

REPORT ON THE

MILLENNIUM
DEVELOPMENT
GOALS

MOZAMBIQUE

August 2002

STATUS AT A GLANCE

Mozambique's progress towards the development goals

GOALS/TARGETS	WILL THE GOAL/TARGET BE MET?				STATE OF SUPPORTIVE ENVIRONMENT			
	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak
EXTREME POVERTY Halve the proportion of people living in extreme poverty between 1990-2015	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak
HIV/AIDS Halt and reverse the spread of HIV/AIDS by 2015	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak
HUNGER Halve the proportion of people who suffer from hunger by 2015	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak
ACCESS TO SAFE WATER Halve the proportion of people without sustainable access to safe drinking water by 2015 and have achieved a significant improvement in the lives of at least 100 million slum dwellers by 2020	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak
EDUCATION Achieve universal access to primary education by 2015	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but improving	Weak
GENDER EQUALITY Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but improving	Weak
CHILD MORTALITY Reduce under-five mortality by two-thirds by 2015	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak
MATERNAL HEALTH Reduce maternal mortality ratio by three-quarters by 2015	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but improving	Weak
MALARIA Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak
ENVIRONMENT Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but improving	Weak



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The Millennium development goals progress report:
An agenda for action.

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In the 1990s, various UN global conferences drew up a number of important global development goals and targets. The list of these goals and targets became known as the International Development Targets. In September 2000, 147 heads of State and Government – and 191 nations in total – adopted the Millennium Declaration. The Declaration outlines peace, security and development concerns including environment, human rights and governance. The Declaration mainstreams a set of inter-connected and mutually reinforcing development goals into a global agenda. The International Development Goals and the development goals contained in the Millennium Declaration are similar but also, in some respect, different. Recently, the sets have been merged under the designation of “Millennium Development Goals” (MDGs). The MDGs which incorporate the international development targets, synthesise the goals and targets for monitoring human development. They centre on eight major goals:

1. Eradicate Poverty and Hunger;
2. Achieve universal primary education;
3. Promote gender equality and empower women;
4. Reduce Child mortality;
5. Improve Maternal health;
6. Combat HIV/AIDS, malaria and other diseases;
7. Ensure environmental sustainability;
8. Develop a global partnership for development.

Numerical targets have been set for each goal, which are to be achieved for most goals over a 25-year period, between 1990 and 2015. Appropriate indicators have been selected to monitor progress on each of the targets. A list of 18 targets and more than 40 indicators corresponding to these goals have been prepared by the UN, the World Bank, IMF and OECD to ensure a common assessment and appreciation of the status of MDGs at global, regional and national levels.

At the country level, MDG Reports will help in ensuring systematic policy dialogue between political leaders and top decision-makers in achieving the goals. They will also be crucial in mobilising civil society, communities, the general public and the media in debating national progress towards these goals. The reports will eventually guide the UN system in following up the global conferences and summits and participate in the national effort to reach these targets.

BRIEF REVIEW OF SITUATION IN MOZAMBIQUE

Mozambique has made significant socio-economic progress since the peace agreement in 1992. The complete cessation of the civil war, introduction of a vibrant multiparty democracy and the launching of a programme of economic reform account for the progress. The country's economic performance has been consistently robust with an average growth rate of 9% between 1995-2001. However, Mozambique remains one of the poorest countries in the world with human development index rank of 170 out of 173 countries (2002).

Nearly 70% of the population lives below the poverty line. The incidence of poverty in the rural areas is 71.3% compared to 62% in the urban areas. Wide disparity exists at the provincial level. It ranges from 87.9% in Sofala to 47.8% in Maputo City. Government programme to address poverty aims at reducing the incidence of absolute poverty from the current level of 70% to 60% in 2005 and to 50% by 2010. The low level of education of women makes them vulnerable to the incidence of poverty. Female illiteracy is 50% higher than male.

The under-five mortality rate declined from 277 to 246 per 1000 live births between 1994 and 1997. Nevertheless, the country is unlikely to meet the MDG 2015 target of reducing under-five mortality by two thirds. The growing HIV/AIDS pandemic is likely to slow down, or even reverse, positive trends in child survival. Without HIV/AIDS, the country would be on track to reach the more modest goal set in the PARPA



to reduce the mortality rate to 190 per 1000 live births by 2005.

The HIV prevalence rate among adults (15-49 year-olds) in 1992 was estimated at 3.3 % and by the end of 2000 it had risen to 12.2%. Over 57% of persons living with HIV are women. The epidemic is projected to lower the life expectancy rate to from 43.5 in 1999 to 36.5 in 2010 when the prevalence rate would reach 16.3%.

Access to primary education has increased considerably in the past years but the country will not achieve the goal of full primary enrolment by 2015. The net enrolment rate from 1997 to 1999 has increased from 38.5 to 43.6%. Girls' enrolment has also improved from 34.1 to 39.8% compared to boys' enrolment of 42.9 to 47.4%. Disparities in access aggravate in terms of geographic location and sex. Northern and Central provinces, rural areas and girls are absolutely and relatively worse off.

Despite improvements in equity in the health sector, urban/rural and provincial disparities

are still evident. Under five mortality rate (U5MR) in the rural areas is 63% higher than in urban areas, at 270 compared to 166. The differences between provinces are equally striking: In Maputo province, U5MR is 138; the rate is more than twice this level in three of the 10 provinces, all in the centre and north of the country, and is highest in Zambézia, at 322. Given the current trends, the possibility of Mozambique to achieve this target of halving the malaria mortality by 2015 may be seriously limited. Malaria was the cause of death in the pediatric in-patient ward. Its share of mortality was 32% in 1998, 42% in 1999 and 40% in 2000. In general, Malaria accounts for 30-40% of morbidity and mortality. About 71% and 64% of rural and urban populations do not have access to safe water.

The country has steadily increased its data gathering capacity. It is expected that the MDG reporting will further contribute to fine tuning the measuring instruments, which will in turn produce increasingly reliable data.

OVERVIEW

Mozambique has made significant progress since the peace agreement in 1992. The underlying factors are the complete cessation of the civil war, introduction of a vibrant multi-party democracy and the launching of a programme of economic reform. The reform included transition from a centralized system towards greater openness and increasing reliance on market mechanisms. The country's economic performance has been consistently robust, meeting and often surpassing ambitious targets. Notwithstanding visible signs of structural transformation in the country, Mozambique remains one of the poorest countries in the world. According to UNDP's 2002 Human Development Report, Mozambique's human development index ranks 170 out of 173 countries.

The key challenges facing Mozambique today include the need for political stability that ensures that peace is preserved and strengthened. Other factors include the incidence of HIV/AIDS, unemployment, poverty, illiteracy and increasing need for good governance as well as public sector reform.

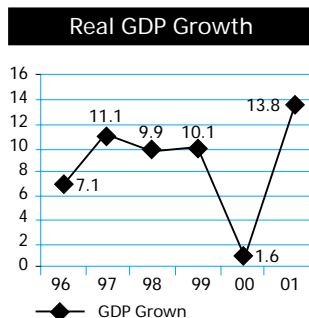
Table 1.1 Key Development Indicators

INDICATOR	VALUE	YEAR
Population size	16.8 million	1999
Annual population Growth Rate	2.4%	1997
Life Expectancy at Birth (years)	43.5 years	1999
GNP per capita	US\$210	1999
External Debt as % of GNP	148.7%	2000
Poverty headcount ratio (% of Population below poverty line)	69.4%	1997
Proportion of rural population under poverty	71%	1997
Proportion of urban population under poverty	62%	1997
Proportion of underweight children (under 5 years)	26%	2000
Net primary enrolment	19.8%	1998
Ratio of girls to boys in primary education	75.6%	2000
Under five mortality rate	246	1997
Maternal mortality rate	158	1998
% of population relying on traditional fuels for energy use	95.9%	2000
Prevalence of HIV/AIDS	12.2%	2000
Adult literacy	43.3	2000
Adult literacy – male	60%	2001
Adult literacy – female	29%	2001

ECONOMY AND POVERTY

With the achievement of macroeconomic stability in 1996, Mozambique has registered on the average 10% real annual growth rate in a non-inflationary environment. Annual per capita income is currently \$210. In real per capita terms, GDP has grown by 7.5% over the five-years since 1996. While performance has been strong across the board, it has been most vigorous in industry and fisheries, construction and services, which account for 17.9%, 11.3% and 33% respectively of GDP. Agricultural output accounts for approximately 27% of GDP and engages some 70% of the population.

Mozambique remains highly vulnerable to climatic changes often with tremendous impact on the people, livestock, property and the physical infrastructure. In 2000 and 2001 the floods caused considerable disruption and devastation. The impact of the floods on overall GDP growth may be limited, as the affected areas account for just over 7% of the country's agricultural output, and the reconstruction efforts, largely funded by foreign aid, is expected to foster economic activity.



The Nature of Poverty

The country is fortunate to possess good quality poverty data. The 1996-1997 Household Survey of Living Conditions and the 1997 Population Census have shed new light on the incidence, characteristics, and determinants of poverty in Mozambique. Poverty, defined by the Government as *the inability of individuals to ensure for themselves and their dependants a set of minimum basic conditions for their survival*, is widespread throughout the country. 69.4% of the population lives below the poverty line (US\$0.40 per day). The incidence of poverty is higher in rural areas (71.3%), where 79.7% of the population lives, than in urban areas (62%). At provincial level, the incidence of poverty ranges between 87.9% in Sofala and 47.8% in Maputo City.

The available information provides a good basis for analysis of the characteristics and causes of poverty in the country during the late 1990s. With respect to the causes of poverty in Mozambique these can be traced to a variety of factors. A number of key determinants have been identified including the following: (1) low rates of economic growth throughout the early nineties; (2) poor education levels, especially amongst women; (3) high household dependency rates; (4) low agricultural productivity, particularly in the small-holder sector; (5) lack of employment opportunities and; (6) infrastructural constraints, particularly in rural areas.

Towards the Fight against Poverty

The Government's poverty reduction objectives, targets and strategies are articulated in a series of policy instruments.

The Government's *Five-year Programme* provides the overarching set of guidelines and development objectives that constitute a broad, platform for other policy statements.

The annual *Economic and Social Plans (PES)* emanate from the Five-year Plan and are, in essence, assessments of the previous year's performance on the social and economic front as well as more detailed statements of multi-sectoral goals and strategies.

The *State Budget* is based to a large extent on the PES and provides a more detailed view of how the Government intends to collect, allocate and redistribute its resources in pursuit of the objectives set out in the above document. The State Budget is complemented by the rolling *Triennial Public Investment Programme* (setting out the Government's investment programme) and the recently introduced *Medium-term Fiscal Scenario (MTFS)* setting a 4-year scenario of revenues as well as current and investment expenditures.

The most comprehensive and detailed articulation of the Government's strategy for poverty reduction is anchored in its *Action Plan for the Reduction of Absolute Poverty 2000-2004 (PARPA)*. The document, approved in December 1999, specifies and prioritises the sectoral actions to be undertaken at different levels with the aim of reducing the incidence of absolute poverty from the current level of 70% to 60% and 50% by 2005 and 2010 respectively. It sets out strategies and measurable objectives (performance indicators) in six specific domains: (i) education; (ii) health, (iii) agriculture and rural development; (iv) basic infrastructure; (v) good governance and (vi) financial and macroeconomic management. It may be noted that in Mozambique the PARPA and the PRSP are the same document.

The PARPA incorporates various components of the National Population Policy, the Food Security Strategy, the National Strategic Plan to Fight STD/HIV/AIDS, the post-Beijing Action Plan and the Integrated National Social Action, Employment and Youth Programme, demonstrating the Government's commitment to addressing population issues, including women's empowerment and gender equality. Where sectoral programmes exist, the PARPA also provides clear links between these policies and programmes in the context of a comprehensive poverty reduction strategy.

Linkages between the *Medium-term Fiscal Scenario* and the PARPA have been established in order to harmonize activities within available budgetary resources and ensure the fiscal viability of the proposed targets.

Involvement of Partners and civil society in the development of poverty reduction strategy

The Government of Mozambique gathered opinions through consultations with civil society and forged strong partnerships with bilateral donors and the UN system in the development of the strategy for poverty alleviation in the country. The involvement of the civil society organizations was exceptionally active in the sectoral programmes. In the area of health donors have demanded a gradual decentralization and increasing involvement of communities in health programmes. A coordinated activity of NGOs are linked to each sub-group at the community level in the area of information, education and communication. In developing the sectoral plans and programmes, the Ministry of Health brought in the National Coordinating Council for Health and through national and provincial seminars all levels of public health system as well as the group of donors; namely; the World Bank, USAID, UNICEF, UNFPA, French

Cooperation, Swiss Cooperation, the EU, UNDP, WHO, NORAD, DANIDA, FINIDA, the Netherlands, Ireland, and GTZ.

Education has always had a long standing tradition of participatory planning. Information gathered is passed on to the district directorates of education. In 1991 the concept of practice of strategic planning was introduced to help overcome the deficiencies of sectoral planning, increasing degree of participation of educational institutions and improving the quality of indicators.

Many bilaterals have taken the initiative to support Government with constructive review of the PARPA and to identify areas of support in the evaluation and monitoring of progress in the fight against poverty. The need to continuously build national capacity has been equally identified.

Management, Monitoring and Data Collection

The monitoring of PARPA will be integrated into the regular system of quarterly and annual Government reports to Parliament. A special annual poverty report will also be prepared, based on both quantitative and qualitative data. Though the PARPA does not specify the form of the poverty report, ideally, it should include monitoring at all levels; sectoral performance; execution of programmed expenditures and revenues; and changes in welfare as measured by poverty indicators. The sources of quantitative data will be administrative data produced by line ministries and annual household surveys of key indicators (Core Welfare Indicators Questionnaire – or QUIBB in Portuguese).

Bilaterals have expressed interest in helping the poverty monitoring system. The future poverty research agenda in the PARPA seems appropriate and it includes methodologies for the establishment of poverty lines, benefit incidence analysis of public services in education, health and poverty mapping for the establishment of poverty foci at the district level.

Threats to the Poverty Reduction Strategy

Though PARPA does not attempt to analyse the threats to the strategy, it is important to highlight a few of these. The main one is related to Mozambique's ability to continue growing at consistently high rates experienced during the latter part of the 1990s. It may be noted that economic growth is central to the strategy. In addition, the experience of the floods in 2000 and 2001 and their severe impact, tend to emphasize the negative impact of natural disasters on the agricultural sector. To date, the extent of the impact of HIV/AIDS has not been fully assessed. In addition, the strategy highlights the role of mega-projects; however, consideration has not been given to their vulnerability to unforeseen market developments. At the same time, given the expected large role of mega-projects in the growth strategy, their direct impact on the poor may be limited. The lack of adequate human resources to support the programme could contribute a major threat. Finally, it is expected that the strategy will go hand in hand with government effort to strengthen institutional capacity in the country.

ERADICATE EXTREME POVERTY

Target: **Halve the proportion of people living in extreme poverty by 2015**

Indicator: *Proportion of the population below the national poverty line (%)*.

1. Reducing Extreme Poverty: Status and Trends

The objective of reducing poverty from 70% in 1997 to below 60% in 2005 and to 50% by 2010 would constitute a major challenge for Mozambique during the next decade. The overall objective as stated in the PARPA is to reduce poverty by about 30% over the 13 year period, 1997-2010. These figures appear to be the outcome of simulations of poverty impact of different growth scenarios based on the household consumption survey of 1996/97

In order to reach the stated target of 50% by 2010, Mozambique's economy would need to grow at an average annual rate of 8%. There is reason to be cautiously optimistic about the country's ability to sustain such growth trends. Between 1996 and 1999, real GDP grew at an average annual rate of 10% as a result of the transition to peace, favourable climatic conditions and the economic liberalization process. In 2000 the growth rate was less than 2%.

The goal set for poverty reduction would be conservative if the high growth rates projected by PARPA were achieved. It may be noted that due to limited information on actual distributional effects of recent growth, it is difficult to evaluate this objective. The linkages between growth and poverty reduction need to be elaborated further in the future. Macroeconomic performance was set back in 2000 and 2001 due, in large part, due to the severe floods that affected portions the country. The floods patently illustrated the degree of Mozambique's vulnerability to external shocks and the fragility of its emerging economy.

Although the Government of Mozambique is committed to reduce the incidence of poverty to below 50% by 2010, there is no reliable information regarding the incidence of poverty in 1990 on the basis of which a precise 2015 target can be ascertained. However with the current target implies a two and half percentage point annual reduction in the incidence poverty, the concomitant 2015 target is situated in the region of 44%. Regarding the 1990 level of poverty incidence, the ef-

fects of the protracted civil war that plagued the country throughout the eighties suggests that the situation may have been markedly worse at the beginning of 1990 than it was in 1996/97 when the first Household Survey was conducted.

2. Challenges to Reducing Extreme Poverty

Government is aware that slower economic growth will pose serious questions about its effort to tackle the problem of poverty as well as the growing problem of unemployment. The additional challenge is to ensure that growth will be pro-poor and that the poor share in the benefits of growth. The main source of growth is the agricultural sector, which is characterized by very low productivity.

The strategy of the PARPA emphasizes economic growth, public sector investment in human capital and productive infrastructure and institutional reform to improve the enabling environment for the private sector investment. However, the challenges to agricultural growth include the following: lack of credit facilities; Poor infrastructure; limited opportunities for marketing of products; problem of technology and the near absence of extension services and frequent floods.

3. Growth and Policy Environment

The PARPA stresses that economic growth must be both rapid and broad-based. Public investment programmes will be directed towards poverty reduction objectives. The PARPA will also work towards developing an enabling business productivity and value adding gains in agriculture and small manufacturing and a general expansion in environment for domestic as well as foreign investments. It is expected that growth will match the performance of the last five years. It would require continued macroeconomic stability and a deepening of the ongoing reform.

Other sources of growth that could dramatically diversify the economy ought to be identi-

STATUS AT A GLANCE

Will target be reached?
Probably Potentially Unlikely
Insufficient data

State of supportive environment
Strong Fair Weak but improving Weak

PEOPLE LIVING IN POVERTY Status in Figures

	1996	2005	2010
Below poverty line	69.4%	60%	50%

fied, especially non-traditional sector such as tourism and new industries. The success of any new projects could further attract other potential investors in Mozambique's development corridor.

4. Priorities for Development Assistance

In addition to the current emphasis of raising revenues from their current level of 12.4% of GDP to over 15% of GDP by 2005, the government needs support from development partners in line with the priorities identified in the PARPA. Aid flow to Mozambique during the past five years averaged \$825 million per annum and there is concern about the continuity of the external support. It is expected that debt relief under the enhanced HIPC would lead to increase expenditures in key social areas. The critical areas for development assistance include the following:

Support to Governance

PARPA places emphasis on good governance as a priority area in which particular attention is given to enhancing transparency, accountability and capacity and effectiveness of public institutions. Concerted efforts and progress in tackling corruption will be essential in setting up the conditions for equitable growth. It recognizes the need to fight corruption. Systemic reforms are envisaged to improve governance and the legal system to as to reduce corruption. It also seeks to strengthen the ministry of justice.

5. Reducing Extreme Poverty: Monitoring and Evaluation Environment

Elements of monitoring environment	Assessment		
Data gathering capacities	Strong	Fair	Weak
Quality of recent survey information	Strong	Fair	Weak
Statistical tracking capacities	Strong	Fair	Weak
Statistical analysis capacities	Strong	Fair	Weak
Capacity to incorporate statistical analysis into policy, planning and resource allocation mechanisms	Strong	Fair	Weak
Monitoring and evaluation mechanisms	Strong	Fair	Weak

Support to Agriculture and rural development

Assistance should include the promotion of rural development through the provision of basic infrastructure, agriculture extension and assistance with credit and marketing as important intervention. The overall growth strategy includes annual average growth rate of 8% in agriculture based on expansion in cash crops and increased production of food crops. Assistance should seek to address key constraints to investment and growth in the sector as well as uncertainties over land rights, high transportation and unpredictable international prices.

Education for pro-poor growth

The low levels of post primary education imply the need to expand access to the system at all levels. Effort need to be made to enhance greater attention to quality as indicated by improved retention rates. Also, improvements in teacher training and incentives would support the effort.

Health

Emphasis is on primary health care to combat major epidemics, improving the network of basic health facilities, developing human resources and improving planning and management for the sector. The recently approved Health sector Strategic Plan will facilitate implementation and reduce health risks especially malaria. Special attention is also to be given to the HIV/AIDS in the health sector as indicated in the National Strategy against STD/HIV/AIDS.

COMBAT HIV / AIDS

Target: **Halt and reverse the spread of HIV/AIDS by 2015**

Indicator: *HIV prevalence rate (%) among adults (15-49 years)*

No. of children orphaned by HIV/AIDS

STATUS AT A GLANCE

Will target be reached?
Probably Potentially Unlikely
Insufficient data

State of supportive environment
Strong Fair Weak but improving
Weak

HIV PREVALENCE IN ADULTS & CHILDREN ORPHANED BY HIV/AIDS

Status in Figures: 1992 2000 2010
HIV in adults (%) 3.3% 12.2% 16.3%
Children orphaned (million) 7.7 8.3

1. Status of Progress to Date

HIV prevalence rates increased drastically following the 1992 Peace Agreement, in particular in the central and southern regions of the country. This is believed to be partly due to (1) the heavy presence of armed forces around Beira Corridor during the civil war; (2) the large number of refugees returning from neighbouring countries with high HIV prevalence rates and resettling in the central region, and (3) mobility of people along the central and southern development corridors. In 1992, the HIV prevalence rate among adults (15-49 year-olds) was estimated at 3.3% and by the end of 2000 it had risen to 12.2%, with 500 new infections occurring daily. In 2000, 1.1 million people were estimated to be living with HIV/AIDS and there were at least 60,000 new maternal orphans. By the year 2010, the epidemic is projected to lower the life expectancy rate from 50.3 years to 36.5 unless the trend of the epidemic is drastically inverted. Over 57% of the Mozambican adults living with HIV are women.

National Response

Unless significant efforts and resources are invested to scale-up prevention, care and treatment interventions, HIV prevalence rate among adults (15-49), the country will not be able to reach the Millennium Development target. Based on the latest data, it is projected that prevalence rate among adults (15-49 years) could reach 16.3% by 2010. The Government of Mozambique recognizes that the spread of HIV/AIDS cannot be halted or reversed without a comprehensive response, which include Prevention, Care, Support and Treatment. This position was reaffirmed through the country's endorsement of the Declaration of Commitment on HIV/

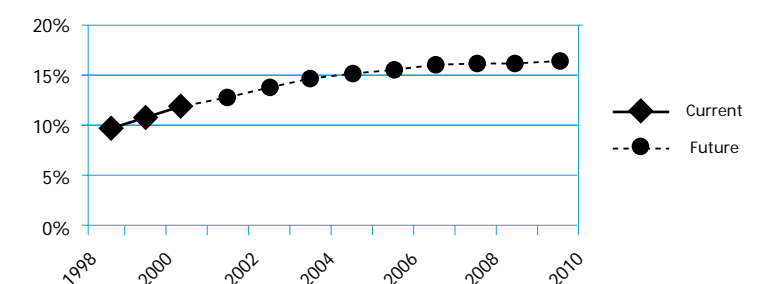
AIDS made at the UN General Special Session on AIDS (UNGASS). Approved in 2000, the National Strategic Plan (2001-2003) outlines the following priorities: (1) Prevention activities focus on young people and highly mobile population and their sexual partners; (2) Improvement in the quality and coverage of VCT, care and treatment; and (3) impact reduction through support to activities aimed at people living with AIDS and children affected by the AIDS; (4) and focus on the development corridors.

Political commitment and Leadership

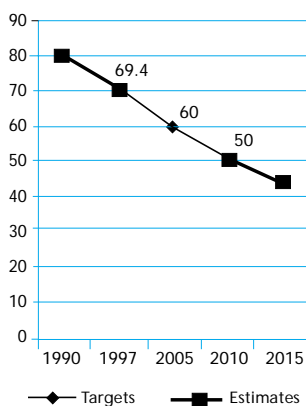
The steady rise of prevalence and increased awareness among the country political leaders, have in recent years given a sense of urgency to the response. Evidence of the increased leadership and political commitment to an expanded response to HIV/AIDS, include:

- Consistent reference by political leaders to HIV/AIDS as a major threat to the development of the country. The President called the epidemic a national disaster in September 1999 when he launched the National Strategic Plan.
- The existence of a multisectoral National Strategic Plan covering a period of three years (2001-2003).

Adult HIV prevalence rate



Poverty Reduction



- HIV/AIDS response is mainstreamed in the Poverty Reduction Strategy Paper (PARPA)
- A National AIDS Council led by the Prime Minister and composed of members from the Government and Civil Society was established in May 2000 to guide and coordinate the fight against STD/HIV/AIDS.
- Provincial HIV/AIDS co-ordinators (NAC) were appointed in March 2000 and Provincial Plan were developed and costed. More than 15 line ministries have to date formulated operational plans for their respective sectors.
- Evidence of greater involvement of people living with AIDS, including current efforts to create a national umbrella of PLWA (RENSIDA).
- Facilitation by the GoM of the coming together of the various stakeholders - ASOs under MONASO; Private Sector under the Business Against AIDS Group, Forum of faith-based organizations, etc.
- An increase in resources committed, with Government allocating more than \$15,000,000 for three years to provide additional funds for HIV/AIDS, and the UN pledging at least 25% of its resources to the fight against HIV/AIDS.

Specific programmes

A number of sectoral policies and guidelines were formulated in recent months and finalized in support of the National Strategic Plan. These include areas such as the introduction of ARV treatment; VCT, Day Care and Treatment of opportunistic infections, Home-Based Care and the Prevention of Mother-To-Child Transmission. Beyond the health sector, ministries of Education and Youth have developed and are currently implementing programmes to equip young people in- and out-of-school with information and life skills to protect themselves and facilitate their access to youth-friendly health services. The Ministry of Social Action has finalized their strategies for the care and protection of children made vulnerable by HIV/AIDS and implemen-

tation is underway in collaboration with NGOs and grassroots organizations. An important recent achievement is the passing of a law on discrimination against PLWA in the work place and the unveiling of the Ministry of Labour's plan to operationalize the new Law.

2. Major Challenges Faced

Major challenges standing in the way of reversing or halting the spread of HIV/AIDS and its impact include:

- *Level of awareness and behavioural change:* strategies to translate increased knowledge and skills into behaviour change need to be identified, and supported by shifts in social and economic relations between men and women.
- *Stigma:* characterized by silence, fear, discrimination and denial, stigma is a major factor fueling the spread of HIV/AIDS in Mozambique. There are still no clearly articulated strategies to address this important issue, although there is a recognition of the potential role of PLWAs and religious organizations.
- *Quality and Coverage of Services:* access to care and treatment is very limited. Voluntary Counseling and Testing services are only available in seven locations. Although there are plans to have at least one VCT service per province, the number is still far too small for the size of the country. There is also frequent shortage of condoms. The care, treatment and psycho-social counseling of HIV infected children require greater attention.
- *Access of Children Affected by HIV/AIDS to Basic Social Services:* Strategies to ensure orphans and other children made vulnerable by HIV/AIDS need to be better articulated and implemented. Many of these children lack food, shelter, medical care, school fees, protection from neglect and abuse, economic support and emotional care. Many find themselves at high risk of HIV infections due to their living conditions.

- *Decentralization to districts and localities:* Although commendable efforts were made in the last year to decentralize the response to the level provinces, more needs to be done to take the fight to where it can really make an impact – to districts and communities.
- *Capacity of civil society organizations:* the weak technical and institutional capacity is a major impediment in the fight against HIV/AIDS. It will take time and resources to strengthen their capacity.
- *Coordination:* Capacity to ensure an effective multisectoral coordination to respond effectively to the epidemic is hindered by the lack of adequate human, technical and institutional capacities.
- *Funding mechanisms:* Urgently translate the existing plans for funding mechanisms into effective flexible structures that allow timely disbursements of funds towards the implementers, giving priority to the civil society organisations.

3. Requirement for Domestic and External Resources

The National Strategic Plan remains largely unfunded. According to the revised budget

presented by the National AIDS Council in 2000, the implementation of the National Strategic Plan is costed at \$253 Million for the period of 2001-2003. However, these figures do not reflect key new interventions, such as Home Based Care; ARV treatment, PMTC, and others which were not included at the time of the formulation of the NSP in 1999. Over USD 100 million were pledged by donors in December 2000 but very little has been disbursed. The AIDS Common Fund, launched in Nov. 2001, aims to pool additional external funds primarily to support CVOs. Procedures and systems for the management of the funds are being established but pledged donor funds have yet to be disbursed. The country is currently formulating a first proposal to submit to the Global Fund for AIDS, TB and Malaria.

Mozambique's external debt amounts to 3.7 billion USD. In July 2000, Mozambique qualified for an additional USD 600 million in debt relief under Enhanced HIPC Initiative, bringing its total debt reduction to USD 4.3 billion. The HIPC Initiative debt relief is granted to support the country in its economic and social reforms, but the actual share of the released amount which will go to Health and AIDS programmes is not known.

4. Tracking Progress of HIV/AIDS: Monitoring And Evaluation Environment

Elements of monitoring environment	Assessment		
Data gathering capacities	Strong	Fair	Weak
Quality of recent survey information	Strong	Fair	Weak
Statistical tracking capacities	Strong	Fair	Weak
Statistical analysis capacities	Strong	Fair	Weak
Capacity to incorporate statistical analysis into policy, planning and resource allocation mechanisms	Strong	Fair	Weak
Monitoring and Evaluation Mechanisms	Strong	Fair	Weak

ERADICATE HUNGER: FOOD SECURITY

Target: **Halve the proportion of people who suffer from hunger by 2015**

Indicator: *Proportion of underweight children (under five years)*

STATUS AT A GLANCE

Will target be reached?
Probably Potentially Unlikely
Insufficient data

State of supportive environment
Strong Fair Weak but improving Weak

U5 UNDERWEIGHT CHILDREN

Status in Figures: 2000
U5 underweight Children (%) 26

1. Reducing the Proportion of Underweight Children: Status And Trends

Hunger and Food Security

Mozambique has made impressive gains in restoring food production since 1992. The production of basic staples, notably maize, has increased with concomitant reductions in the levels of food aid required to meet the country's food requirements. At an aggregate, national level, the country is currently virtually self-sufficient in terms of food grain production, with the exception of wheat and rice. This growth, however, has been uneven regionally and hides widening disparities in urban and rural areas in terms of levels of poverty and food insecurity. Moreover this growth has often failed to go hand in hand with nutritional improvements.

Although the recorded rates of malnutrition have fallen over the last decade, the food security situation for large sections of the population remains precarious. It is estimated that more than two-thirds of the Mozambican population of 17.0 million people is living below the poverty line. There is a greater incidence of poverty in rural areas (70%) where 80% of the population lives, as opposed to 62% in urban areas. While farmers constitute two thirds of the population, they produce only one third of the country's economic output. From the 3.6 million families living in Mozambique, 3.2 million live from agriculture. With little income coming from off-farm sources in rural areas, per capita rural incomes are nearer to US\$100 than to the economy-wide US\$210 per person. Low incomes are a primary cause of both chronic and transitory food insecurity for many families. All but five percent of Mozambique's farm families live on landholdings of less than three hectares, which is the upper limit of land area

that can be cultivated with manual labour using simple hand tools. Staple food production, the mainstay of the subsistence family sector, is subject to wide variation due to climatic uncertainty, leading to seasonal movements in availability and prices with a concomitant impact on marketing opportunities and income generation. Livestock production is low due to tsetse fly infestation and compounded by poor animal husbandry. Labour constraints at the household level have been compounded by the impact of HIV/AIDS and the seasonal upsurge in malaria, diarrhoea and other parasitic diseases and by underlying long term micro-nutrient deficiencies.

Nutritional data indicate that protein-energy malnutrition, iron-deficiency anaemia, goitre and other iodine deficiency disorders, vitamin A deficiency, and cassava intoxication constitute serious public health problems. There is a high dependence on a few staple foods, which cover a large proportion of people's energy needs, with lack of diversity in the diet being a major problem. These problems are further aggravated by natural disasters such as drought and flood that constitute another important cause of transitory food insecurity.

2. Challenges to Reducing the Proportion of Underweight Children

The complex nature of the challenge facing Mozambique in its fight to reduce under-nutrition and vulnerability to food insecurity resulted in the formulation of a National Food Security and Nutrition Strategy in 1998. The goal that was set by this strategy is to reduce by 50% the number of malnourished Mozambicans by the year 2015, corresponding to the main target defined at the World Food Summit. The

strategy is based on initiatives to stimulate a broad-based economic growth in the food economy to ensure that all citizens have physical and economic access at all times to the food necessary to lead an active and healthy life. Essentially, the majority of action components defined by the strategy were subsequently in-

corporated into the Action Plan for the Reduction of Absolute Poverty (PARPA) 2001-2005, which aims at reducing the incidence of absolute poverty by about 30% over the next ten years, by focusing on securing sustainable livelihoods for the two thirds of the mainly rural population living below the poverty line.

3. Tracking the Goal for Underweight Children: Monitoring and Evaluation Environment

Elements of monitoring environment	Assessment		
Data gathering capacities	Strong	Fair	Weak
Quality of recent survey information	Strong	Fair	Weak
Statistical tracking capacities	Strong	Fair	Weak
Statistical analysis capacities	Strong	Fair	Weak
Capacity to incorporate statistical analysis into policy, planning and resource allocation mechanisms	Strong	Fair	Weak
Monitoring and evaluation mechanisms	Strong	Fair	Weak



BASIC AMENITIES

Target: **Halve, by 2015, the proportion of people without sustainable access to safe drinking water**

Indicator: *Proportion of population with sustainable access to an improved water source*

Target: **By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers**

Indicator: *Proportion of people with access to improved sanitation*

STATUS AT A GLANCE

Will target be reached?
Probably Potentially Unlikely
Insufficient data

State of supportive environment
Strong Fair Weak but improving Weak

ACCESS TO IMPROVED WATER SOURCE & SANITATION

Status in Figures:	1997	2000
Pop.w/access to piped water(%)	15.3	37.1
Pop.w/access to imp.sanita.(%)	33	41.1

1. Improving Access to Safe Water: Status and Trends

The water supply and sanitation situation in Mozambique, despite the considerable progress made in the past decade, is characterised by low coverage levels, poor service delivery and weak sustainability. Water and sanitation related diseases such as diarrhoea, cholera, dysentery, malaria, scabies and schistosomiasis are common and account for a large proportion of poor health reported by communities.

An assessment of the status of water supply and sanitation service coverage among and within provinces and communities revealed a large proportion of the population as having no access to improved sanitation facilities and to safe water supplies as reflected below.

- 75% of the rural population and 60% of the urban and peri-urban population **do not** have access to adequate sanitation facilities.
- 71% of the rural population and 64% of the urban population **do not** have access to safe water supplies.
- No national or provincial programmes to promote sanitation and hygiene behaviour change for the rural population.
- Existing water supply systems in urban and peri-urban areas are operating way beyond their original service level design capacity.

- Flood events in 2002/1 damaged and/or destroyed rural water supply systems in the Incomati, Limpopo and Zambezi river valleys further exacerbating the situation

In real terms, access to water supplies and sanitation services is barely keeping pace with population growth rates.

2. Challenges to Improving Access

The major challenges to improving access may be summarised in two discreet areas:

At the policy and planning levels:

Lack of an implementation strategy despite good guidance development; an unclear chain of responsibility between provincial and district levels; unclear structures at district level since the decentralisation process is incomplete and weak institutional capacity leading to poor management of resources,

and at the level of implementation:

lack of involvement of users in design and implementation of projects; lack of empowerment of women as powerful agents of change in hygiene practices; lack of emphasis of technicians on social issues related to water systems; under utilisation of NGOs and the private sector; strong cultural taboos and beliefs interfering with behaviour change and difficulty

in implementing the Demand Responsive Approach in the poverty context of the country

3. Supportive Environment (Policies and Programmes)

The Government has made significant efforts to improve access to safe water supplies and appropriate sanitation. In 1995, the overall national policies and strategies for the water and sanitation sector were enunciated in the National Water Policy and further elaborated in 1997 through the Rural Water Transition Plan.

There have been a number of important initiatives in support of the implementation of the National Water Policy. These include the establishment within National Water Department (DNA) a sanitation department, which underlines Government's commitment to integrate sanitation and hygiene promotion with water supply activities. In addition there has been the development of the Low Cost Peri-Urban and Rural sanitation Strategy and the development of an Implementation Manual for rural water

supply and Sanitation in the context of the Demand Responsive Approach. Furthermore Government is putting into place institutional changes through which the implementation of the NWP can be better effected.

4. Priorities for Development Assistance

Priorities for development assistance should focus in the following key areas:

Institutional capacity strengthening, particularly at the national, provincial and district levels to allow government to lead, co-ordinate and facilitate decentralisation and allow for greater private sector participation in implementation

Capacity building at community level to allow communities to make informed decisions and take informed action with regard to their own development

A strong focus on rural water supply and sanitation service provision, given the rural urban disparities with a special emphasis on the poor.

5. Tracking Progress in Improved Water Access: Monitoring and Evaluation Environment

Elements of monitoring environment	Assessment		
Data gathering capacities	Strong	Fair	Weak
Quality of recent survey information	Strong	Fair	Weak
Statistical tracking capacities	Strong	Fair	Weak
Statistical analysis capacities	Strong	Fair	Weak
Capacity to incorporate statistical analysis into policy, planning and resource allocation mechanisms	Strong	Fair	Weak
Monitoring and evaluation mechanisms	Strong	Fair	Weak



UNIVERSAL PRIMARY EDUCATION

Target: **Achieve universal access to primary education by 2015**

Indicator: *Net primary enrolment rate; proportion of children starting grade 1 who reach grade 5; literacy rate of 15-24 years old*

STATUS AT A GLANCE

Will target be reached?
Probably Potentially Unlikely
Insufficient data

State of supportive environment
Strong Fair Weak but improving Weak

PRIMARY ENROLMENT, CHILDREN REACHING G5, LITERACY

Status in Figures	1997	2000	2002	2004	2005
Net Primary Enrol. Rate (EP1,%)	44	54.9	62.6	-	(*)
Children reaching G5, in 5 years (%)	25				
Literacy rate (%)	39.5	43.3	-	50%	-

(*) EP1GER in 2002 - 104.1%; target EP1 GER in 2005 - 104.9%. Under revision.

1. Universal Primary Education: Status and Trends

The primary education system in Mozambique is divided in two cycles: a lower level, EP1 comprising 5 years and the 2 years higher level, the EP2. Although access to primary education has increased considerably in the past years, statistics from 1999 indicate that Mozambique will not achieve the goal of full primary enrolment by 2015. The net enrolment rate from 1997 to 1999 has increased from 38.5 to 43.6%. Girls enrolment has also improved from 34.1 to 39.8% compared to boys enrolment of 42.9 for 1997 to 47.4% in 1999. Gross enrolment rates also reveal an increasing trend of 68.2 for 1997 to 75.6% in 1999, (56.7 to 64.8% for girls and 79.7 to 86.3% for boys). Disparities in access aggravate in terms of geographic location and sex. Northern and Central provinces, rural areas and girls are absolutely and relatively worse off. Access is mainly limited by supply and places in the system and by the overall poverty situation.

Access is however only one of the relevant indicators. The average number of years spent at the first level of primary education (EP1) was recorded at 12.7 for boys and 13.8 for girls, instead of the envisaged 5 years. Levels of repetition have remained unchanged during the ongoing 13 years, showing an average of 25% of the EP1 students in Mozambique repeating one or more school year. Repetition often leads to drop outs (8%), increasing the number of illiterates in the country.

For the EP1, the pupil:classroom rate was 46.9 and the pupil: teacher rate 62.2, the last is expected to worsen in the next decade due to the HIV/Aids pandemic. For the first decade of 2000, the country will face losses of 17% of its education personnel (teachers, headmasters

and managers of the education system) caused by the wide spread of this virus.

The country's vulnerability to natural disasters (floods) is another factor influencing access to primary education. The two major floods in 2000 and 2001 affected largely access rates in the southern and central region of the country.

The country faces illiteracy rates above the 60% again exacerbated by geographic and sex differences. Although this figures are low, taking into consideration that Mozambique at the time of independence had illiteracy rates of 97%, a considerable progress has been achieved in the past 25 years. Literacy rates remained low after independence due to the devastation inflicted by the long civil war and also by the ineffective access and low quality of education. The excessive formalisation of adult literacy activities, the use of Portuguese as the sole medium of instruction, an inadequate curriculum, overcrowded classrooms, the insufficient number of adequately trained teachers and high rates of drop-outs are the most important reasons for the high levels of illiteracy.

2. Challenges to Achieving Universal Primary Education

Major challenges for achievement of Universal Primary Education are:

- Continued expansion of the school network especially in deprived rural areas also as means of decreasing number of overcrowded classrooms.
- Swift implementation of the more articulated and integrated ongoing curriculum reform including the introduction of mother tongues for quality education, the provision of in-service training to 50.000

teachers in its implementation, the creation of local institutions that guarantee continued change and the decentralization of curriculum management and evaluation.

- Developing teacher education processes through a unified system, using long distance education tools with a stronger focus in more active learning practice from the pupil's point of view as opposite to the current teacher centred pedagogic practice. Interest in the teaching profession needs to be promoted by improving conditions of service for teachers.
- Promoting family, in particular women, and community involvement in education as means of increasing girls school enrolment.
- Improvement of retention rates and reduction of number of repetitions
- Regular availability of education materials by improving distribution systems and decrease dependency for printing from outside
- Decreasing vulnerability of the education infrastructure to natural disasters
- Developing community based support strategies for children with special needs in particular for AIDS orphans
- Implementation of a literacy and non-formal education system specially for school drop-outs and not enrolled children aimed at later integration in the formal primary education system

3. Supportive Environment (Policies and Programmes)

Mozambique has developed an Education Strategic Plan (ESSP) for the period 1999 to 2003. The ESSP is an instrument for the planning and mobilization of resources based on three main pillars: increasing access and quality, improving the quality and relevance of education and strengthening the institutional capacity of the Ministry of Education to support the development of the aforementioned two basic priorities. In terms of contents, the ESP underlines the major priority defined in the government's

education policy, which is basic education, expressed in the two levels of primary education complemented by literacy and adult education activities. The government also recognizes the relative importance of the other levels of education - secondary, technical and vocational education and higher education, especially in order to add to the pool of skilled manpower available in the country. The Government is committed to the objectives of Education for All (Dakar 2000) and in 1999 has increased the states budget to education to 18.4%. Between 1993 and 1995, the states education budget was below 16%. The education sector is also a clear defined priority for the donor community in Mozambique as well as for the World Bank, supporting overall efforts and initiatives of UNICEF, UNFPA and UNESCO.

4. Priorities for Development Assistance

- Further debt relief
- Increased allocation of external assistance to basic education
- Capacity building at all levels to facilitate implementation of reforms already ongoing and in particular management and monitoring progress in education at central and local level
- Training of teachers
- More support for quality improvement in basic education (primary and literacy, adult education and non-formal education)

5. Tracking Improvements in Primary Education: Monitoring and Evaluation Environment

Elements of monitoring environment	Assessment		
	Strong	Fair	Weak
Data gathering capacities	Strong	Fair	Weak
Quality of recent survey information	Strong	Fair	Weak
Statistical tracking capacities	Strong	Fair	Weak
Statistical analysis capacities	Strong	Fair	Weak
Capacity to incorporate statistical analysis into policy, planning and resource allocation mechanisms	Strong	Fair	Weak
Monitoring and evaluation mechanisms	Strong	Fair	Weak

PROMOTE GENDER EQUALITY

Target: **Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015**

Indicator: *Ratio of girls to boy's primary and secondary education*

STATUS AT A GLANCE

Will target be reached?
Probably Potentially Unlikely
Insufficient data

State of supportive environment
Strong Fair Weak but improving Weak

GIRLS ENROLMENT RATIO

Status in Figures:	2002	2005
in primary education (EP1) (%)	44.6	48
in secondary education (%)	39.4	44

1. Achieving Gender Equity in Education: Status and Trends

Gender inequity continues to be a major issue in Mozambique. Discrimination against girls and women results in lower social and economic status compared to males, fewer opportunities to express opinions and participate in decision-making, lower levels of education attainment, poor health and nutritional status. It also contributes to sexual exploitation and violence. For example, the proportion of seats held by women in parliament is 30% in 2001 while the share of women in wage employment in the non-agricultural sector was only 4% in 1997.

While the 2001 total illiteracy rate is still high and much higher among women (71%) than among men (40%), progress has been made since 1997 when the illiteracy rates were 74% and 45% for women and men respectively. The gap is narrowing in the new generations since in 2001 in the 15-19 year age group, 51% of women cannot read nor write against 30% of men.

The gender gap in primary education is gradually closing at the low primary education level: in 2001 78 girls were enrolled for 100 boys, up from 71 in 1998. In secondary education the gap is higher and did not show any improvement in the last few years with a ratio of girls to boys of 67%. The discrepancies are higher in the Northern and Central Provinces. As a proxy measure of the girls' performance in school, the repetition rate is always higher for girls than for boys (53% of girls against 46% of boys in secondary schools for example).

If current trends continue the goal of achieving gender parity in education is likely to be met at the first level of primary education in 2005 or soon after while the goals for higher primary education and secondary education are likely to be met in subsequent years.

2. Challenges

Among the barriers identified in achieving gender equity in education are:

- Low value granted to girls' education;
- Burden of girls' domestic and seasonal labour;
- Tension between the formal and traditional education (early marriage, bride-prices, and alternative instruction);
- Small number of female teachers and managers of schools especially in rural areas;
- Poverty and consequent early marriage or prostitution;
- Sexual harassment by male teachers and schoolmates;
- Distance between house and schools, lack of boarding schools responding to the specific needs of the girls

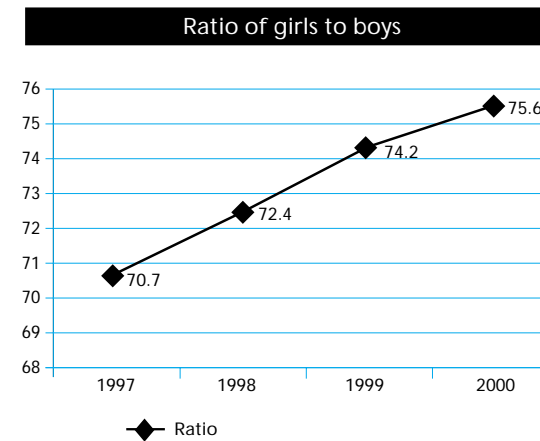
3. Supportive Environment

The Education Strategic Plan aims to increase access to education and puts special emphasis on the girls' education. The 1997 - 2003 Action Plan for Integration of a Gender Perspective in the Education Strategic Plan aims at reaching gender equality in this field as it is also highlighted as one of the priority areas of the Post Beijing Action Plan. At the level of the Ministry of Education, there is a working group on gender and access and one on quality which strive to improve quality of, and access to, education with special sensitivity to the challenges that compromise girls' educational achievements.

Actions identified for increasing access to girls range from exemption of school fees for girls in the first classes and distribution of food ra-

tions to girls in primary and secondary schools to set aside a higher number of places in each level and type of education, in particular in boarding schools.

Gender teams were trained at provincial levels and gender units were set up in those provinces and districts identified as critical. Those units have the possibility to develop other specific programmes for ensuring higher enrolment and lower drop out rates of girls. Within the framework of curriculum revision of the basic education, already initiated, the new curriculum will be more gender sensitive so as to avoid gender stereotypes and to make the material adapted to the needs of girls and boys.



4. Priorities for Development Assistance

The donor community in Mozambique could support the Ministry of Education's effort through;

- Enhancing the capacity of the education system to reinforce and facilitate sector reform efforts through SWAs, and in particular supporting the implementation of the Action Plan for Integration of a Gender Perspective in the Education Strategic Plan;
- Reinforcing the capacity of the Ministry of Women and Coordination of Social Action to play its role in ensuring gender mainstreaming into national plans and programmes;
- Supporting the curriculum reform development;
- Promoting community and parental involvement in school life and management and sensitizing communities for the need of girl's education.

5. Tracking Progress in Gender Equity: Monitoring and Evaluation Environment

Elements of monitoring environment	Assessment		
	Strong	Fair	Weak
Data gathering capacities	Strong	Fair	Weak
Quality of recent survey information	Strong	Fair	Weak
Statistical tracking capacities	Strong	Fair	Weak
Statistical analysis capacities	Strong	Fair	Weak
Capacity to incorporate statistical analysis	Strong	Fair	Weak
Into policy, planning and resource allocation mechanisms	Strong	Fair	Weak
Monitoring and evaluation mechanisms	Strong	Fair	Weak

REDUCE CHILD MORTALITY

Target: Reduce under-five mortality by two thirds by 2015

Indicator: Under-five mortality rate

STATUS AT A GLANCE

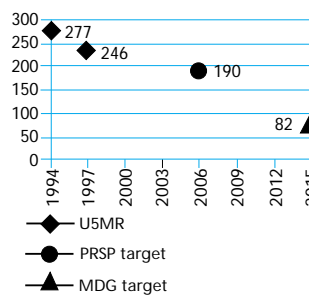
Will target be reached?
Probably Potentially Unlikely
Insufficient data

State of supportive environment
Strong Fair Weak but improving Weak

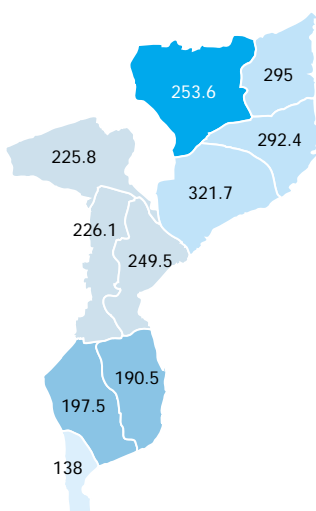
UNDER 5 MORTALITY

Status in Figures: 1997 2005
U5 mortality rate (deaths/1000 live births) 246 190

Under 5 mortality rate
Deaths per 1000 live births



U5MR by Province



1. Achieving the Goal: Status and Trends

Although still among the poorest countries in the world, Mozambique has been able to bring about a decline in the under five mortality rate (U5MR) during the 1990s, from 277 in 1994 to 246 in 1997. Nevertheless, Mozambique is unlikely to meet the 2015 target of reducing under-five mortality by two thirds. While efforts are underway to increase access to health services, the growing HIV/AIDS pandemic is likely to slow down, or even reverse, positive trends in child survival. Without HIV/AIDS, the country would be on track to reach the more modest goal set in the PARPA to reduce U5MR to 190 per 1000 live births by 2005.

Despite improvements in equity in the health sector, urban/rural and provincial disparities are still evident. Rural U5MR is 39% higher than in urban areas, standing at 270 compared to 166. The differences between provinces are equally striking: In Maputo province, U5MR is 138; the rate is more than twice this level in 3 of Mozambique's 10 provinces, all in the centre and north in the country, and is highest in Zambezia, at 322.

The important role played by access to health services in this disparity is well illustrated in data on the proportion of one-year-old children immunised against measles. While the national figure is 68%, some 88% of urban children are immunised, compared to 59% in rural areas. And while the southern provinces all have coverage rates of over 70%, rates are lower in the centre and north, and lowest in Zambezia, with only 43% of one year old children protected against measles.

2. Challenges

- **HIV/AIDS** - It is estimated that 12% of Mozambicans 15-49 are currently living with HIV or AIDS; among young women in their prime child bearing years, the figures are slightly higher. With approximately 1/3 of the children born to HIV positive mothers also infected, HIV has a direct and significant impact on child mor-

tality. In addition, children who lose one or both parents in their early years are also at higher risk of not reaching their fifth birthday, even if they are not themselves living with HIV.

- **Malaria** - Malaria is the major cause of child mortality; accounting for about 30-40% of the under-five deaths. Malaria also takes a serious toll on pregnant women, causing severe anaemia and also leading to low birth weight, which in turn contributes to children's ill health and early deaths. Poor, rural communities tend to suffer the effects of malaria more than urban communities due to increased transmission intensity, poorer access to preventive and curative services, and reduced knowledge of the risks of malaria and the potential measures for its prevention and control.
- **Low access to health services** - While the ending of the civil war in 1994 certainly provided improved conditions for child survival, the continued dearth of health personnel and infrastructure, especially in rural areas, is a major obstacle to reducing child mortality. Currently only about 50% of the population have access to a health unit, and over 20% of these units are staffed by unqualified personnel.
- **Poverty** - Both the poor and non-poor suffer roughly equally in rural areas from lack of access to health services. However poor families are less likely to be able to afford treatment and medicines, as well as transport to reach referral facilities when faced with serious illness.
- **Health of mothers** - In addition to the toll taken by malaria, pregnant women are likely to suffer from poor health due to frequent childbearing, poor nutritional status, and high work burdens. In addition to the added toll this takes on women, it also results in a greater incidence of low birth weight for their children, with the health risks that this brings.
- **Uneven health service investment** - although health service provision is becoming

more equitable, large differences between provinces are still evident. For example Zambezia, with the worst child mortality indicators, receives the lowest amount of health funding per inhabitant, probably because it has the fewest number of health workers per population in the country.

- **Low access to information** - ill health can frequently be avoided or dealt with at community level, if the right information about care and treatment is available to families. However the lack of health personnel to work with community mobilisers, low availability of materials, and high illiteracy rates in rural areas, are all serious obstacles to increasing the availability and use of health information and health services at family and community level.
- **Low community participation** - Currently health structures do not work with communities to develop the most appropriate model of service provision for that area. This lack of dialogue and involvement can translate into lower utilisation of services, and also affects the availability and use of information to prevent and treat illness in the home. Government has taken steps to address this concern by developing a protocol aimed actively engaging communities in the design, delivery and quality of services to be provided.

3. Supportive Environment (Policies and Programmes)

The reduction of infant and child mortality is a key objective of both Mozambique's PRSP as well as its recently finalised Health Sector Strategic Plan. The PRSP sets a target of reducing child mortality to 190 per 1000 live births by 2005, and stresses the importance of investing in primary health care, water and sanitation, HIV/AIDS prevention and health service provision. The PRSP also stresses the need to ensure an equitable distribution of health resources, promote collaboration between public and private health providers and communities, and to ensure that vulnerable populations have access to services. The Health Sector Strategic plan likewise

recognises the multi-sectoral nature of the causes of child mortality, and includes strategies for closer collaboration with various sectors, including Education, and Water. Also, Mozambique has a National Strategic Plan on HIV/AIDS whose implementation could contribute to a reduction of child deaths as well as an improved quality of life for children.

4. Priorities for Development Assistance

Development partners can usefully provide assistance in a range of areas to help progress towards this goal.

- **Support the National Strategic Plan on HIV/AIDS**
- **Increasing management and technical capacity** to implement the Health Sector Strategic Plan, including skills to deliver and manage health services
- **Advocacy and monitoring** to ensure that the savings from debt relief realised under the Enhanced HIPC are invested in basic social services, including primary health care
- **Support the implementation of the health sector strategic plan** - while Mozambique has dedicated an increasing proportion of resources to the sector, and HIPC opens the door to even larger allocations, Mozambique will remain dependent on donors for some time as the country's economy develops. Without sufficient resources, it will not be possible to increase access to health services enough to make the impact needed.

5. Tracking Under-five Mortality Levels: Monitoring and Evaluation Environment

Elements of monitoring environment	Assessment		
Data gathering capacities	Strong	Fair	Weak
Quality of recent survey information	Strong	Fair	Weak
Statistical tracking capacities	Strong	Fair	Weak
Statistical analysis capacities	Strong	Fair	Weak
Capacity to incorporate statimanalysis into policy, planning and resource allocation mechanisms	Strong	Fair	Weak
Monitoring and evaluation mechanisms	Strong	Fair	Weak

IMPROVE MATERNAL HEALTH

Target: **Reduce maternal mortality ratio by three-quarters by 2015**

Indicator: *Maternal mortality ratio*

STATUS AT A GLANCE		MATERNAL MORTALITY	
<i>Will target be reached?</i> Probably Potentially Unlikely Insufficient data		Status in Figures: 2000 2005 Maternal mortality ratio (per 100,000 live births) 175 170	
<i>State of supportive environment</i> Strong Fair Weak but improving Weak			

1. Achieving the Goal: Status and Trends

Maternal mortality is a serious health problem in Mozambique. After nearly two decades of civil strife the rehabilitation of the public health system and facilities started slowly in 1996. The only reliable information that is available comes from a sisterhood survey published in 1995, where maternal mortality for the country was estimated to be 1,062 maternal deaths per 100,000 live births. This reflects clearly the low position of women in the Mozambican society.

Efforts have been undertaken by the Mozambican Ministry of Health to reverse this situation. The percentage of births assisted by skilled attendants increased from 31% in 1990 to 43.7% in 1997. Nevertheless, significant regional and urban/rural differentials remain. In the Demographic and Health Survey done in 1997, the range estimated between the different provinces went from 23.5% in Zambezia province to 86.5% in the city of Maputo. The rural/urban differential was from 33.3% up to 81.3%. The National Action Plan for Reduction of Absolute Poverty intends to reach coverage of institutional deliveries of 50% in the country. However, it is very unlikely that the target of reducing maternal mortality by three-quarters between 1990 and 2015 will be reached, as serious constraints remain in the access to good quality Reproductive Health services. Indeed, this situation is clearly demonstrated in the use of modern contraceptive methods, which is still very low (5.6% in 1997) as it is the demand for those services (14% em 1997)

2. Challenges

- Development and implementation of a comprehensive reproductive health policy

that will take into account the reproductive health needs of women.

- Although there is a strong national commitment to implement a programme for maternal mortality reduction in Mozambique, the weak managerial capacity in planning and implementation is a serious challenge to the reduced number of national officials in the Ministry of Health. The decentralisation process in the health sector just begun, as well as the capacity-building process for programmes elaboration at provincial level.
- Limited availability of integrated reproductive health services, including Family Planning and basic and comprehensive Essential Obstetric Care services. Lack of qualified health personnel has been recognized by MoH one critical contributing factor, as 23% of most peripheral health facilities (type III) have no qualified staff.
- Poor socio-economic status of women and limited involvement of men into reproductive health services and information. Health programs targeting men have not been developed up to now.
- HIV/AIDS epidemic. In the hospitals, 40% of the beds are already occupied by HIV/AIDS patients.
- Young adults represent 35% of Mozambique total population; attention must be directed to their needs, as they face considerable risks during their transition to adulthood. Early pregnancy is quite prevalent, as 40% of women by the age of 19 years are pregnant or already mothers. The rate of unsafe abortions is quite high as well as the rate of HIV/AIDS infection in this age group. Programs need to expand

to out of school and rural areas where the majority lives.

3. Supportive Environment (Policies and Programmes)

There is a strong commitment of the Government of Mozambique and the Ministry of Health to work towards reducing maternal mortality. This can be witnessed by the inclusion of maternal mortality reduction as one of the major objective of the Population Policy, of the Plan for Reduction of Maternal Mortality recently approved in the framework of HIPC initiative and of the 2002-2005 (2010) Health Sector Strategic Plan approved by the Government in June 2001. The National Strategy for Reduction of Maternal and Perinatal Mortality has been translated into a national operational plan that emphasizes the three delays model for interventions to reduce maternal mortality – the first delay that occurs in the decision to seek care in the families when an obstetric problem occurs, the second delay that occurs in reaching the health unit where the services are available and the third delay in receiving adequate treatment when the woman arrives to the health unit.

The Operational plan defines critical actions that should be taken at community and district levels, as well as at provincial and central levels to reduce delays in access to Emergency Obstetric Care Services. A National Advocacy meeting with the several health partners was orga-

nized to create awareness and for raising funds for its implementation.

Emergency Obstetric Care needs assessment were done in each province as a basis for the development of its own provincial plan to be integrated into the provincial strategic plan in line with the health sector wide approach defined by the Ministry of Health.

4. Priorities for Development Assistance

- Supporting Ministry of Health at central, provincial and district levels to use the health information to ensure adequate integrated planning and monitoring of provision of quality reproductive health services, including emergency obstetric care and family planning
- Development of human resources by offering hands-on midwifery training programmes, and in-service training for up-dating skills of staff
- Strengthening of the referral and the communication systems,
- Involvement of the community, civil society and NGOs for increased access to information about reproductive health issues, for increased demand for reproductive health services, including family planning for adolescent and youth and for improving the status of women in the society.

5. Tracking Maternal Mortality and Reproductive Health: Monitoring and Evaluation Environment

Elements of monitoring environment	Assessment		
	Strong	Fair	Weak
Data gathering capacities	Strong	Fair	Weak
Quality of recent survey information	Strong	Fair	Weak
Statistical tracking capacities	Strong	Fair	Weak
Statistical analysis capacities	Strong	Fair	Weak
Capacity to incorporate statistical analysis	Strong	Fair	Weak
Into policy, planning and resource allocation mechanisms	Strong	Fair	Weak
Monitoring and evaluation mechanisms	Strong	Fair	Weak

COMBAT MALARIA

Target: **Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases**

Indicators: *Prevalence and death rates associated with malaria*

STATUS AT A GLANCE

Will target be reached?
Probably Potentially Unlikely
Insufficient data

State of supportive environment
Strong Fair Weak but improving Weak

U5 MALARIA PROPORTIONAL MORTALITY RATE

Status in Figures:	1998	2000	2010
U5 Malaria Proportional mortality Rate	32%	40%	20%

1. Reversing the Malaria Burden: Status and Trends.

Given the current trends, the possibility of Mozambique to achieve this target of halving the malaria mortality by 2015 may be seriously limited. As seen in the following data, the proportional rate of malaria mortality at the pediatric in-patient ward was 32% (617/1954) in 1998, 42% (764/1734) in 1999 and 40% (498/1242) in 2000.

Malaria accounts for a largest part of disease burden in Mozambique. It, as a single disease, is the leading cause accounting for about 30-40% of the morbidity and mortality while also contributing to the anemia and other secondary complications at significant levels. Children under five years and pregnant women are the most vulnerable groups. In Mozambique malaria causes much suffering and loss of life specially in the undeveloped rural areas and contribute to the loss of productivity and reduction in school attendance. Along with other illness such as AIDS, it undermines very much the economic development and poses a very serious challenge for the health sector

2. Challenges

Progress towards reducing malaria mortality and morbidity rates, and increasing access to control and preventive measures is compromised by a number of challenges:

- Poor coverage of the present health services. The National Health Service is not able to reach many rural populations (an estimated 60% of the population has no access to the health services). The health infrastructure is heavily insufficient due the 16-year period of civil war and destruc-

tion, and with a weak linkage between the community and the health services.

- Poor access to first line, anti-malarial drugs at the community levels coupled with lack of adequate drug distribution mechanisms.
- Rising levels of chloroquine resistance have prompted the Ministry of Health to review their first line treatment for malaria.
- Shortage of skilled human resources at all levels in the health system. Experience from the past and current health programmes shows that one of the major barriers to the adequate implementation and supervision of health programmes, is the inadequate staff /human resources at the district level.
- Inadequate Indoor Residual insecticide Spraying programme. Spraying programmes have only been limited to some urban areas in the country, and these spraying operations some time is not critically focused.
- Low level of disease knowledge and widespread illiteracy. Health education, information and communication often do not reach the target populations, and do not function optimally. The population has limited capability to recognize important symptoms and warning signs, and has harmful cultural practices.

3. Supportive Environment (Policies and Programmes)

According to the Health Strategic Plan 2001-2005(2010), the Ministry of Health developed a new vision for its malaria control programme. The vision rests upon the Africa Roll Back Ma-

laria Initiative which aims to mobilise interested parties to come together and form an alliance and to form a unified malaria control strategy. It is basically designed to fit the country's specific circumstances, needs and to help communities to reduce the consequences of malaria. The RBM movement includes active participation of the Government, development agencies, private and public commercial organizations, professional associations, civil society, research groups and media. The target groups of this strategy are children under five years of age and the pregnant women.

As a follow up to the Abuja declaration, adopted by all heads of state of Africa, with a strong political commitment to combat malaria, the president of the Republic of Mozambique re-confirmed on 25 of April 2001 the commitment of government to create the right environment for progressive participation of all the national and international stakeholders in the fight against malaria.

4. Priorities for Development Assistance

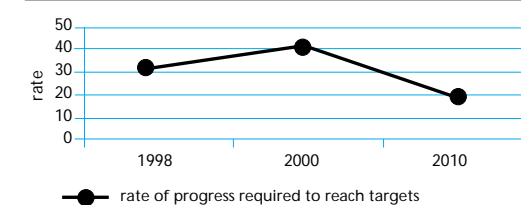
It must be emphasised that unique opportunities now exists to reverse the malaria situation in Mozambique, hence all development partners should contribute to those targets by :

- Supporting government strategies to alleviate poverty and rolling back malaria. Harmonised actions to build a dynamic global movement.

- Supporting the strengthening of national capacities for planning and management across all levels of the health care system
- Cancelling in full external debt in order to release resources for roll back malaria. Broaden health financing options at community level to improve accessibility and affordability of malaria treatment and preventive measures. Cost is the principal barrier to the purchase and consistent utilisation of ITNs and may also be a limiting factor for purchasing drugs for malaria treatment once the problem of access has been solved.
- Organisation and management of health system. Improve the managerial capacity of ministry of health. Adequate allocations to primary health care, in both government budgets and external assistance.
- Advocate for greater political commitment. Endorse the RBM strategy and strategic plan. Participate in the RBM consultation and planning process. Provide financial , technical or advocacy resources to implementing the strategies of RBM .

5. Reduce Morbidity and Mortality

Under five malaria proportional mortality rate



6. Tracking Progress for all Roll Back Malaria Activities

Elements of monitoring environment	Assessment		
Data gathering capacities	Strong	Fair	Weak
Quality of recent survey information	Strong	Fair	Weak
Statistical tracking capacities	Strong	Fair	Weak
Statistical analysis capacities	Strong	Fair	Weak
Capacity to incorporate statistical analysis Into policy, planning and resource allocation mechanisms	Strong	Fair	Weak
Monitoring and evaluation mechanisms	Strong	Fair	Weak

ENVIRONMENTAL SUSTAINABILITY

Target: **Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources**

Indicator: *Development and implementation of a national strategy for sustainable development by 2005*

STATUS AT A GLANCE		SD NATIONAL STRATEGY	
Will target be reached? Probably Potentially Unlikely Insufficient data		Status: 1995 SD strategy Approved & implemented	2001 2003 Revision Created
State of supportive environment Strong Fair Weak but improving Weak		Nat. Council	

1. Reversing Loss of Environmental Resources: Status and Trends

Mozambique is a country rich in an array of natural resources (including wildlife, lumber and minerals), some of which with a significant exportable value. Some of these resources are largely under-exploited due to prolonged conflict, except from the large fauna, which has been significantly impacted by the war. Still, localised practices, such as uncontrolled logging, hunting, over-fishing already pose pressure on individual species. Also, inadequate use of water resources, as well as erratic urban development, are mainly linked to increased economic activity and may equally threaten in the long run the existing resource base, if the unsustainable trend is not reversed early enough.

Likewise, other unsustainable practices, such as land conversion through the use of slash-and-burn techniques, causing bush fires, deforestation and eventually land degradation and loss of bio-diversity may contribute to desertification. Such cycle is in turn linked to rural poverty and may be reversed, if addressed together with it. Therefore policies geared towards agricultural intensification ought to simultaneously address environmental concerns and the needs of the poor. This situation has a major impact on soil erosion as well as unpredictable climate change. The geographical location of the country makes it susceptible to constant floods, cyclones and droughts which have considerable impact on the environment.

The policy overall trends show an outstanding progress in developing the legal framework for regulating natural resource use and complying with important international conventions relevant for the environment, namely with the

formulation and approval of the Environment Framework Law, the Land Law, the Law on Forestry and Wild Life, and on Water Resources. Mozambique also counts on a National Environmental Management Programme (NEMP), approved in 1995 and which is up to revision in the upcoming period. Still implementation experiences point out to the need for more coordination among the different fronts and a much more clear mainstreaming of the poverty linkages in environmental management. Environmental concerns are an integrating part of poverty reduction policies, such as the PARPA, but needs to be further mainstreamed in practice.

Although comprehensive, existing sectoral policies and programmes have so far not culminated in the formulation of a broad, updated and multi-sectorial sustainable development policy, which could provide the much-needed coordinating umbrella.

2. Challenges for the Implementation of a Sustainable Development Strategy

The following are the challenges for the formulation of a sustainable development strategy:

- Increased coordination between the Ministry of Environment and sectoral ministries to ensure coherence in policies and programmes.
- Poverty reduction strategies, ought to consider their potential adverse effect on the environment. 'Win-win' strategies are preferable;
- Increase substantially the current low levels of conservation enjoyed by ecologically significant areas;
- Promote integrated environmental management with involvement of communities and other stakeholders in areas where it is likely to have success;
- Account for the geographically vulnerability of Mozambique in the overall policy framework, meaning that the country is prone to different types of natural disasters, which may potentially cause humani-

3. Supportive Environment (Policies and Programmes)

There is political commitment at high level for promoting a truly multi-sectorial sustainable development policy, as demonstrated by the creation in 2001 of the Sustainable Development Commission (SDC), whose mandate is to deliberate on the matter. The SDC prepared the Mozambican participation in the World Summit on Sustainable Development (WSSD, September 2002 in Johannesburg).

There is also widespread good will from the donor community in terms of supporting the goals of appropriate environmental management and sustainable development in Mozambique.

4. Priorities for Development Assistance

- Review the NEMP;
- Formulate and support the implementation of a sustainable development strategy;

- Provide the appropriate institutional set-up and build the necessary capacity for implementing a well-coordinated sustainable development policy.

5. Tracking the Goal for Environmental Resources: Monitoring and Evaluation Environment

Elements of monitoring environment	Assessment		
Data gathering capacities	Strong	Fair	Weak
Quality of recent survey information	Strong	Fair	Weak
Statistical tracking capacities	Strong	Fair	Weak
Statistical analysis capacities	Strong	Fair	Weak
Capacity to incorporate statistical analysis into policy, planning and resource allocation mechanisms	Strong	Fair	Weak
Monitoring and evaluation mechanisms	Strong	Fair	Weak

Recent milestones in environmental management in Mozambique

- The **Bazaruto Archipelago** was declared area under environmental protection in December 2001. It ranks now among the largest marine national parks in East Africa.
- The National Sustainable Development Commission was created and met for the first time in April 2001.
- Agreement on **Gaza-Kruger-Gonazeru Transfrontier Conservation Area** signed between Mozambique, South Africa and Zimbabwe in June 2001.

ASSESSMENT AT A GLANCE

Monitoring and evaluation capacity for tracking development goals

GOAL	Existing Capacity for					QUALITY OF SURVEYS INFO.
	Data-gathering	Statistical tracking	Statistical analysis	Statistics into Policy	Monitoring & evaluation	
Extreme Poverty	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak
HIV/AIDS	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak
Hunger/Food Security	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak
Basic Amenities	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak
Education	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak
Gender Equality	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak
Under 5 Mortality	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak
Reproductive Health	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak
Malaria	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak
Environment	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak

The Role of the United Nations System in Support of the Government of Mozambique

The UN Development Assistance Framework (UNDAF) is in principle the country level component of global UN reform to maximize goal-oriented development cooperation in support of Mozambique's economic and social development. The UNDAF provides a basis for the UN System in Mozambique in collaboration with its development partners, to harmonize development efforts and to strive for coherence and mutual reinforcement.

UN System assistance in Mozambique supports Government's poverty reduction initiatives as articulated in the PARPA. The UNDAF strategic objective for 2002-2006 is based on the national plan for the reduction of absolute poverty and on the comparative advantage of the UN System in Mozambique. On the basis of a rights based approach to programming, encouraged by the Government and development partners, assistance for the period will help secure the rights of the people of Mozambique as stipulated in international commitments and instruments endorsed by the Government of Mozambique.

Over the next five years strategic objectives of the UN will focus on the most vulnerable popu-

lations and the protection of all citizens as active participants in the democratic process and the of the Government as the responsible duty bearer of the democratic process. The UN System will build on its well demonstrated comparative advantage in the following areas: targeting initiatives for joint UN System advocacy; coordinating support to emergency and response capacity; developing medium and long term policy and strategic plans; mobilizing resources for selected programming; strengthening national capacity to lead a people-centred, equitable and sustainable development process; and supporting civil society partnerships, NGOs and the private sector. UN will support the inclusion of the MDG in subsequent revisions of PARPA.

The programmes to be evolved during the period will be guided by five cross-cutting principles:

Mainstream HIV/AIDS; Support the most vulnerable (by sex, age, ability, and geographic location); mainstream gender; Strengthening national capacity for research and information; Promote increased community and civil participation.