin deficiency diseases (such as vitamin A blindness, anemia, pellagra, beri-beri, etc).

ACUTE MALNUTRITION is defined as the loss of body weight representing current or very recent nutritional deterioration. Mild, moderate, and severe forms of acute malnutrition occur. Severe acute malnutrition is defined as weight measurements which fall below the 3rd percentile for a child's age or height.

CHRONIC MALNUTRITION is defined as shortness of stature, or stunting, as a result of long-term or historical malnutrition. As with acute malnutrition, there are mild, moderate, and severe forms of chronic malnutrition. Severe chronic malnutrition is present when a child's height falls below the 3rd percentile for his age.

GROWTH FALTERING occurs when a child does not gain weight thereby rendering the child at risk for developing more severe forms of malnutrition.

## 2.2 National Nutrition Status

Nationwide, the GPRM estimates that 15-25% of children exhibit growth faltering and between 5-8% of children under five years of age present signs of severe malnutrition (very poor growth, kwashiorkar, marasmus, etc.).<sup>1</sup> Table 1 summarizes nutrition statistics available since 1983.

Generalizing from this limited data set, however, can only be done with utmost caution. Because the surveys 1) represent only fragmented efforts in very specific geographical areas, 2) are generally based on small sample sizes, and 3) do not provide information on the less severe (but more insidious forms) of malnutrition, the data may not reflect, and may possibly underestimate, the magnitude of malnutrition in other parts of

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<sup>1</sup> Ministry of Commerce, Food Security Department. "Food Situation May/86 - April/87". (November 1986).

Mozambique - especially among dislocated and remote, rural families who are considered to be the most vulnerable groups.

Nutrition professionals contacted for the preparation of this report believe malnutrition is more widespread than indicated in Table 1. Security problems, however, have precluded nutrition surveillance in most areas of the country where severe malnutrition rates is believed to be more prevalent (see Figure 1).

Groups at highest risk for malnutrition are refugees and isolated family sector farmers who lack the means of production for subsistence level survival. UNICEF reports that many family sector farmers have still not recovered from the 1983/84 drought - their 1986 food stocks are reported to be still insufficient and their fields sizes small.<sup>2</sup> In the interior of Inhambane Province, where no food or nutrition information is available, the Ministry of Health (MOH) predicts the nutritional situation may be critical.<sup>3,4</sup> And in the Changara district of Tete Province, 80% of the families may totally lack basic food products by March 1987.<sup>5</sup>

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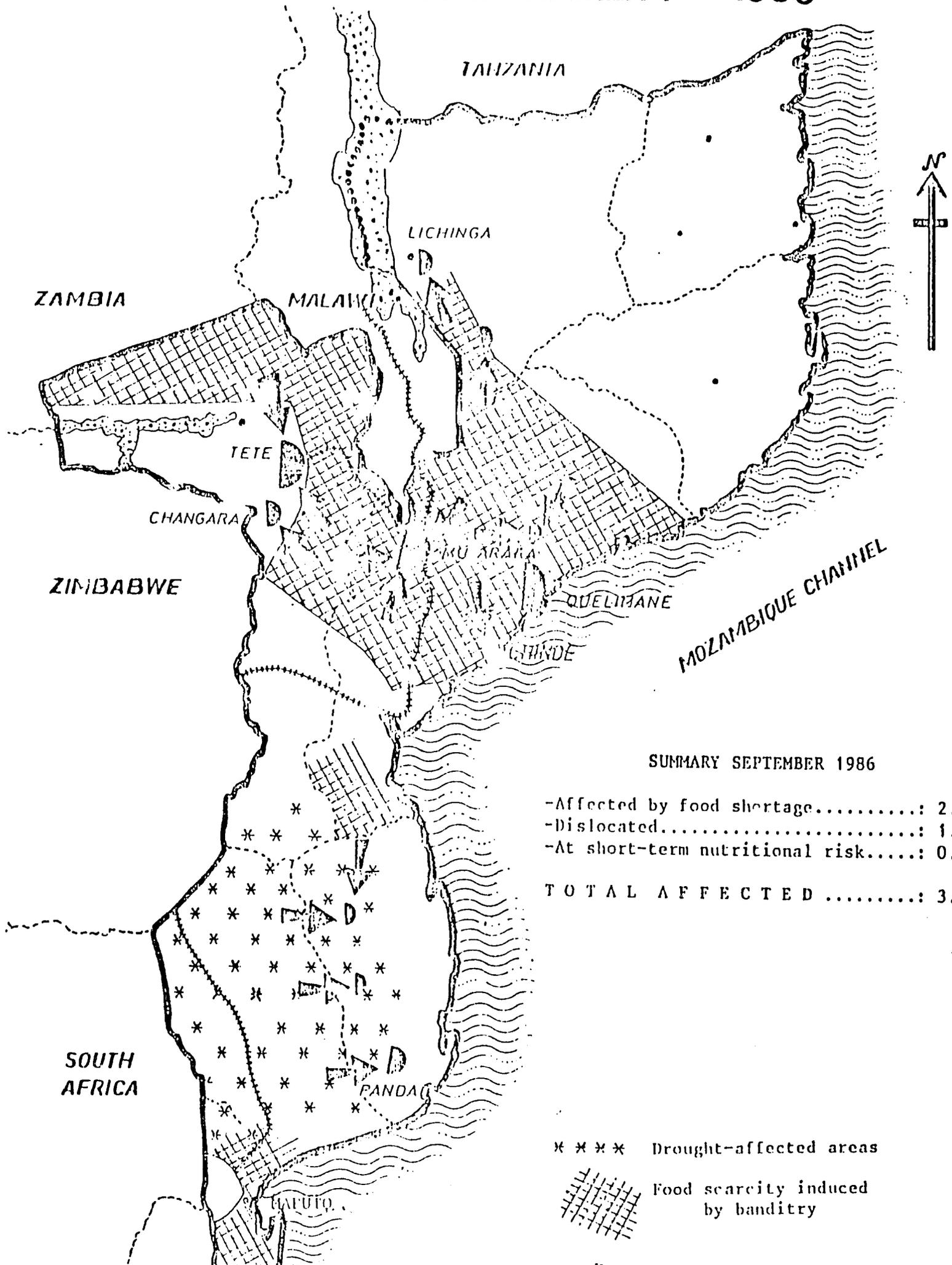
<sup>2</sup> Morgan, R. "Seminar on Household Food Security". Note for the Record. Ref:Emerg/86/0100/0104/0109. (Nov 6, 1986).

<sup>3</sup> Ministry of Commerce, Ibid.

<sup>4</sup> UNICEF reports that since October 1986, 22 hospital cases of kwashiorkar have been reported in Inhambane among dislocated families.

TABLE 1  
Summary of Nutrition Surveillance Data  
Mozambique Ministry of Health

Area	Date	Source	Prevalance of Severe Malnutrition	
			< 3rd perc Height/Age (CHRONIC)	< 3rd perc Weight/Height (ACUTE)
<u>City of Maputo</u>	April 84	(1)	8 %	1 %
	April 84	(1)	17 %	6 %
	Oct 85	(1)	23 %	3 %
	Jan 86	(1)	30 %	3 %
<u>Gaza Province</u>	Oct 83	(1)	--	12 %
	1984	(2)	--	6.9 %
	1985	(2)	--	11 %
	April 84	(1)	--	4 %
	Chicualacuala Jan 86	(1)	--	4.6 %
	Chicualacuala Chibuto Jan 86	(1)	12 %	2.4 %
	Nov 86	(3)	--	2.5 %
<u>Inhambane Province</u>	Vilanculos Oct 83	(1)	--	28 %
	Morrumbene Aug 85	(1)	31 %	2 %
	Massinga Oct 85	(1)	33 %	1 %
	Morrumbene Dec 85	(1)	47.1 %	1.6 %
<u>Manica Province</u>	Mossurize April 84	(1)	--	5 %
	Sussendenga April 84	(1)	--	10 %
	Chimoio April 84	(1)	--	3 %
	Mossurize April 85	(1)	--	5 %
	Mossurize May 85	(1)	59 %	4 %
	Espungabeira Nov 85	(1)	35 %	8 %
		Feb 86	(1)	32 %
<u>Sofala Province</u>	Machanga July 84	(1)	--	20 %
	Nhamatanda Feb 86	(1)	29 %	7.4 %
	Beira July 86	(1)	--	7.8 %
<u>Tete Province</u>	Changara April 84	(1)	--	36 %
	Changara Nov 84	(1)	--	3 %
	Cahora Bassa Nov 84	(1)	--	5 %
	Changara Mar 85	(1)	35 %	5 %
	Cahora Bassa Dec 85	(1)	63 %	8 %
	Changara Jan 86	(1)	42 %	5 %
<u>Zambezia Province</u> Quelimane	Aug 85	(1)	22 %	2 %



Thus, realistically, malnutrition rates for certain areas are higher than available GPRM statistics suggest. The data presented thus far illustrates the prevalence of severe malnutrition in the country. Moderate malnutrition is believed to be a far more widespread and insidious phenomenon. Moderate malnutrition, or undernutrition, lowers work productivity, impairs the body's resistance to infection and disease, and increases the risk of death. To gain a more complete picture of the malnutrition problem in Mozambique, the following discussion compares the magnitude of severe vs. moderate malnutrition rates in the country.

### 2.2.1 Severe Malnutrition

Table 1 figures suggest a decline in severe acute malnutrition rates for most areas over the recent past. Most of the apparent improvement is attributed to favorable environmental conditions and sufficient rain for agricultural production.

The increase in acute malnutrition rates in Manica and Sofala Provinces during 1985/86 is attributed to the large numbers of refugees returning from Zimbabwe. Donor and MOH officials believe acute malnutrition rates for "severely affected areas", like Sofala and Manica, is greater than the national range of 2-8%. Recent data from the MOH show a rapid rise in severe acute malnutrition (kwashiorkar) cases in Inhambane province - an area where many families are immigrating to escape drought or insurgency. Other than these areas or more vulnerable groups, MOH acute malnutrition rates are probably accurate, reflecting an improvement for many areas than in previous years.

Historical or chronic malnutrition (stunting), however, appears to increase during the same period. The 1986 prevalence of historical or chronic malnutrition probably accurately reflects the severity of stunting in Mozambique, especially for those sections of the country most affected by the 83/84 drought (Maputo, Gaza, Inhambane, Manica, and Sofala Provinces). Nutrition surveillance is now beginning in Niassa province which was not affected by the earlier drought, and the MOH officials expect the prevalence of severe chronic malnutrition to be low among children living in that area. Chronic malnutrition levels are quite high, ranging from 12-60% among children 0-5.

While these figures suggest a trend, the numbers most likely reflect differences in sampling and geographical location.

### 2.2.2 Moderate Malnutrition

Official statistics on the prevalence of moderate malnutrition was not available for the preparation of this report. However, preliminary information suggests that moderate acute malnutrition (between the 3rd and 10th percentile weight-for-height) is reportedly widespread in Mozambique. For example, children in Tete City exhibit relatively low levels of severe acute malnutrition (2-3%), but moderate acute malnutrition is high - between 10-20% of all children under five. In Northern Chibuto district of Gaza Province, November 1986<sup>6</sup> moderate malnutrition was found in 12% of all

under-fives, with a peak prevalence (17-20%) in 12-24 month olds.

In the absence of any national data on the prevalence of moderate malnutrition, we can assume for the purposes of this report that the national prevalence rates of undernutrition resemble that of Tete City or Chibuto, and that a large proportion of the children (and by implication their families) in Mozambique are at nutritional risk.<sup>7</sup>

### 2.2.3 Growth Faltering

GPRM statistics state that 15-25% of all children are at risk for malnutrition as evidenced by growth faltering. In view of the discussion above, this level may in fact be substantially higher in certain regions or among select groups. In a previous visit to Mozambique to examine the nutritional situation in Gaza Province, provincial health/nutrition personnel reported that approximately 50% of under-fives are currently undernourished as evidenced by growth faltering. This was substantiated in a review of 28 child growth cards in Chokwe where half the children failed to gain weight since the previous weighing session.

Growth faltering can be regarded as an "early warning" sign of impending nutritional problems, either due to

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<sup>7</sup> It is accepted that when more than 15% of the children in an

inadequate food supply or disease/infection which results in malnutrition. If between 15-50% of the children indeed exhibit growth faltering, then the risk of malnutrition is much greater than previous statistics have indicated.

### 2.3 Urban vs Rural Nutritional Status

The Ministry of Commerce has indicated that the greatest need for food is among 1) urban populations who are entirely dependent on market availabilities, and 2) those people affected by drought and insecurity (see Figure 1). While the government estimates that there are more than 3.03 million urban residents (including dislocated families who have migrated to the towns/cities) in need throughout the country, this may be underestimated. Anecdotal reports indicate that rural-urban migration due to drought or insurgency have increased urban population sizes substantially in the last two years and is expected to increase further in the coming year.

Official MOH figures do not suggest a significant difference between the prevalence of child malnutrition in urban as compared to rural areas. Based on an examination of Table 1 data, an estimated 3-8% of urban children and 1-8% of rural children show signs of severe acute malnutrition. It is unknown, however, whether moderate malnutrition is equally prevalent among urban and rural groups.

The characteristics which would account for the similar rates have been mentioned earlier in this report - that is, urban populations are highly dependent on imported or marketed food and often contain large groups of refugees

means of producing their own food due to drought or insurgency.

Because of the limitations of these statistics, it is difficult to establish any real difference between urban and rural groups in the country.

#### 2.4 Factors Associated with Child Malnutrition

Much of the child malnutrition reportedly occurs during the weaning period (6 months to 2 years of age) when breastfeeding diminishes and children begin to rely on household food sources for their nutritional needs. It is generally believed by health/nutrition professionals in Mozambique that malnutrition in utero or during the first four months of life is not as critical a problem as during the later months of life when children are more dependent on household food sources for growth and development.

However, more recent research do not support the current thinking that infant malnutrition is not prevalent. Alto Changane Project data of infants under five months of age show 6% to be moderately malnourished (low weight for height) and 8% exhibit some prevalence of "historical" malnutrition or stunting (low height for age). The data suggests that maternal nutrition either during pregnancy or lactation is inadequate to assure a child has a healthy start in life. In addition, low birth weight may be a greater problem than realized.

Health workers in Chokwe and Xai-Xai reported that childhood malnutrition is also a result of detrimental

months). Although there is no data on child feeding practices in Mozambique to substantiate this observation, weaning problems are common in Southern Africa, and are likely to be a factor in child malnutrition in Mozambique. Improving household food security may alleviate some malnutrition, but nutrition education is also needed to assure that food allocation within the home is directed to women and children in nutritional need.

Health is also related to malnutrition. Infectious diseases can render the child malnourished and at greater risk for developing more infection and further malnutrition. Apparently, primary health care services (including the provision of a clean, safe water supply) are available for only a small proportion of the Mozambican population,<sup>8</sup> and there exists no GPRM community health program to deliver preventive health care to more rural communities. In the absence of available, accessible, and affordable health care, child malnutrition will continue to be a problem even if food security improves.

## 2.5 Conclusions

Despite the data limitations, malnutrition is commonly believed to be widespread throughout Mozambique, although considerable geographic variation exists. Previous consultancy reports have tended to underestimate the extent of malnutrition in the country because mass

starvation is not readily apparent. However, the more insidious form of moderate malnutrition - which could rapidly deteriorate into an acute starvation state if not prevented early on - is extremely prevalent throughout the country.

Nutrition surveys for select sites have demonstrated between 10-20% children 0-5 years of age to be moderately malnourished. In some areas, as many as 50% of the children suffer from growth failure. Moderate malnutrition ranges from 20-60% of all children under five years of age. An additional 2-8% of Mozambican children are severely and clinically malnourished. These already consternating figures are believed to be low - particularly for urban and dislocated families who are at higher risk for malnutrition and starvation.

When child malnutrition is found at these levels, the nutritional status of all individuals in the entire community is at risk. Malnutrition in its mildest form lowers work productivity, reduces resistance to illness and infection, and increases the risk of mortality. If permitted to develop into more severe malnutrition, such starvation scenes as found elsewhere in Africa would become common in Mozambique.

### 3.0 DECREASING THE RATION FROM 350G TO 300G

#### 3.1 National Food Availability

FAO statistics for 1979-81 show that for a population of 10+ million, 1881 calories/day were available for each person. By 1981-83, FAO estimates that this had declined to 1735 calories/person/day.

If we assume that the mix of food locally produced, imported, donated, and exported has remained the same over the last 3-5 years, (i.e. presently, there is the same quantity of food available in Mozambique as in 1979-80 or 1981-83 since food imports/food aid have likely covered the declines in local production), but population figures have increased to 14+ million, then the available per capita calorie supply in 1986 has fallen to an estimated 1343-1487 calories/person/day (see Table 2).

If one now assumes a 15% loss or wastage rate in the total food supply, this figure is further reduced to 1141-1264 available calories/person/day - more than a 20% reduction over the 1979/81 figure and nearly 30% below the WHO/FAO recommended calorie intake (1986 FAO Country Tables).

Because national data on the available food supply is generally incomplete and of questionable accuracy, it is difficult to substantiate these assumptions. However, in discussions with officials monitoring the food situation, it is clear that there is no greater food supply than in the early 1980's despite food donations from aid organizations. In fact, most professionals believe the

TABLE 2

## NATIONAL FOOD SUPPLY FOR MOZAMBIQUE: 1979 - 1986

	1979- 1981 <sup>1</sup>	1981- 1983 <sup>2</sup>	1986 (est) <sup>3</sup>
Population (est in millions)	10	12	14
per capita available calories	1881	1735	1343-1487
per capita available calories after deducting 15% loss/wastage	1559	1457	1141-1264
Minimum 1986 calorie levels as a percentage of previous years	71%	77%	--

Source: <sup>1</sup>FAO food balance sheet 1979/81.  
<sup>2</sup>FAO food production yearbook, 1985  
<sup>3</sup>Extrapolated from previous data - assumes overall  
 food supply has remained the same as previous years.

### 3.2 350g vs. 300g Food Assistance Ration

Reducing the ration from 350g to 300g will result in a decline of 200 available calories/person/day (based on 4 calories per gram carbohydrate). The national calorie availability (as demonstrated in Table 2) is essentially so low that such 200 calorie deficit could have a significantly negative effect on the nutritional status of the population served by PL480 food. This could be especially true for urban residents who may have little or no access to cash for purchasing other foodstuffs. The bulk of the food aid allocation is directed to these urban or otherwise "seriously affected" rural residents who have few alternatives for their food.

hunger or starvation, it is the urban residents and the "migrant" rural families who have the greatest need for food distribution.

To replace the 200 calories or 50 grams of food each day, the annual cost to the individual ranges from 209-237 M/year at official rice and corn prices to 2,700-5,200M/year at free or black market prices.

Because more than 60% of the total marketed grain supply is distributed through the government channels at fixed prices, the individual would likely need to purchase foodstuffs other than grains (e.g. oil, vegetables, beans) to cover the 50g shortfall. These food sources usually are more expensive than the official prices of rice and corn. Thus, we can assume that the annual cost of replacing the 50g would amount to more than 500M/person/year or more than 2,000M/family of four. This is equivalent to more than one-half month's salary for a poor family in Maputo. For subsistence farmers, this cash requirement could be substantial.

### 3.3 Grains and Other Starches as a Percentage of the Diet

While a previous consultant reported cereals constitute 33% of the diet, the actual non-animal portion of the diet is 97%. That is, the diet consists almost entirely of grains, roots/tubors, beans, vegetables, fruit, and miscellaneous food items such as sugar and alcohol. According to FAO statistics, cereals and roots/tubors alone constitute between 68-77% of the total food availability of the country. Vegetables and sugar accounted for an additional 6% of total calories available (3% respectively).

### 3.4 Conclusions

As the national available caloric levels are so low, it would behoove the U.S. Government to continue to provide 350 grams of food assistance/person/day and not decrease the allocation to 300g/person/day as previously suggested. However, for greater nutritional impact, the PL480 allocation should include oil and beans as well as grains to "round out" the diet thereby adding substantial calories (in the case of oil) and other necessary nutrients (e.g. protein in the case of beans).

### 4.0 EXAMINING THE RATION SYSTEM IN MAPUTO

Maputo is the only area/city in Mozambique where a subsidized ration system for distribution of selected foodstuffs is established. Of 5,000,000 estimated recipients nationwide, 1,400,000 Maputo residents or approximately 28% utilize the Maputo ration system receiving 32% of all food aid distributed in the country. Most of the food aid in Mozambique is distributed outside Maputo as indicated by Table 3:

TABLE 3

<u>Food Aid Commodity</u>	<u>Percentage retained in Maputo</u>
Maize	11%
Rice	40%
Wheat	40%
Maize Flour	30%
Total Food Aid Supply Retained in Maputo	32%

In Maputo, the ration system is based on residential status, not income. Thus, nearly every resident has access to rations. Depending on their economic status, families may also obtain food from the free market or family farms. The relative dependence on rations for selected food items varies considerably between social class. Table 4 provides preliminary data from the USAID/Maputo Expenditure Survey which demonstrates that very poor and poor families depend heavily on the ration system for their supplies of rice as compared to families of higher socio-economic status.

TABLE 4

<u>COMMODITY</u>	<u>RELATIVE DEPENDENCE ON RATION SYSTEM</u> (by Socioeconomic Class)		
	<u>Very Poor</u>	<u>Poor</u>	<u>Low Middle</u>
Rice	100%	94%	87%
Maize	80%	57%	87%

However, the poor, as opposed to the very poor or low-middle income groups, receive nearly half of their maize purchases from outside the ration system. A possible explanation would be that the poor have access to family farm production for their maize needs, while the very poor (most likely landless or migrant families) and the low-middle groups have fewer ties with rural agricultural production.

Until more data is collected and analyzed for the Expenditure survey, of the importance of the ration system cannot be determined. At this point in time,

however, we can assume that the ration system, despite the lack of focus and targetting to people in need, is an important source of inexpensive calories for the most vulnerable groups in the city. Because food demand in the urban areas far outstrips supply, the ration system provides a mechanism for assuring all residents (poor and rich alike) have access to basic food and consumer goods. Without the ration system, the very poor would probably not be able to purchase their food needs at market prices, and would thus suffer nutritionally.

ANNUAL FOOD NEEDS FOR DEPENDENT POPULATIONS BY DEGREE OF ACCESSIBILITY (350 G RATION)  
(MT)

	(A) Total Restrict. (B)+(C)	(B) Extremely Restrict.	(C) Partially Access. (D) - (F)	(D) Access by Armed Convoy	(E) Access by Air	(F) Access by Rail	(G) Access by Sea
Maputo	14,896	7,346	7,550	7,550	0	0	0
Gaza	4,216	0	4,216	4,216	0	0	0
Inhambane	11,894	0	11,894	11,894	0	0	0
Sofala	62,495	53,157	9,339	8,866	0	0	473
Manica	6,490	5,238	1,252	0	1,252	0	0
Tete	35,515	35,515	0	0	0	0	0
Zambezia	82,616	76,867	5,749	5,749	0	0	0
Niassa	56,517	25,946	30,571	0	0	30,571	0
Subtotal	274,637	204,068	70,569	38,274	1,252	30,571	473
Naupula	0	0	0	0	0	0	0
Cabo Delgado	639	639	0	0	0	0	0
Maputo City	0	0	0	0	0	0	0
Subtotal	639	639	0	0	0	0	0
	0	0	0	0	0	0	0
Total	275,276	204,707	70,569	38,274	1,252	30,571	473

MONTHLY FOOD NEEDS FOR DEPENDENT POPULATIONS BY DEGREE OF ACCESSIBILITY (350 G RATION)  
(MT)

	(A) Total Restrict. (B)+(C)	(B) Extremely Restrict.	(C) Partially Access. (D) - (F)	(D) Access by Armed Convoy	(E) Access by Air	(F) Access by Rail	(G) Access by Sea
Maputo	1,241	612	629	629	0	0	0
Gaza	351	0	351	351	0	0	0
Inhambane	991	0	991	991	0	0	0
Sofala	5,208	4,430	778	739	0	0	39
Manica	541	436	104	0	104	0	0
Tete	2,960	2,960	0	0	0	0	0
Zambezia	6,985	6,406	479	479	0	0	0
Niassa	4,710	2,162	2,548	0	0	2,548	0
Subtotal	22,886	17,006	5,881	3,189	104	2,548	39
Naupula	0	0	0	0	0	0	0
Cabo Delgado	53	53	0	0	0	0	0
Maputo City	0	0	0	0	0	0	0
Subtotal	53	53	0	0	0	0	0
	0	0	0	0	0	0	0
Total	22,940	17,059	5,881	3,189	104	2,548	39

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Jan. 14, 1987

POPULATIONS DEPENDENT ON FREE OR MARKET DISTRIBUTIONS OF FOOD

	(A) Total	(B) Urban (adj)	(C) Rural	(D) -----Rural----- Access.	(E) Restrict	(F) Total Access. (B)+(D)
	(B)+(C)		(D)+(E)			
Maputo	415,000	144,100	270,900	154,300	116,600	298,400
Gaza	379,100	45,100	334,000	301,000	33,000	346,100
Inhambane	566,200	136,000	430,200	337,100	93,100	473,100
Sofala	841,400	270,000	571,400	82,200	489,200	352,200
Manica	236,000	141,200	94,800	44,000	50,800	185,200
Tete	546,000	88,000	458,000	180,000	278,000	268,000
Zambezia	862,100	30,000	832,100	185,400	646,700	215,400
Niassa	442,400	0	442,400	0	442,400	0
Subtotal	4,288,200	854,400	3,433,800	1,284,000	2,149,600	2,138,400
Maputo	424,000	374,000	50,000	50,000	0	424,000
Cabo Delgado	124,000	104,000	20,000	15,000	5,000	119,000
Maputo City	870,000	870,000	0	0	0	870,000
Subtotal	1,418,000	1,348,000	70,000	65,000	5,000	1,413,000
Total	5,706,200	2,202,400	3,503,800	1,349,000	2,154,800	3,551,400

DEPENDENT POPULATIONS BY DEGREE OF ACCESSIBILITY

	(A) Total Restrict. (B)+(C)	(B) Extremely Restrict.	(C) Partially Access. (D) - (B)	(D) Access by Armed Convoy	(E) Access by Air	(F) Access by Rail	(G) Access by Sea
Maputo (1)	116,600	57,500	59,100	59,100			
Gaza	33,000		33,000	33,000			
Inhambane	93,100		93,100	93,100			
Sofala	489,200	416,100	73,100	69,400			3,700
Manica	50,800	41,000	9,800		9,800		
Tete (2)	278,000	278,000	0				
Zambezia (3)	646,700	601,700	45,000	45,000			0
Niassa (4)	442,400	203,100	239,300			239,300	
Subtotal	2,149,800	1,597,400	552,400	299,600	9,800	239,300	3,700
Maputo			0				
Cabo Delgado	5,000	5,000	0				
Maputo City			0				
Subtotal	5,000	5,000	0				
Total	2,154,800	1,602,400	552,400	299,600	9,800	239,300	3,700

(1) Those accessible by armed convoy are only those in the district of Caxtal, not those in outlying areas.

(2) The figures for populations with extremely restricted access are as of September, 1986, but Mutarara population is now dispersed within Moatize, dislocated in Malawi or inaccessible within Mutarara.

(3) 166,900 people accessible by sea in Zambezia are not included here.

(4) The populations accessible by rail are "generally accessible" while others are accessible by train -- if it's running. Also, the extremely restricted number for Niassa includes 8,000 people who are not designated as being accessible or inaccessible by RAO/Maputo.

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