



REPORT ON THE MILLENNIUM DEVELOPMENT GOALS



MOZAMBIQUE
2005

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Cahora Bassa Hydroelectric Dam, Tete Province

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MILLENNIUM DEVELOPMENT GOALS**

REPUBLIC OF MOZAMBIQUE
August 2005

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STATUS AT A GLANCE

Mozambique's progress towards the development goals

GOALS/TARGETS	WILL THE GOAL/TARGET BE MET?				STATE OF SUPPORTIVE ENVIRONMENT			
EXTREME POVERTY & HUNGER								
Halve the proportion of people living in extreme poverty by 2015	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak
Halve the proportion of people who suffer from hunger by 2015	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak
UNIVERSAL PRIMARY EDUCATION								
Ensure that all boys and girls are able to complete a full course of primary schooling 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 in all levels of education no later than 2015	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak
CHILD MORTALITY								
Reduce by two-thirds the under-five mortality rate by 2015	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak
MATERNAL HEALTH								
Reduce by three-quarters the maternal mortality ratio by 2015	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak
HIV/AIDS, MALARIA AND OTHER DISEASES								
Have halted by 2015 and begun to reverse the spread of HIV/AIDS	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak
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
ENVIRONMENTAL SUSTAINABILITY								
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
Halve, by 2015, the proportion of people without access to safe drinking water and sanitation	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak
By 2020, to have achieved a significant improvement in the lives of slum dwellers	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak
GLOBAL PARTNERSHIP FOR DEVELOPMENT								
Develop further an open, ruled based, predictable, non-discriminatory trading and financial system	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak
Address the special needs of the least developed countries	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak
Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak
In cooperation with developing countries, develop and implement strategies for decent and productive work for youth	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak
In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak
In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but Improving	Weak

ASSESSMENT AT A GLANCE

Monitoring and evaluation capacity for tracking development goals

MDG GOAL	EXISTING CAPACITY FOR					Quality of the Surveys Information
	Data-gathering	Statistical tracking	Statistical analysis	Statistics into Policy	Monitoring and evaluation	
Extreme Poverty	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak
Hunger	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak
Universal Primary 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
Child Mortality	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak
Maternal Health	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
Malaria and Other Diseases	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak
Environmental Sustainability	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak	Strong Fair Weak

FOREWORD

In September 2000, Mozambique was part of the 191 nations that adopted the Millennium Declaration and the subsequent Millennium Development Goals (MDGs), which provide the framework for a common global vision of a world in which the right to development of all people is realised.

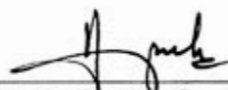
The Government of Mozambique has always taken the challenge of reducing poverty as a fundamental condition for the promotion of human and social development. This goal is embedded in our national development strategies - such as the Government Plans, the Action Plan for the Reduction of Absolute Poverty (PARPA) and the country's long-term vision (Agenda 2025) - as well as in the New Partnership for Africa's Development (NEPAD).

The present report outlines the progress made in Mozambique towards achieving the MDGs. It provides an opportunity to reflect upon our achievements, to identify challenges faced in meeting the MDGs and to suggest the way forward. The findings of this report are of particular importance, as they will contribute to the development of the second PARPA, which will take us towards further progress in achieving the objectives of the Millennium Declaration and Agenda 2025.

A significant progress in a number of key areas of human and social development has been achieved over the past few years. There has been a notable reduction in the proportion of Mozambicans living below the poverty line and child and maternal mortality are decreasing. The commitment now will be to fight the threats to human and social development, namely poverty, persisting inequalities, recurrent natural disasters and the HIV/AIDS pandemic, which threatens to set back years of progress.

Mozambique remains committed to achieving the MDGs, but their attainment requires a concerted and continuous effort from the Government and all development partners over the coming years. Only working together can we realise the future envisaged by Mozambicans, a future of sustainable human and social development and the reduction of poverty in our country.

On a final note, I would like to thank all, and in particular the Government Institutions and the United Nations System in Mozambique, for their contribution to this country's report to the 2005 World Summit, taking place in September, in New York.



Armando Emilio Guebuza
President of the Republic of Mozambique

INTRODUCTION TO THE MDGs

In the 1990s, the United Nations held a series of international conferences with a view to establishing a common global development agenda, including quantitative goals, time-bound targets and numerical indicators for monitoring achievement. This series of conferences culminated in September 2000, when 147 Heads of State came together at the Millennium Summit and adopted the Millennium Declaration.

The Millennium Declaration was a reaffirmation by the worlds' leaders that they have a collective responsibility to uphold the principles of human dignity, equality and equity at the global level. The Declaration established a set of inter-connected and mutually reinforcing development goals, which could serve as the basis for a global development agenda. It outlined peace, security and development concerns, notably in the areas of the environment, human rights, democracy and good governance and also highlighted the specific development needs of the African continent. The Declaration acknowledged that while developing countries have the responsibility to undertake policy reforms and strengthen governance, they cannot reach the goals without the support of the international community, through new aid commitments, equitable trading rules and debt relief.

The Millennium Development Goals (MDGs), which developed as a result of the Millennium Declaration, provide a framework for monitoring human development. There are eight main goals, most of which are to be achieved over a 25-year period (1990-2015):

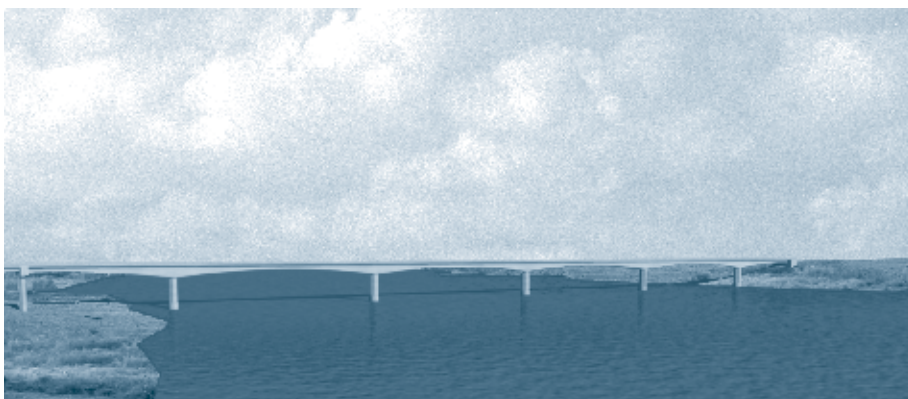
1. Eradicate Extreme Poverty and Hunger
2. Achieve Universal Primary Education
3. Promote Gender Equality and Empower Women
4. Reduce Child Mortality
5. Improve Maternal Health
6. Combat HIV/AIDS, Malaria and other diseases
7. Ensure Environmental Sustainability
8. Develop a Global Partnership for Development

A list of 18 targets and 48 indicators corresponding to these goals have been prepared and agreed by all the world's countries, in order to ensure a common assessment of progress towards the MDGs at global, regional and national levels.

This report aims primarily at assessing the progress made in Mozambique towards the achievement of the MDGs and identifying the main challenges and priorities for action at policy or implementation level, in order to accelerate attainment of the goals. While the MDGs are aimed at assessing progress since 1990, there are obvious reasons for the lack of comprehensive (i.e. with national representation) and reliable data for the benchmark year, such as the occurrence of the civil war. The first comprehensive household income survey was only conducted in 1997, which perhaps is also the first reliable data point for many other development indicators (e.g. health, education and environment). This report therefore assesses progress towards the MDGs through a comparison of data from 1997 and 2003, the first and the last year for which data is available in most cases.

The report is also intended to serve as a tool for advocacy, awareness raising, alliance building and the renewal of political commitment at the country level. It is expected to guide all of the development partners in Mozambique in following up the global agenda on the harmonisation, simplification and alignment of development efforts, both at global and national levels.

The production of the MDG Progress Report is a collective effort, involving all technical ministries and national institutions under the leadership of the Ministry of Planning and Development, and in collaboration with all UN agencies.



Future bridge over Zambeze river, linking Sofala and Zambezia provinces

MOZAMBIQUE: DEVELOPMENT CONTEXT

OVERVIEW

Since the signing of the 1992 Peace Agreement, Mozambique has become one of Africa's most successful stories of post war reconstruction and economic recovery. The country had its third peaceful and democratic legislative and presidential elections in December 2004, reaffirming its commitment to political stability and national reconciliation. Mozambique has engaged in an ambitious economic, social and political reform agenda, and has made efforts to consolidate macroeconomic stability. As a result, the country has recorded high economic growth rates in recent years, averaging about 9 percent from 1997 to 2003, far above the continent's average. In addition, the country has made significant advances in relation to key indicators of human and social development, with a substantial decrease in the rates of child and maternal mortality and an increase in net enrolment rates.

Macroeconomic Indicators

Indicator	1997	1998	1999	2000	2001	2002	2003	Average
Real GDP growth (%)	11.1	12.6	7.5	1.9	13.1	8.2	7.8	8.9
Population growth (%)	1.7	2.3	2.3	2.4	2.4	2.4	2.4	2.3
Inflation (%), Annual Average	7.4	1.5	2.9	12.7	9.1	16.8	13.4	9.1
GDP per capita (USD)	217	241	243	216	209	226	259	230

Source: MPD, DNPO

Despite these improvements, however, the country faces great challenges. Mozambique remains one of the poorest countries in the world – ranking 168 out of 177 in UNDP's Human Development Index (HDI), the lowest in the Southern African Development Community. Furthermore, the country ranks 133 out of 140 countries in the Gender Development Index. HIV/AIDS remains the greatest threat to development in Mozambique, with the HIV prevalence rate (15-49 year-olds) increasing from 8.2 percent in 1998 to 16.2 percent in 2004. If Mozambique is to attain the Millennium Development Goals, it requires an urgent halt and reversal of the incidence of HIV/AIDS, improvements in the efficiency of service delivery to the poor, employment creation, increases the state revenue, reductions in foreign aid dependency, and effective preparedness for periodic and devastating natural disasters.

Key Development Indicators

SELECTED INDICATORS	1997					2003					2015
	Total	Urban	Rural	Men	Women	Total	Urban	Rural	Men	Women	Target
MDG Target Indicator											
1. Population living below the national poverty line (%)	69.4	62.0	71.3	-	-	54.1	51.5	55.3	-	-	44.0
2. Underweight children (under-five, %)	26.0 ^a	14.8 ^a	30.7 ^a	26.5 ^a	25.6 ^a	23.7	15.2	27.1	24.7	22.6	17.0
3. Primary completion rate (%)	22.0	n/a	n/a	n/a	n/a	38.7	n/a	n/a	n/a	35.4	100.0
4. Ratio of girls to boys in EP1	0.71	n/a	n/a	-	-	0.83	n/a	n/a	-	-	1.00
5. Under-five mortality rate (per 1,000 live births)	219	150	237	224	212	178	143	192	181	176	108
6. Maternal mortality rate (per 100,000 live births)	1,000 ^b	n/a	n/a	-	-	408	n/a	n/a	-	-	250
7. HIV/AIDS prevalence among adults (15-49 years, %)	8.2 ^c	n/a	n/a	n/a	n/a	16.2 ^d	n/a	n/a	n/a	n/a	n/a
8. Prevalence and death rates associated with malaria (%)	7.0 ^a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	3.5
9. Land area covered by forest (%)	21.0 ^e	n/a	n/a	-	-	n/a	n/a	n/a	-	-	n/a
10. Population with access to an improved water source (%)	37.1 ^a	66.8 ^a	26.1 ^a	-	-	35.7	57.7	26.4	-	-	70.0
11. Household with access to secure tenure (%)	n/a	n/a	n/a	-	-	n/a	n/a	n/a	-	-	n/a
Other Indicators											
Population size (million)	16.1	4.6	11.5	7.7	8.4	18.5	5.6	12.9	8.9	9.6	-
GDP per capita (USD)	217	-	-	-	-	262	-	-	-	-	-
Gini coefficient [income inequality]	0.40	n/a	n/a	-	-	0.42	n/a	n/a	-	-	-
Life expectancy at birth (average years)	42.3	48.8	40.2	40.6	44.0	46.3	50.1	44.9	44.4	48.2	-
Adult literacy (15 years and above, %)	39.5	67.0	27.8	55.4	25.9	46.4	69.7	34.3	63.3	31.2	n/a
Net enrolment rate in EP1 (%)	44.0	n/a	n/a	49.0	39.0	69.4	n/a	n/a	72.4	66.4	100.0
Children immunised against measles (1 year-old, %)	57.5	93.0	47.1	57.8	57.1	76.7	90.8	70.8	77.4	76.0	95.0
Population with access to improved sanitation (%)	41.1 ^a	74.7 ^a	28.7 ^a	-	-	44.8	71.7	33.4	-	-	60.0
Births attended by skilled health personnel (%)	44.2	81.4	33.9	-	-	47.7	80.7	34.2	-	-	n/a

(a) data for 2001; (i)

BRIEF REVIEW OF THE SITUATION IN MOZAMBIQUE

During 2002 and 2003, the National Institute of Statistics (INE) carried out a nationwide household income survey (*Inquérito Nacional aos Agregados Familiares*, IAF 2002/03). The findings from this survey indicate that **poverty** in Mozambique has declined significantly from 69.4 percent in 1997 to 54.1 percent in 2003. However, this achievement masks significant regional variations and the fact that more than half of the population still live in absolute poverty. Estimates show that income inequality has increased – the Gini coefficient increased from 0.40 in 1997 to 0.42 in 2003 – and the consumption of the poor grew slower, in percentage terms, than that of the rich. The levels of **malnutrition** – in terms of the prevalence of underweight children under five years of age – remain high (23.7 percent in 2003). At the provincial level, Zambezia and Tete registered the largest reductions in prevalence (above 6 percentage points), while Manica, Sofala, Gaza and Nampula recorded a deterioration of the situation. Nampula and Cabo Delgado registered very high levels in 2003 (38.2 and 34.2 percent respectively) while Maputo-city and province had the lowest rates (7.9 and 9.2 percent).

Mozambique is prone to **natural disasters** such as severe droughts and floods. Heavy rains in 2000-2001 flooded vast areas in the southern and central regions of Mozambique, causing death to an estimated 700 people and displacing over one million. Economic and social activities were seriously disrupted, while critical infrastructure such as roads and bridges were damaged or destroyed, constituting a major setback for the country. In contrast, the years 2003 and 2004 were characterised by poor rainfall in the central and southern provinces, affecting the livelihoods of 650,000 Mozambicans. A close monitoring of the situation during the last few years identifies the Triple Threat as a new challenge for Mozambique: the combined effects of food insecurity with HIV/AIDS and the resulting effects on service delivery.

Improvements have been notable in education, with the **net enrolment rate** (NER) in primary education (EP1) increasing by more than 25 percentage points between 1997 and 2003. However, geographical and residential disparities remain high, affecting particularly children in the northern provinces of the country and in rural areas. In 2003, the net enrolment rate was just over 50 percent in Nampula, whereas in the southern provinces it was around 80 percent or more. Significant increases in school enrolment were observed for both girls and boys. The **completion rate** at EP1 level remains low, although it improved from 22 to 39 percent in six years. In general, access to primary education has increased considerably in recent years, but the data suggests that Mozambique will not reach the goal of full primary education by 2015 unless extra effort is made.

Gender disparities in primary education are gradually decreasing at the lower primary education level (EP1), with the **ratio of girls to boys** improving from 0.71 in 1997 to 0.83 in 2003. The discrepancies are more evident in the northern and central provinces than in the southern provinces, where the number of girls and boys enrolled in EP1 is roughly equal. While some progress in literacy rates has been made since 1997, illiteracy remained much higher among women than men (68.8 versus 36.7 percent in 2003). These disparities are significantly more pronounced in rural areas than urban areas, with almost twice the number of illiterate women in rural areas (80.8 versus 41.3 percent). In 2003, the highest illiteracy rates among women were observed in the provinces of Cabo Delgado, Nampula and Zambezia (above 80 percent). The lowest illiteracy rates for women were in the southern region with Maputo-city at 22 percent and Maputo province at 38 percent.

Between 1997 and 2003, **under-five mortality rates** (U5MR) decreased by about 19 percent, from 219 to 178 per 1,000 live births, while infant mortality rates decreased by about 16 percent, from 147 to 124 per 1,000 live births. Despite this decrease, however, current mortality rates remain very high and suggest that almost one in five children will die before reaching the age of five. During the same period, the U5MR dropped by about 19 percent in rural areas (from 237 to 192) compared to only about 5 percent in urban areas (from 150 to 143). Geographical and residential disparities remain high, with the rates varying from 89 in Maputo-city to as high as 241 per 1,000 live births in Cabo Delgado (2003).

Maternal mortality ratio (MMR) trends show a substantial reduction from an estimated 1,000 per 100,000 live births in the early 1990s to 408 per 100,000 live births in 2003. In addition, the proportion of births attended by skilled health personnel has increased from 44.2 percent in 1997 to 47.7 percent in 2003, with a substantial difference between rural and urban areas (34.2 and 80.7 percent respectively in 2003). Maputo-city and province have the highest coverage rates (above 80 percent), followed by Gaza at a considerable distance (60.6 percent), while the provinces of Cabo Delgado, Nampula and Zambezia have the lowest coverage (below 40 percent).

The **HIV/AIDS prevalence among 15 to 49 year-olds** has steadily increased over the years, from 8.2 percent in 1998 to 16.2 percent in 2004 in Mozambique. The provinces with very high rates are Sofala, Maputo and Maputo-city (26.5, 20.7 and 20.7 percent respectively) and the lowest Nampula and Cabo Delgado (9.2 and 8.6 percent respectively). In 2003, about 8 percent of the total population in Mozambique was living with HIV or AIDS, of whom the majority are women (58 percent). The gender difference is particularly acute among the 15-24 age group age groups, where prevalence among women is three times higher than that among men.

Malaria is a huge public health problem in Mozambique. It is estimated that 40 percent of all outpatient cases and 60 percent of paediatric cases in hospitals are a result of malaria. The proportion of people with access to improved sanitation has increased from 41.1 to 44.8 percent between 2001 and 2003, although there are significant disparities in terms of area of residence and provinces. In rural areas, access to sanitation increased from 28.7 to 33 percent, whereas in the urban areas the coverage worsened from 74.7 to 72 percent. The provinces in the central region are amongst those with the lowest sanitation coverage (e.g. Zambezia with 19.2 percent and Sofala 28.8 percent), whereas the provinces in the south have the highest rates (e.g. Gaza and Inhambane with about 70 percent and Maputo-city and province at over 90 percent).

FIGHT AGAINST POVERTY

The Government of Mozambique has adopted a number of well-articulated policies for poverty reduction included in the Government programmes and in the Action Plan for the Reduction of Absolute Poverty, which are operationalised through the Economic and Social Plan and the State Budget.

In May 2005, the Government adopted a new **Five-Year Plan** for the period 2005-2009. The main objectives of the programme are: (i) reducing the levels of absolute poverty, which will be pursued through activities in education, health and rural development; (ii) rapid and sustainable economic growth, focusing attention on the creation of an economic environment that favours private sector activity; (iii) economic development of the country, with an initial focus on rural areas, and the reduction of regional imbalances; (iv) consolidation of peace, national unity, justice, democracy and national awareness, as indispensable conditions for the harmonious development of the country; (v) combating corruption, crime and red tape; and (vi) strengthening sovereignty and international cooperation.

The **Action Plan for the Reduction of Absolute Poverty** (PARPA - *Plano de Acção para a Redução da Pobreza Absoluta*) describes the country's macroeconomic, structural and social policies and programmes to promote growth and reduce poverty, as well as associated external financing needs. It provides a detailed action plan and sets out strategies and measurable objectives. Where sector programmes exist, the PARPA also provides clear links between sectoral policies and programmes in the context of a comprehensive poverty reduction strategy. The first PARPA (2001-2005) was prepared by the Government of Mozambique involving civil society and development partners, including the World Bank and the International Monetary Fund (IMF) – it also served as Mozambique's Poverty Reduction Strategy Paper. The performance of the Government has been satisfactory based on the goals of the PARPA, namely attaining a GDP growth rate of about 8 percent and reducing extreme poverty to less than 60 percent in 2005. Currently, the Government of Mozambique is preparing the second PARPA (2006-2009), which will operationalise the 2005-2009 Five-Year Plan. In an attempt to include the local perspective, hasten decentralisation and improve the monitoring systems of the PARPA, special attention is being given to the provincial priorities and opinion of civil society arising from the provincial Poverty Observatories.

The **Economic and Social Plan** (PES) is the first stage in operationalising the Government's Five-Year Programme and PARPA. It presents the major macroeconomic objectives, the evolution of the economic indicators, developments by sector and the budgetary policy. The PES also provides a matrix of main indicators, which makes it possible to assess the Government's performance in key sectors. For pursuing the objectives of the Government programme, key areas for action have generally been Education, Health, Infrastructure, Agriculture, Rural Development, Good Governance, Legality and Justice, Macroeconomy, Financial and International Trade Policies. The other operational instrument is the State Budget, that is, the numerical expression of the PES.

In addition to these national frameworks, the Government of Mozambique assumes the commitment of the Millennium Declaration, and is strongly committed to the achievement of the Millennium Development Goals (MDGs).

INVOLVEMENT OF AID PARTNERS IN MOZAMBIQUE

International development assistance plays a crucial role in Mozambique's fight against poverty. Net official development assistance (ODA) averaged \$1.1 billion in the period 1997-2003, around 31.4 percent of GNI or \$61.8 per capita in the same period.¹ Around three-quarters of ODA were provided under bilateral programmes, whilst the remainder was provided by multilateral institutions, such as the World Bank (through its International Development Association) and the European Commission.

Development partners have engaged in an ongoing and highly participatory dialogue in the context of the fight against poverty in Mozambique. A group of seventeen donors, known as G-17, currently provide budget support to Mozambique. The rationale for direct budget support to Mozambique is to provide efficient and effective financial support to the implementation of the PARPA. Mozambique and the partners signed a Memorandum of Understanding (MoU) in 2004, which sets out the principles, terms and operations for the Programme Aid Partnership (PAP). This is one of the largest joint programmes in Africa, both in terms of volume and the number of donors involved. It is premised on support for poverty eradication through: (a) building a partnership based on frank and open dialogue on the content and progress of Mozambique's poverty reduction strategy, and (b) providing financing for poverty reduction, clearly and transparently linked to performance, in a way which improves aid effectiveness and country ownership of the development process, reduces transaction costs, allows allocative efficiency in public spending, ensures predictability of aid flows, increases the effectiveness of the state and public administration, improves monitoring and evaluation and strengthens domestic accountability.

The PAP is organised around a structure of 23 thematic groups in which donors, Government, multilateral organisations and civil society participate to monitor progress of the PARPA indicators. In order to increase aid effectiveness, donors have submitted themselves to a yearly review of their own performance.

¹ Source: IDS/DAC (OECD). However, 2002 was a particularly exceptional year, with ODA leaping to \$2.1 billion, from \$0.9 billion in 2001. This was mainly due to debt relief action, which accounted for about half of 2002 ODA value.

GOAL 1 – ERADICATE EXTREME POVERTY AND HUNGER

EXTREME POVERTY

Target 1: Halve, between 1990 and 2015, the proportion of people living in extreme poverty

Indicator 1: Poverty headcount ratio (Proportion of population living below the national poverty line)

Indicator 2: Poverty gap ratio [incidence x depth of poverty]

Indicator 3: Share of poorest quintile in national consumption

Status at a Glance

Will target be reached?

Probably **Potentially** Unlikely Insufficient data

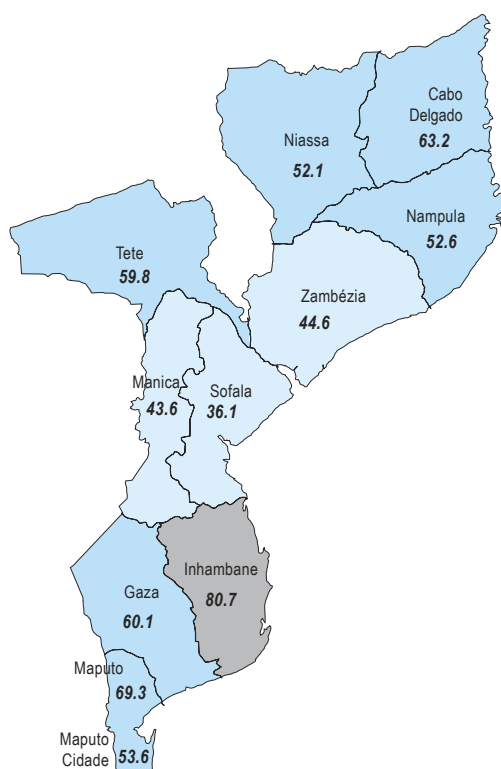
State of supportive environment

Strong Fair Weak but improving Weak

Status in Figures

Indicator / Year	1997	2003	Target
Proportion of population living below the poverty line	69.4	54.1	44.0
Poverty gap ratio	29.3	20.5	n/a
Share of poorest quintile in national consumption	6.5	6.1	n/a

Poverty Incidence (%), 2003

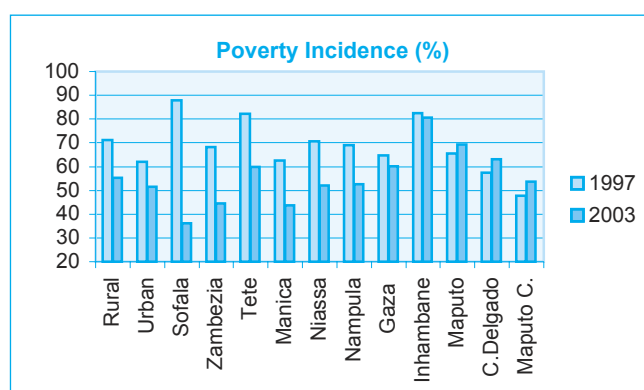
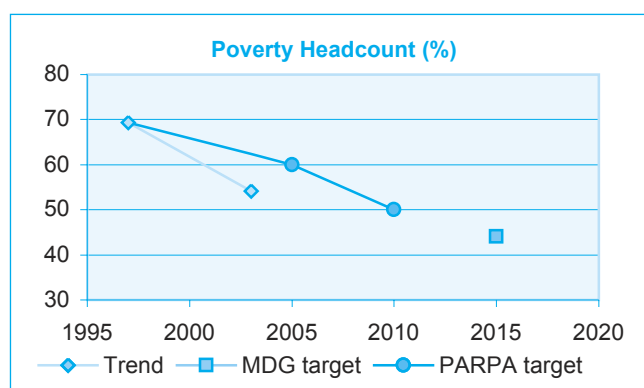


1. REDUCING EXTREME POVERTY: STATUS AND TRENDS

The proportion of the population living under the national poverty line² declined from 69.4 percent in 1997 to 54.1 percent in 2003. This represents a reduction of more than 15 percentage points in 6 years. According to these data, Mozambique has exceeded the target established in the first PARPA (2001-2005) that envisaged a reduction in poverty from around 70 percent in 1997 to 60 percent by 2005 (and 50 percent by 2010). The first MDG target is to halve the number of people living under the poverty line by 2015, from 1990 levels. Although there is no consistent data for the baseline year, the current PARPA target implies a 2.5 percent annual reduction of poverty, which when extrapolated suggests a target of around 44 percent in 2015. Although there are still many challenges ahead, the current trend suggests that Mozambique is on track to achieve this goal.

An important determinant of this trend is the good performance of the economy, with economic growth rates above 7 percent for much of the past decade.³ The exception was 2000/01, when floods severely destroyed basic economic and social infrastructure in the central and southern regions of the country, slowing growth to less than 2 percent. The association between strong economic growth and the robust reduction in poverty is probably due to the growth in agricultural production and the positive performance of other sectors directly linked to the activities of the poor (e.g. manufacture and transport and communication). Good macroeconomic policies and a stable political environment are also playing a crucial role in sustaining growth. However, the issue of income inequality persists. According to estimates, inequality has increased – the Gini coefficient raised from 0.40 in 1997 to 0.42 in 2003⁴ – and the consumption of the poor grew slower, in percentage terms, than that of the rich. On the other hand, the poverty gap ratio⁵ measures the depth (severity) of poverty. This indicator registered an improvement – from 29.3 percent in 1997 to 20.5 percent in 2003 – indicating that the households that remained poor during this period were, on average, closer (20.5 percent below) to reaching the minimum consumption level (poverty line). Finally, the share of consumption of the poorest quintile (i.e. the poorest 20 percent of the population) decreased from 6.5 to 6.1 percent of total consumption, while the richest 20 percent are now holding on to more than half of the country's total consumption. The redistribution of income will thus be crucial for a faster and more sustained reduction in poverty.

Notwithstanding the encouraging national poverty data, the reduction of poverty was stronger in rural areas (16 percentage points) than in urban areas. As a consequence, the rural-urban gap was reduced from 9.3 to 3.8 percentage points in the period 1997-2003. At provincial level, the performance was quite uneven. The top performer was Sofala, with a reduction from 87.9 percent in 1997 to the lowest poverty rate in Mozambique (36.1 percent in 2003). This can be attributed, however, to the fact that in 1996 and 1997 the region was severely affected by floods, which may explain the high poverty rates observed in the first IAF survey.⁶ Five other provinces registered strong reductions in the levels of poverty, above the national average: Zambezia, Tete, Manica, Niassa and Nampula. Gaza and Inhambane observed the lowest reductions in poverty,⁷ with the latter province presenting the highest poverty rate in the country (80.7 percent). In addition, the level of poverty actually increased in three provinces (Maputo, Cabo Delgado and Maputo-city), despite their low poverty rates in 1997. This increase (in particular for the southern provinces) might be a consequence of the 40 percent appreciation of the Rand (ZAR) between January 2002 and June 2003⁸ but also a result of rural-urban migration and the drought that has affected the southern region over the past four years. Finally, and in addition to provincial disparities, poverty also tends to vary according to household characteristics: poverty tends to be higher for female-headed households, and households with four or more children (65 percent live in poverty, compared to 24 percent for households with no children). This suggests the need to pay attention to the phenomenon of child poverty.



² The national poverty line is defined in terms of the total value of consumption per capita, which varies from between 5 to 20 thousand meticals per person per day, depending on the region (Poverty and Well-Being in Mozambique, 2004, p.37).

³ Estimates indicate that growth rates of 6-8 percent are adequate to reach the MDGs in Africa and the NEPAD targets, while one of the PARPA I targets is to reach an average annual GDP growth rate of 8 percent.

⁴ Maputo-city registered a strong increase in inequality from 1997 (0.44) to 2003 (0.52). Furthermore, "if there were no inequality in the country, everyone would live above the absolute poverty line." Source: DNPO et al (2005, p.10 and p.13-16)

⁵ The poverty gap ratio measures the average difference (%) between the consumption of the poor per capita and the poverty line.

⁶ "Poverty and Well-Being in Mozambique" (2004, p.23-24) and BPES 2003 (p.20).

⁷ Despite the possible economic stimuli due to the proximity to the capital and the more advanced RSA economy.

⁸ DNPO et al (2004, p.28).

2. MAIN CHALLENGES

- **Sustainability and pattern of growth.** Despite the good economic performance of the economy, and the subsequent reduction in the poverty levels, there is still a long way to ensure that the poverty reduction goal will be attained. The challenge is also to strengthen the link between growth and poverty reduction, while trying to reduce income inequalities.
- **Improve the effectiveness of foreign assistance.** The Government is currently preparing its first Aid Strategy, to strengthen the coordination and alignment of external aid with the priorities of the country. The country is still highly dependent on foreign aid (which represents 44 percent of the state budget in 2005) although its weight in terms of GDP has been decreasing.
- **Rapid growth of urban population.** In 2015 there will be almost as many people living in urban areas as in rural areas.⁹ The population pressure on urban and peri-urban areas is a challenge that needs to be urgently addressed.
- **HIV/AIDS pandemic.** The impact of HIV/AIDS on the economy is huge, particularly affecting poor households. As a result of HIV/AIDS, workers become less productive, vulnerability increases, there is a greater demand for healthcare, and more teachers and nurses need to be trained to replace those dying, all of which place a considerable financial burden on the state.
- **Vulnerability to external risks (including to natural disasters).** Although there has been some progress in the standard of living of the population, many people remain highly vulnerable to factors such as food insecurity, diseases and droughts.

3. SUPPORTING ENVIRONMENT

The Government of Mozambique has demonstrated a strong commitment and leadership in the fight against poverty, which is one of the main goals of the Government Five-Year Plan (2005-2009). The Government is currently developing its second PARPA (2006-2009), that will be based on the thematic areas of Agenda 2025, the country's long-term strategic vision. Thus, the specific policies and priorities that will be presented in PARPA II, which will operationalise the Government strategy, will be developed under the areas of (i) macroeconomy and poverty, (ii) governance, (iii) economic development, (iv) human capital, and (v) cross-cutting issues. The President of the Republic has emphasised the importance of economic growth (nourished by private investment, namely in tourism), technical/vocational training and tackling corruption as fundamental factors in the fight against poverty.

4. PRIORITIES FOR DEVELOPMENT ASSISTANCE

- Ensure that economic growth is sustainable and broad-based, with particular focus on the growth of agricultural production and rural development (e.g. infrastructure). Economic policies (e.g. industry promotion, international trade liberalisation, opening to foreign direct investment and regional integration) will have to be designed in a way that serves the interests of Mozambique, namely the objectives that relate to poverty reduction.
- Mobilise additional domestic resources through the expansion of the tax base¹⁰ and increase the capacity to attract foreign investments. Furthermore, aid flows need to be more efficient in tackling poverty.
- Respond to population pressures in terms of urban planning and development (e.g. sanitation), while the country promotes its industry to employ the growing availability of labour and capture the value added of its transformed products.
- Give greater emphasis to good governance, the legal system and public sector reforms.
- Enhance human capital through better quality and access to higher levels of education and provision of primary health care.
- Adopt an integrated approach regarding the prevention, mitigation and domiciliary care of HIV/AIDS in the context of development and poverty reduction strategies.
- Consider the reduction of vulnerability (including that due to natural disasters) through the perspective of sustainable development and the Triple Threat.¹¹

5. 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

⁹ According to UN Department for Economic and Social Affairs projections for Mozambique (<http://esa.un.org/unup/>).

¹⁰ State revenues were 14.2 percent of GDP in 2003 (BPES, 2004).

¹¹ The Triple Threat emphasises the interaction between poverty and food security, HIV/AIDS and the consequent weakening of institutional capacity for the provision of services to the population.

ERADICATE HUNGER: FOOD NUTRITION

Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

Indicator 4: Prevalence of underweight children under five years of age

Indicator 5: Proportion of population below minimum level of dietary energy consumption

Status at a Glance

Will target be reached?

Probably Potentially **Unlikely** Insufficient data

State of supportive environment

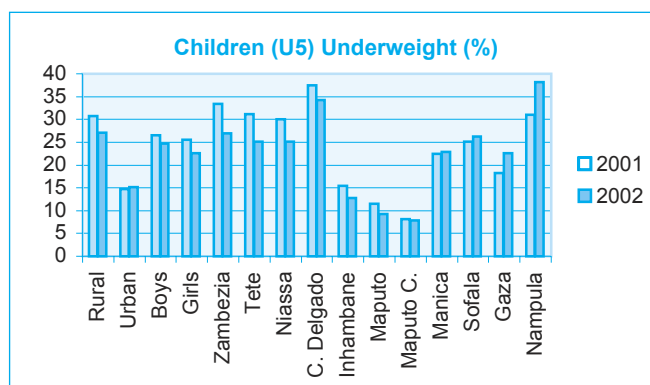
Strong **Fair** Weak but improving Weak

Status in Figures

Indicator / Year	2001	2003	Target
Prevalence of underweight children (under-five)	26.0	23.7	17.0
Proportion of population below minimum level of dietary energy consumption	n/a	n/a	n/a

1. REDUCING HUNGER: STATUS AND TRENDS

Although the national poverty level reduced substantially from 69.4 percent to 54.1 percent over the period 1997-2003, the levels of malnutrition – in terms of the prevalence of underweight children under-five years of age – remained high (23.7 percent), without significant improvement between 2001 and 2003 (2.3 percentage points reduction). Underweight prevalence was almost twice as high in rural areas as in urban areas (27.1 percent versus 15.2 percent), while there are no significant differences between boys and girls.¹² Regarding the provinces, Zambezia and Tete registered the largest reductions (above 6 percentage points) while Manica, Sofala, Gaza and Nampula recorded a deterioration of the situation. Nampula and Cabo Delgado registered very high levels in 2003 (38.2 and 34.2 percent respectively) while Maputo-city and province had the lowest rates (7.9 and 9.2 percent). The level of acute malnutrition (wasting) in under-five children decreased from 5.5 percent in 2001 to 4.0 percent in 2003, although there are provinces with very high levels (e.g. Sofala 7.6 percent, Gaza 6.7 percent and Nampula 6.0 percent). Maputo and Maputo-city registered very low values (0.5 and 0.8 percent respectively). In relation to the level of chronic malnutrition (stunting), the data shows a reduction from 2001 (43.8 percent) to 2003 (41.0 percent). This reduction was greater in rural areas than in urban areas (3.5 versus 1.9 percentage points respectively). In terms of gender, the reduction in malnutrition levels was greater amongst boys than girls, cutting the gap to 3.2 percentage points (was 5.5 in 2001). The provinces of Zambezia and Nampula registered the largest reductions, while Niassa, Inhambane, Cabo Delgado, Tete and Maputo-city revealed an increase in chronic malnutrition.



Although there is no data to determine the calorific consumption of the population, there are some proxy indicators that can be used, such as the average food consumption (expenditure), dietary quality and number of daily meals of the household. The recent IAF survey indicated that, on average, 48 percent of total household expenditure was allocated to food items, with important variations by area of residence (32 percent in urban areas versus 64 percent in rural areas) and by poverty level (64 percent in the poorest households versus 34 percent in the wealthier households). In terms of the type of food, cereals (corn in particular), roots and tubercles represented the highest share in expenditures. The average number of meals was 2.4 per day (99 percent ate at least one meal and 90 percent ate two or more meals).

There are indications that the households with high dependency rates, headed by women and/or with few productive or non-productive goods have a less diversified diet, being more vulnerable to risks.¹³ Furthermore, HIV/AIDS is an increasingly significant factor in nutritional insecurity. HIV/AIDS can increase the risk of food insecurity, while food insecurity can increase vulnerability to HIV infection and hasten the progression from infection to illness. Food insecurity is not only an issue for people living with HIV/AIDS (PLWHAs) but also those affected by the pandemic, especially orphans: the 2003 Vulnerability Assessment found that maternal orphans were 50 percent more likely to be stunted than the general children population (56 percent versus 37.6 percent).¹⁴

2. MAIN CHALLENGES

- **High levels of chronic malnutrition**, which are seriously affecting current and future human capital. There is a need for a broad multi-sectoral intervention in the three dimensions of Food Security and Nutrition (availability, access and use) with a particular focus on the most vulnerable.
- **Geographic disparities.** The decentralisation process should be accelerated and strengthened in order to ensure that targeting mechanisms are in place to make sure that the poorest gain access to basic social services.
- Adopt a more holistic vision of the **Triple Threat** in development and vulnerability reduction strategies and ensure that food and nutrition security interventions form an integral part of all HIV/AIDS programmes.

3. SUPPORTING ENVIRONMENT

The Government of Mozambique developed its first National Food Security and Nutrition Strategy (NFSNS) in 1998 in the context of the World Food Summit. The strategy, which takes as its main aim the eradication of hunger and poverty, is currently under revision to reflect the new context of the country. In addition, while the issue of food security and nutrition was poorly reflected in PARPA I, it is being integrated as a cross-cutting issue in PARPA II. The SETSAN (Food Security and Nutrition Technical Secretariat) was established by the Government as a coordinator of an inter-ministerial group to the implementation of the NFSNS and comprises different multi-sectorial thematic working groups. Among these groups is the Vulnerability Assessment Committee, which regularly conducts assessments in drought-affected areas in order to monitor the situation of the drought-affected population. The National Strategy for Nutrition (2003) of the Ministry of Health is being implemented.

4. PRIORITIES FOR DEVELOPMENT ASSISTANCE

- Strengthen joint technical support and resources to SETSAN and the Ministry of Health (Nutrition Unit).
- Promote the inclusion of food security and nutrition in national policies and strategies indirectly related to nutrition, such as the PARPA II, Economic and Social Plan (PES) and PROAGRI II.
- Support the implementation of nutrition issues related to PARPA II at the decentralised level.
- Increasing access to key micronutrients and fortified basic commodities.
- Prioritise areas of intervention related to community based actions, nutrition of PLWHAs and maternal and infant nutrition.
- Incorporate monitoring and evaluation indicators of food security and nutrition in all sectoral and multi-sectoral action plan.
- Promote the inclusion of gender and age disaggregated anthropometric and vulnerability indicators as key indicators in PARPA II and PAF.
- Food Security and Nutrition considered as a Human Right.

5. 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

¹² However, gender differences might exist for other age groups due to the unequal distribution of food within the household or due to food habits specific to the culture. There is a strong correlation between the education level of mothers and the nutritional status of children. Children whose mothers have no education are almost three times more likely to be underweight than children whose mothers have received secondary education (31 versus 12 percent).

¹³ According to the Food Consumption Index, which measures the diversity of food consumed by the household (CHS).

¹⁴ Additional Analysis of the 2003 VAC, SETSAN/UNICEF, Nov. 2003.

GOAL 2 – ACHIEVE UNIVERSAL PRIMARY EDUCATION

UNIVERSAL PRIMARY EDUCATION

Target 3: Ensure that, by 2015, all boys and girls are able to complete a full course of primary schooling

Indicator 6: Net enrolment ratio in primary education

Indicator 7: Proportion of pupils starting grade 1 who reach grade 5 (or Primary completion rate)

Indicator 8: Literacy rate of 15-24 year olds

Status at a Glance

Will target be reached?

Probably Potentially **Unlikely** Insufficient data

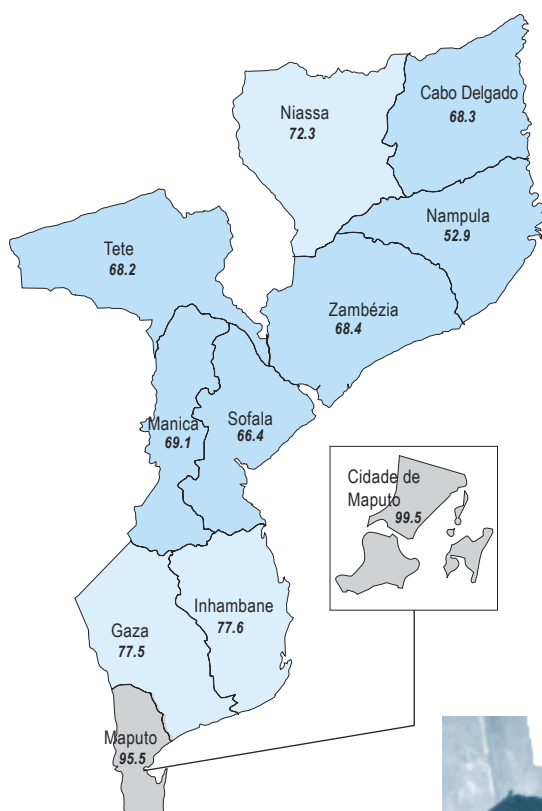
State of supportive environment

Strong **Fair** Weak but improving Weak

Status in Figures

Indicator / Year	1997	2003	Target
Net enrolment rate in primary education (EP1)	44.0	69.4	100.0
Primary completion rate (EP1)	22.0	38.7	100.0
Literacy rate of 15-24 year olds	52.1	58.2	n/a

Net Enrolment Rate in EP1 (%), 2003



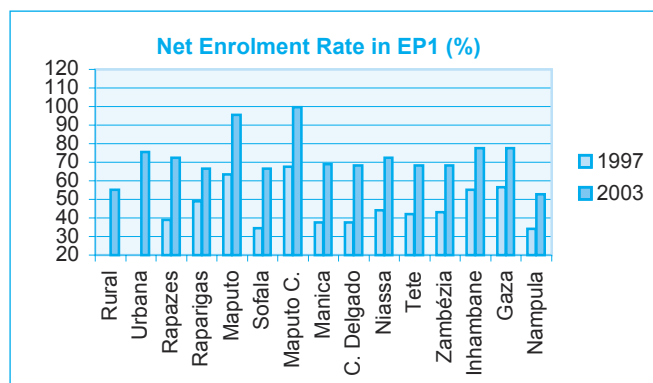
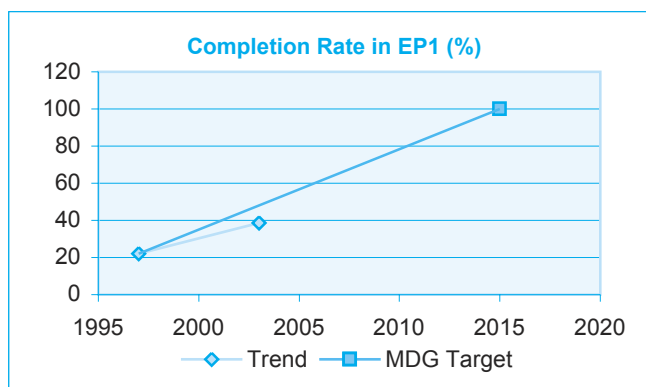
1. UNIVERSAL PRIMARY EDUCATION: STATUS AND TRENDS

The primary education system in Mozambique is divided into two cycles: a lower level of five years (EP1) followed by two years of higher level (EP2).¹⁵ The net enrolment rate (NER) at EP1 level increased substantially between 1997 and 2003, from 44 to 69.4 percent. There were significant increases in enrolment of both girls and boys, but while the gender gap gradually decreased between 1997 and 2003, girls remained disadvantaged (NER for girls in EP1 was 66.4 percent compared to 72.4 percent among boys). Geographical and residential disparities also remained very high. In 2003, the NER was only 52.9 percent in Nampula province, whereas in Gaza and Inhambane it was about 78 percent. In Maputo and Maputo-city the NER was very close to 100 percent. The rural-urban gap is still high (20 percentage points). At EP2 level, the NER remained very low, with an increase from 2.3 percent in 1997 to 4.5 percent in 2003.

The net attendance rate (NAR)¹⁶ in EP1 followed the NER patterns, increasing from 51 percent in 2001 to 61 percent in 2003. However, there are also serious geographical and residential disparities, particularly affecting children in the northern provinces and children in rural areas.

Although completion rates in EP1 increased from 22 percent in 1997 to 38.7 percent in 2003, it will be difficult to achieve the MDG target by 2015 (completion of primary education), unless substantial human and financial resources are invested in the system. In 2002, of 100 pupils who gained access to Grade 1, only 37 entered Grade 5. By Grade 7, only 15 pupils remained in the system, and by Grade 12, only one remained.¹⁷ This means that more than 60 percent of primary school age children are likely to leave the educational system without appropriate reading, writing and numeracy skills. Indicators of internal efficiency and quality of education, such as student repetition rates, number of school shifts and daily hours of instruction, have only improved marginally.¹⁸

The literacy rate of 15-24 year olds increased from 52.1 to 58.2 percent between 1997 and 2003. Moreover, the literacy rate of the population aged 15 years and above has increased from 39.5 percent in 1997 to 46.4 percent in 2003. There are almost twice as many literate men (63.3 percent) as women (31.2 percent), and there is a significant disparity between rural and urban areas (34.3 versus 69.7 percent). Maputo-city and province registered the highest literacy rates (84.9 and 71.4 percent), while in the central provinces these varied between 38.6 and 54.6 percent, and between 31.6 and 35.6 percent in the northern provinces.



2. MAIN CHALLENGES

- **Insufficient school coverage.** Continued expansion of the school network for EP1 and especially EP2 in deprived rural areas will be necessary in order to reach the MDG targets, with particular focus on low cost school construction.
- **Lack of qualified teachers.** The supply of (qualified) teachers is crucial to the quality of education provided. In this regard, ESSP II needs to increase the number and quality of teachers through initial and continuous in-service training. At the same time, teacher education processes should be managed through a unified system, using long distance education tools with a strong focus on the pupils' learning needs.
- **Curriculum implementation** is a challenge aggravated by the insufficient training of teachers in its new aspects, in particular concerning the local curriculum. Local institutions need to guarantee continued change and the decentralisation of curriculum management and evaluation.
- **Family and community involvement in education.** The involvement of communities in education is extremely important in order to ensure that girls, OVC and children with special needs have access to education and opportunities to stay in school. Efforts should be made to promote community involvement in all aspects of school management through, for example, school councils.
- **Weak institutional capacity, leading to delayed implementation of education policies.** Progress in public sector reform is needed in order to avoid delays in the implementation of ESSP II. In this regard, institutional capacity building, at the national and sub-national levels, should be considered a top priority. Decentralisation, particularly to district and school level, is also a critical factor for success.
- **Weak financial management, control structures, transparency and accountability.** There is a need for significant improvements in the area of financial management and accountability.
- **Impact of the HIV/AIDS pandemic** on demand and supply within the Education System, which is negatively affecting the implementation of ESSP II.

- **Absence of non-formal education.** There is a need for increased non-formal education in order to ensure access to basic education for all out-of-school children. Similarly, increased open and distance learning opportunities should be available as a means to expand access to EP2+ and teacher upgrading.

3. SUPPORTIVE ENVIRONMENT

The first Education Sector Strategic Plan (ESSP I) 1999-2003, reaffirmed the objectives and priorities outlined in the National Education Policy of 1995. The overall goal of ESSP I was to provide increased and equitable access to education through the improvement of the education system, in order to promote economic and social development and poverty reduction in Mozambique. The ESSP revealed encouraging results, particularly regarding access. It has also proved to be particularly important for a more structured and harmonised engagement of external partners, through agreements on procedures for donor commitments of funds and disbursements, auditing and reporting, monitoring and evaluation, financial management, exchange of information and cooperation. The need for increased harmonisation led to the establishment of the Education Sector Support Fund (ESSF) in 2002, which is now supported by nine external partners.¹⁹ Also in 2002, Mozambique was considered one of the 18 countries eligible to participate within the framework of the Education for All / Fast-Track Initiative (EFA/FTI). The second ESSP will be approved in 2005, covering the period 2005-2009. Its main objectives are to increase the access to and quality of education, while strengthening the institutional capacity of the Ministry of Education.

4. PRIORITIES FOR DEVELOPMENT ASSISTANCE

- Strengthen the institutional capacity of the Ministry of Education, with a particular focus on the provincial and district levels, including through the training of school directors and school councils and the provision of pedagogical support and supervision in schools.
- Promote pre-service teacher training and the provision of school equipment and didactic materials for teachers, pupils and schools, in order to improve the quality and relevance of the education provided.
- Support community-oriented interventions to promote awareness and reduce the factors that prevent children, particularly girls and OVC, from accessing education. Civil society and community involvement is fundamental for the implementation of the Education Development Plans.
- Develop and implement a comprehensive programme to address adult illiteracy.

5. 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

¹⁵ Therefore, EP1 statistics correspond to what is internationally recognised as "primary education."

¹⁶ While net enrolment reflects the number of students that are registered in the beginning of the school year, net attendance refers to the actual number of students attending school during the year.

¹⁷ MINED, School Year Survey 2003.

¹⁸ The expansion of the school network did not keep pace with the increased number of pupils, as the ratio of pupils per EP1 school increased from about 260 to about 350 in the period 1997-2003. Similarly, the number of teachers did not increase proportionally over the same period (average number of pupils per EP1 teacher went from 61 to 66). The proportion of unqualified teachers in EP1 increased from 30 to 42 percent during the same period. (Source: MINED, School Year Survey 2003)

¹⁹ The ESSF was initially supported by Denmark, Finland, Ireland, Netherlands and Sweden. Canada and Germany joined in 2003 while the United Kingdom (DFID) and the European Commission became involved in 2004.

GOAL 3 – PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

GENDER EQUALITY

Target 4: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

Indicator 9: Ratio of girls to boys in primary, secondary and tertiary education

Indicator 10: Ratio of literate women to men of 15-24 years old

Indicator 11: Share of women in wage employment in the non-agricultural sector

Indicator 12: Proportion of seats held by women in national parliament

Status at a Glance

Will target be reached?

Probably Potentially **Unlikely** Insufficient data

State of supportive environment

Strong Fair **Weak but improving** Weak

Status in Figures

Indicator / Year	1997	2003	Target
Ratio of girls to boys in EP1 ²⁰	0.71	0.83	1.00
Ratio of literate women to men of 15-24 years old	0.62	0.83	n/a
Share of women in wage employment in the non-agricultural sector	4.0	10.1	n/a
Proportion of seats held by women in national parliament	28.0	35.6*	n/a

* Data for 2005



²⁰ No data is available for tertiary education.

1. ACHIEVING GENDER EQUITY: STATUS AND TRENDS

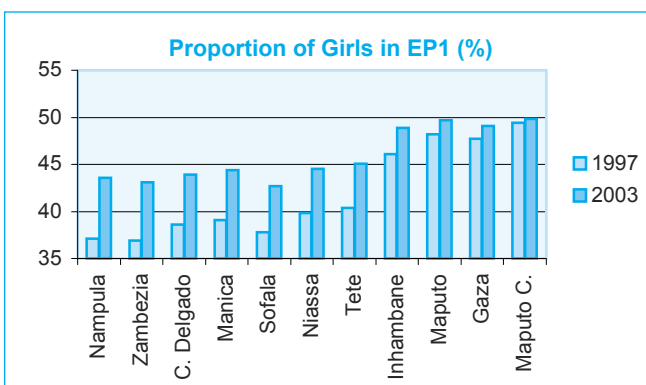
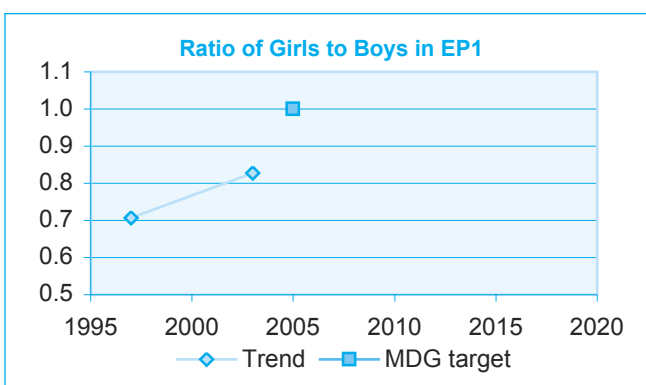
Gender inequality is an obstacle to development. Discrimination against girls and women results in lower socio-economic status compared to males, lower levels of educational attainment, poor health and nutrition, sexual exploitation and violence and a higher risk of contracting HIV/AIDS. Gender inequalities are evident in primary education indicators. However, the gender gap in primary education is gradually closing at the lower primary education level (EP1). The ratio of girls to boys²¹ in EP1 has improved from 0.71 in 1997 to 0.83 in 2003. At the higher primary (EP2) and secondary levels the ratio is lower and has not shown any improvement since 1997 (around 0.67, which means that for every third boy there are only two girls). Gender disparities are most evident in the northern and central provinces, whereas in Gaza, Inhambane, Maputo-city and province girls are roughly in proportion to boys at EP1. These trends show that the target of achieving gender parity in EP1 will not be met in 2005 but will be met in subsequent years. However, the targets for higher primary (EP2) and secondary education will require considerable progress if they are to be met by 2015. As a proxy measure of girls' performance in school, completion rates in EP1 are always higher for boys than for girls (only 35.4 percent for girls in 2003).²²

While some progress in literacy has been made since 1997, illiteracy is still much higher among women than men (68.8 versus 36.7 percent). This disparity is significantly more pronounced in rural areas than urban, with almost twice the number of illiterate women in rural areas as in urban (80.8 versus 41.3 percent). In 2003, the highest illiteracy rates among women were observed in the provinces of Cabo Delgado, Nampula and Zambezia (all above 80 percent). The lowest illiteracy rates were found in the southern region, with Maputo-city at 22 percent and Maputo province at 38 percent. Gender disparity in illiteracy is also higher in the central provinces (e.g. Sofala with 72.2 percent for women and 28.7 percent for men) than in the southern provinces (e.g. Maputo-city with 22 percent for women and 7.5 percent for men). The ratio of literate women to men (15-24 years old) has increased from 0.62 to 0.83 during the period from 1997 to 2003.

The most recent available data indicates that the share of economically active women in wage employment in the non-agricultural sector was only 10.1 percent, compared to 30.7 percent for men.²³ This situation is probably linked to women's high illiteracy rates and the low proportion of girls and women in technical education at secondary and tertiary levels, particularly in areas that affect job prospects and earning power.²⁴ Nevertheless, the representation of women in decision-making structures continues to improve, particularly within the parliament and central Government. The proportion of seats held by women in parliament is 35.6 percent in 2005, although lower progress has been registered at the sub-national levels. This is in part a consequence of long-standing gender disparities in education, which are more pronounced in the provinces and specifically in rural areas.

2. MAIN CHALLENGES

- **Low value granted to girls' education.**
- Burden of girls' domestic and seasonal labour, exacerbated by the impact of HIV/AIDS.
- High incidence of **HIV and AIDS** infection among girls and women.
- **Tension between formal and traditional education** (early marriage, bride-prices and alternative instruction).
- **Costs of schooling**, despite fee abolition.
- **Safety issues**, mainly derived from the long distances between homes and schools, sexual harassment and abuse by male teachers and schoolmates, lack of boarding facilities for girls, especially for higher primary, secondary and tertiary education levels.
- **Limited participation of girls and women** in vocational and technical education particularly in non-traditional and high demand employment areas (ICT, engineering, etc).
- **Inadequate institutional support** for the development and empowerment of women, particularly within the public sector, for example, the lack of management policies promoting gender balance.



3. AMBIENTE DE APOIO

Em Moçambique, o empenho em garantir a igualdade de género está reflectido na Constituição da República, que consagra direitos iguais para mulheres e homens, para cumprimento de acordos internacionais. O Governo de Moçambique lançou uma série de iniciativas com vista a fortalecer a igualdade de género e a aquisição de poder pelas mulheres. O actual quadro de desenvolvimento nacional (PARPA) menciona a necessidade de voltar a abordar a questão da desigualdade em termos de género, em particular na educação. Dentro do Governo, a principal responsabilidade pela promoção da igualdade de género compete à Direcção Nacional da Mulher (DNM). A DNM tem por objectivo coordenar as iniciativas com vista à integração do género e a promoção da aquisição do poder pelas mulheres nos diferentes ministérios e tendo elaborado uma Política Nacional de Género.

Até à data, o sucesso destes esforços tem sido seriamente prejudicado pela falta de capacidade institucional e técnica (de análise do género, pesquisa sensível ao género e trabalho de advocacia), não apenas dentro dos ministérios sectoriais, mas também dentro da própria DNM aos níveis central e provincial. Este aspecto alia-se ainda à fraca capacidade das organizações da sociedade civil e à falta de coordenação entre grupos de interesse das mulheres.

O Plano Estratégico da Educação coloca ênfase especial na educação da rapariga. A nível do Ministério da Educação, existem grupos de trabalho sobre o género, acesso e qualidade que procuram aumentar as taxas de matrícula e de retenção entre as raparigas. As medidas de base ampla, tais como a abolição das propinas escolares, beneficiaram igualmente os rapazes e as raparigas. As acções adicionais identificadas com vista a aumentar o acesso e a retenção das raparigas na escola incluem a distribuição de rações às raparigas nas escolas primárias e secundárias, mais acções de formação de professores do sexo feminino e a reserva de um número mais elevado de vagas em cada nível e tipo de ensino, em particular nas escolas com internatos.

4. PRIORIDADES PARA AJUDA AO DESENVOLVIMENTO

- Melhorar a capacidade de sistema do ensino com vista a reforçar e facilitar os esforços de reforma dos sectores através de Abordagens Sectoriais Amplas (ASAs) e, em particular, apoiar a implementação do Plano de Acção para a Integração de uma Perspectiva de Género no Plano Estratégico da Educação.
- Apoiar o desenvolvimento da reforma curricular tornando-o mais conducente à criação de postos de trabalho, em particular para os estudantes do sexo feminino.
- Promover o envolvimento comunitário e parental na vida e gestão escolar e sensibilizar as comunidades para a necessidade da educação da rapariga.
- Aumentar o número de professores do sexo feminino, priorizando as províncias e distritos com as maiores disparidades em termos de género de modo a acelerar o progresso na educação da rapariga.
- Aplicar medidas para fazer face ao assédio e abuso sexuais no ambiente escolar.
- Reforçar a capacidade do Ministério da Mulher e Acção Social para que desempenhe o seu papel de garantir a integração do género nos planos e programas nacionais.
- Apoiar a formação técnica profissional e introduzir medidas com vista a aumentar o número de matrículas das estudantes do sexo feminino para além das áreas tradicionalmente femininas (por exemplo, matemática e áreas relacionadas com as ciências aos níveis secundário e terciário).
- Apoiar o desenvolvimento e a implementação de estratégias sectoriais sobre o género.

5. AMBIENTE DE MONITORIA E AVALIAÇÃO

Elementos de monitoria	Avaliação		
Capacidade de recolha de dados	Forte	Razoável	Fraca
Qualidade da informação das recentes pesquisas	Forte	Razoável	Fraca
Capacidade de acompanhamento estatístico	Forte	Razoável	Fraca
Capacidade de análise estatística	Forte	Razoável	Fraca
Capacidade para incorporar a análise estatística nas políticas, planos e mecanismos de alocação de recursos	Forte	Razoável	Fraca
Mecanismos de monitoria e avaliação	Forte	Razoável	Fraca

²¹ O rácio de raparigas por rapazes é derivado de $(Raparigas/Total) : (1 - Raparigas/Total) = Raparigas/Rapazes$. A proporção de raparigas no EP1 foi de 41,4 em 1997 e de 45,3 em 2003.

²² Aqui também existem disparidades geográficas significativas. No que diz respeito à taxa de conclusão do EP1, a diferença em termos de género das raparigas relativamente aos rapazes foi de menos de 5% em Maputo e Gaza, enquanto que foi de mais de 20% em Cabo Delgado, Manica, Nampula e Sofala em 2003 (MINED, Inquérito Escolar Anual, 1997 e 2003).

²³ IAF 2002/03 (p. 26).

²⁴ Dados do Ministério da Educação indicam que, em 2001, o número de raparigas correspondia a apenas 9,4% dos alunos matriculados em áreas técnicas a nível pré-universitário nos ramos de agronomia (16,9%), electricidade e construção (4,2%) e contabilidade (15,5%). Esta segregação de género nos cursos técnicos profissionais compromete as oportunidades educacionais e as perspectivas económicas das raparigas e das mulheres.

GOAL 4 – REDUCE CHILD MORTALITY

CHILD MORTALITY

Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

Indicator 13: Under-five mortality rate

Indicator 14: Infant mortality rate

Indicator 15: Proportion of 1 year-old children immunised against measles

Status at a Glance

Will target be reached?

Probably **Potentially** Unlikely Insufficient data

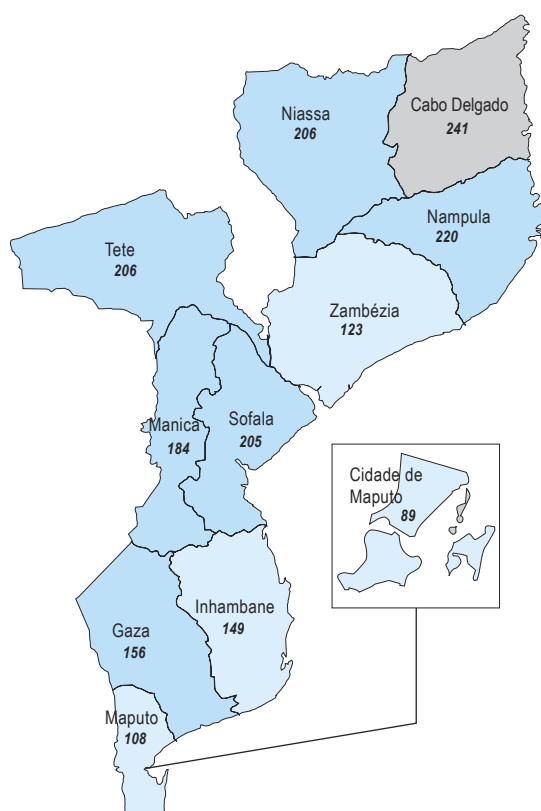
State of supportive environment

Strong **Fair** Weak but improving Weak

Status in Figures

Indicator / Year	1997	2003	Target
Under-five mortality rate (per 1,000 live births)	219	178	108
Infant mortality rate (0-1 year, per 1,000 live births)	147	124	67
Proportion of 1 year-old children immunised against measles	57.5	76.7	95.0

Under-Five Mortality Rate (per 1,000 live births), 2003



1. REDUCING CHILD MORTALITY: STATUS AND TRENDS

Mozambique has achieved a continual decrease in the rates of child mortality. Between 1997 and 2003, under-five mortality rates decreased by about 19 percent, from 219 to 178 per 1,000 live births, while infant mortality rates decreased by about 16 percent, from 147 to 124 per 1,000 live births. The country has already reached its 2005 PARPA target of reducing infant and under-five mortality rates to 130 and 190 respectively. Current mortality rates are, however, still very high and suggest that almost one in five children will die before reaching the age of five. Currently, about 120,000 Mozambican children under five years of age die every year.

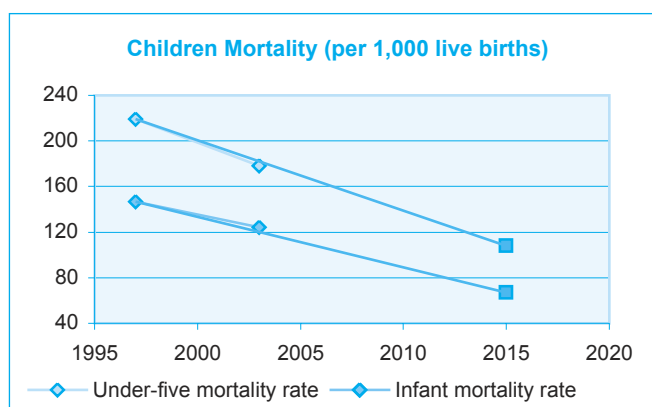
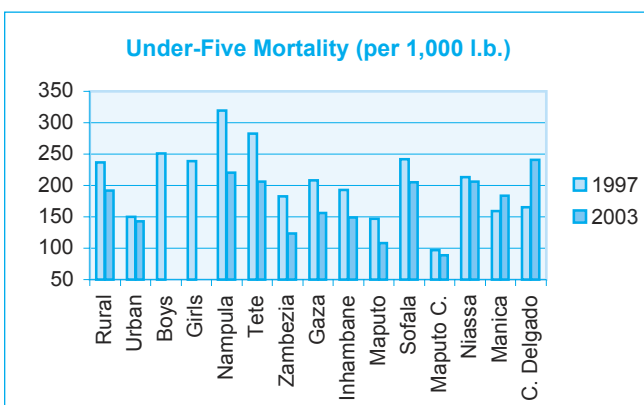
Under-five mortality rates have decreased more rapidly in rural areas than in urban areas. Between 1997 and 2003, rates dropped by about 19 percent in rural areas (from 237 to 192) compared to only about 5 percent in urban areas (from 150 to 143). Geographical and residential disparities remain high in 2003, with the under-five mortality rate varying from 89 in Maputo-city to as high as 241 in Cabo Delgado. Mortality levels among children are strongly associated with the economic characteristics of their households and the education level of mothers. Among children in the poorest households, the under-five mortality rate is twice as high as that among children in better off households (196 versus 108), while children of mothers with no education are 130 percent more likely to die before reaching five years of age than children of mothers with secondary education.²⁵ While Mozambique is on track to meet the MDG target, the growing AIDS pandemic is threatening the gain recorded in terms of child mortality reduction. The probability of meeting the target will therefore depend, amongst other things, on the capacity to accelerate PMTCT – mother to child transmission – and Paediatric AIDS treatment. The main causes of mortality among children are malaria, acute respiratory infection, diarrhoeas, malnutrition and measles, some of which are preventable by vaccine. AIDS is emerging as a major cause of deaths among children.²⁶

Immunisation against measles (among 1 year-old children) increased by 19 percentage points between 1997 and 2003 (from 57.5 to 76.7 percent). However, this substantial increase was not sufficient to prevent a particularly severe measles epidemic in 2003, when over 25,000 measles cases were reported with a fatality rate of 8/1,000. However, more than 55 percent of cases reported during the epidemic occurred among children over one year of age. Coverage

is not high enough to break the transmission chain, particularly in Niassa province where only about half of 1 year-old children are immunised against measles. Residential disparities are also significant, with 70.8 percent measles immunisation coverage recorded in rural areas versus 90.8 percent in urban areas in 2003. Poverty is an important determinant of immunisation coverage, with 61 percent coverage among children in the poorest households compared to 96 percent coverage among children in better-off households. In addition, children of mothers with no education are vaccinated half as often as children of mothers with secondary education (49 versus 98 percent). The implementation in 2005 of the first national measles campaign for all children aged between 9 months and 14 years of age is a key action to reduce these disparities and boost immunisation coverage.

2. MAIN CHALLENGES

- The **AIDS pandemic** is emerging as the greatest challenge to achieving the child mortality target. It is estimated that about 90 children are infected with HIV every day through mother-to-child transmission. Most HIV-infected children will die before reaching two years of age. While the number of health services offering prevention of mother-to-child transmission of HIV (PMTCT) is increasing rapidly, their coverage remains extremely low.²⁷
- Although **malaria incidence** can be reduced through preventable measures such as the use of insecticide-treated mosquito nets, the majority of Mozambican children do not have access to these services. In 2003, for example, only about 10 percent of children under-five were sleeping under bed nets. Most of the bed nets used are not treated with insecticide.
- While **malnutrition** is the underlying cause of about half of all deaths among children under five, little progress has been recorded in reducing malnutrition levels among children between 1997 and 2003. Although vitamin A deficiency among under-5 children was 69 percent in 2002, vitamin A supplementation coverage remains low with only 57 percent recorded in 2004.
- The **level of neo-natal mortality is very high** (46 per 1,000). The main causes of neonatal mortality are pre-maturity, severe infection and birth asphyxia. In addition, most births remain unattended by qualified health personnel. Childbirth care did not improve significantly over time, with only 48 percent of deliveries attended by skilled health personnel in 2003, compared to 44 percent in 1997.



- Despite some improvements, Mozambican families **lack access to basic social services** such as health, education and water and sanitation, all of which are integral to the survival and healthy development of children.
- The **human resource capacities** in social sectors remain weak in terms of quantity and quality. In the health sector, for example, the ratio of inhabitants per health worker improved from 1,882 in 1998 to 1,382 in 2004, even though geographical disparities remain high.
- The **low access to education and information for women/mothers** remains a key challenge to reducing mortality levels among children.

3. SUPPORTIVE ENVIRONMENT

The reduction of infant and child mortality is a key objective of both the country's first PARPA (2001-2005) and the Health Sector Strategic Plan (2001-2005). Both documents recognise the multi-sectoral nature of the causes of child mortality and include strategies for closer collaboration with various sectors, including Education and Water. The second National Strategic Plan to Combat HIV/AIDS (2005-2009) is also an important strategic framework for the reduction of child mortality and improvement of the quality of life of children. Recent acceleration towards the adoption of a Code of Marketing of Breast Milk Substitutes, the policy on infant feeding in the context of HIV/AIDS, and the effective implementation of the national nutrition strategy are also positive moves towards establishing an enabling policy environment.

Implementation of interventions in the health sector, however, remains fragmented and there is a need for an overarching child health policy and strategic framework, with a particular focus on neo-natal care. To this effect, the planned development by the Ministry of Health of a comprehensive Child Health policy, with a strong component on Integrated Management of Childhood Illnesses (IMCI) at health facility and community levels and neo-natal care, is an important step forward.

4. PRIORITIES FOR DEVELOPMENT ASSISTANCE

- Accelerate the development of an integrated child health policy that includes a strong component on neo-natal care, community IMCI and strategies to reach the most vulnerable children and communities.
- Accelerate PMTCT and Paediatric AIDS treatment as part of the implementation of the National Health Strategic Plan (2006-2010) and National Strategic Plan to Combat HIV/AIDS.
- Develop institutional capacity, including human resources and technical capacity to deliver and manage general and paediatric health services.
- Undertake advocacy to ensure the integration of child rights into existing and new policies and legislation and to raise communities/families awareness about good child caring practices.
- Improve the Health Information System to monitor child health.
- Improve cross-sectoral coordination and enhance community participation around the issue of child mortality.
- Promote high population coverage with quick win actions (distribution of Insecticide Treated Mosquito Nets and vitamin A supplementation).

5. 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

²⁵ The education level of mothers is emerging as a strong correlate of children's well-being, as those with little or no education have less access to information on issues such as nutrition and the prevention, symptoms and treatment of disease.

²⁶ In 2003, it was estimated that AIDS caused 14,713 deaths among children under-five years of age. See "Impacto Demográfico do HIV/SIDA em Moçambique", INE/MISAU, May 2004.

²⁷ In 2004, less than 3 percent of pregnant women with HIV had access to PMTCT. In addition, treatment for HIV positive children were very limited, with less than 1 percent of children in need of ARV having access to treatment in the same year.

²⁸ Maternal mortality ratio is the number of maternal deaths per 100,000 live births while maternal mortality rate is the number of maternal deaths per 100,000 women aged 15-49 per year.

GOAL 5 – IMPROVE MATERNAL HEALTH

MATERNAL HEALTH

Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio

Indicator 16: Maternal mortality ratio

Indicator 17: Proportion of births attended by skilled health personnel

Status at a Glance

Will target be reached?

Probably **Potentially** Unlikely Insufficient data

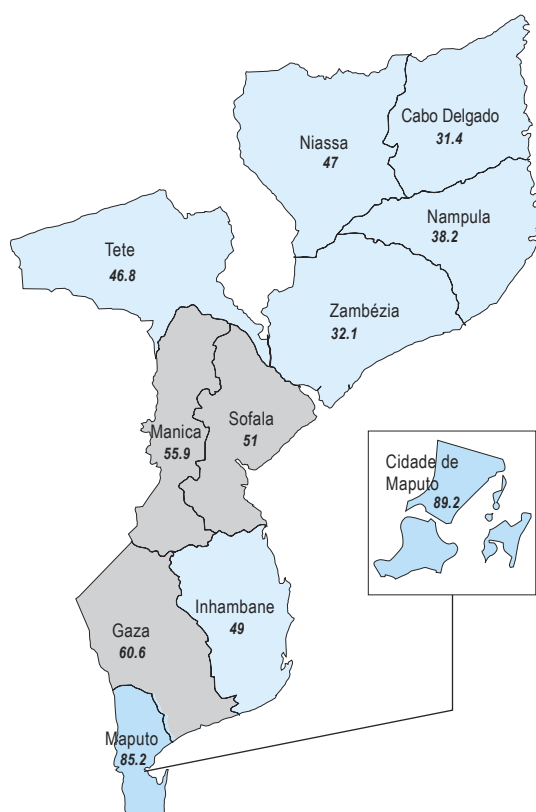
State of supportive environment

Strong **Fair** Weak but improving Weak

Status in Figures

Indicator / Year	1997	2003	Target
Maternal mortality ratio (per 100,000 live births) ³⁰	n/a	408	250
Proportion of births attended by skilled health personnel (15-49 year, %)	44.2	47.7	n/a

Institutional Deliveriers (%), 2003

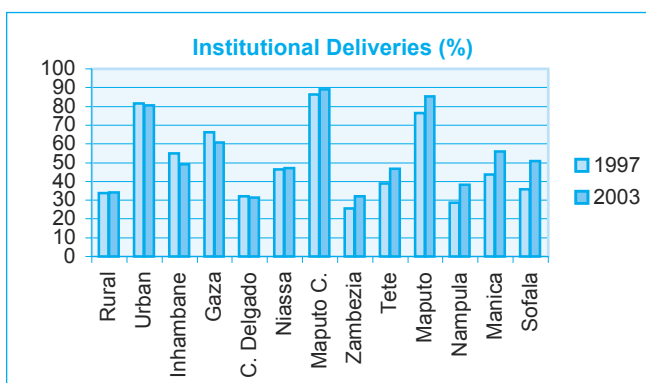


1. IMPROVING MATERNAL HEALTH: STATUS AND TRENDS

In Mozambique, reproductive infirmities account for almost one-fifth of the total burden of disease and as many as one-third of all deaths and illnesses among women of reproductive age. Complications during pregnancy and childbirth are among the leading causes of illness and death for women in developing countries. This undermines development by diminishing the quality of people's lives, weakening the poor, and placing heavy financial and social burdens on individuals, families, communities, and nation.

Maternal mortality ratio (MMR) trends show a substantial reduction from an estimated 1,000 per 100,000 live births in the early 1990s to 408 per 100,000 live births in 2003.²⁹ The development and implementation of the National Strategy for Maternal Mortality Reduction, which started in 2000 and led to better access to health services, particularly family planning and antenatal care, is considered the main factor explaining the large decrease of the maternal mortality ratio. Indications that the coverage of pre-natal and post-natal visits have increased during the period from 1997 to 2003 supports the evidence of good maternal health performance.³⁰

A complementary indicator is the institutional maternal mortality ratio (IMMR). The data shows a slight reduction from 181 to 177 per 100,000 live births between 1997 and 2003. When comparing the provinces, Cabo Delgado presents the highest IMMR both in 1997 and 2003, although with a significant decrease (512 and 291 per 100,000 live births), while Maputo-city shows the lowest IMMR in 1997 (32 per 100,000 live births) and Maputo province in 2003 (26.5 per 100,000 live births). Manica and Inhambane show an increase in the IMMR from 1997 to 2003, which might be due to implementation and expansion of essential obstetric care providing better diagnosis, management and reference of obstetric complications, as well as a better notification of institutional maternal deaths.



Despite improvements made on the quality of obstetric care, the main causes of maternal deaths are due to direct factors (75 percent), such as haemorrhage, rupture of the uterus, eclampsia and sepsis, while a quarter of deaths (25 percent) are of indirect causes such as malaria and HIV/AIDS. On the other hand, a significant number of women suffer from some degree of obstetric fistula, the most life-long maternity-related disability. In the last five years 8,100 to 20,250 women have suffered from some degree of obstetric fistula, although only around 700 women were treated for this condition.

The proportion of births attended by skilled health personnel (also known as institutional deliveries) has increased from 44.2 percent in 1997 to 47.7 percent in 2003, with a substantial difference between rural and urban areas (34.2 and 80.7 percent respectively in 2003). At provincial level, Maputo-city and province have the highest coverage rates (above 80 percent), followed by Gaza (60.6 percent), whereas the northern provinces of Cabo Delgado, Nampula and Zambezia have the lowest coverage (below 40 percent).

2. MAIN CHALLENGES

- **More than half of deliveries are not attended by skilled health workers.** The lack of women's decision-making power, perceptions of risk, traditional beliefs and practices, long distances and poor transport conditions are some constraints faced by pregnant women in reaching a maternity unit.
- **Absence of a sexual and reproductive health (SRH) umbrella policy.** This results in a disintegrated vertical implementation of several components, dispersing resources and reducing the impact on the health of women, newborns and adolescents/youth.
- **Weak managerial capacity in planning, monitoring, evaluation and coordinating partnerships.** These constraints are a serious challenge to the reduced number of national officials in the Ministry of Health.
- **Capacity and Quality.** Despite the expansion of Emergency Obstetric Care Services, there is still a considerable proportion of personnel that needs training, health facilities that need to be equipped, and referral systems that require strengthening. The institutional indicators stress that the quality of care should be addressed.
- Although the National Strategy for Maternal Mortality Reduction is based on the "Three Delays Model", due to the various socio-economic factors and insufficient resources to embark on a comprehensive strategy targeting the community, the priority in the last four years was improving the quality and quantity of health facilities. More attention needs to be given to implementation of effective interventions at **community level**, focused on community capacity development to recognize and respond to obstetric emergencies in a timely manner.

²⁹ There is no disaggregated data by area of residence or provinces for any of the years.

³⁰ The coverage of pre-natal II

3. SUPPORTIVE ENVIRONMENT

Maternal health is considered a priority for the Government, with significant investment and great success achieved in this area. Examples include the definition of the Maternal and Child Health (MCH) nursing career and the importance given to training nurses and the various strategies, programmes, norms, guidelines and manuals that have been developed and implemented. There is a strong commitment at policy level, both from Government and development partners, to improve the coordination of activities on maternal health, as witnessed by: the Government ownership in leading the achievement of the MDGs; the active involvement in addressing the maternal health issue more comprehensively in the revision of PARPA II; a more comprehensive analysis of SRH/Maternal Health services and trends in the Health Sector Strategic Plan and its annual monitoring reports; the inclusion of maternal health Indicators in Common Evaluations of the Health Sector; the interest of bilateral partners of the Health SWAP in seriously addressing maternal health needs; and the consolidation of the coordination, among UN Agencies, on financial and technical support to the Ministry of Health. At the same time, intersectoral policies, strategies and programmes are gaining space and being consolidated in the country policy arena. For example, the intersectoral policy, strategy and programme for the development of adolescents and youths, which has the support all partners, the ministries of health, education and youths/sports, UN agencies, national and international NGOs, youth associations and others.

4. PRIORITIES FOR DEVELOPMENT ASSISTANCE

- Support the Ministry of Health to improve its managerial capacities (planning, implementation, monitoring and evaluation and coordination) for SRH/maternal mortality reduction programmes at the national and sub-national levels.
- Advocate and provide technical support for the development and implementation of a vision for SRH and a comprehensive and integrated Umbrella Policy and its component strategies within a Human Rights and Gender Perspective.
- Advocate continuously the SRH/Maternal Mortality Reduction Plan as a priority agenda of the Pre-SWAP and SWAP, and to promote actions among the Ministry of Health decision-makers as well as among donors to ensure the adequate allocation of resources through Common Funding Mechanisms.
- Promote the vision of the “Road Map” for integrated service delivery, supporting the SRH/Maternal Health Division to define effective mechanisms to integrate SRH components at service provision level.
- Support financially and technically the development of capacity for data collection, analysis and reporting of the SRH, EOC and ASRH indicators and the establishment of national and provincial committees for maternal and peri-natal deaths audit.
- Coordinate efforts to support the revision/update of all relevant materials.
- Support the Ministry of Health in its efforts to define and implement a quality assurance system and mechanisms in the area of SRH and EOC services (HF accreditation).
- Support CHD and the SRH/Maternal Health Division and the SRH National Committee to develop an effective and wide-ranging SRH Programme.
- Support the development and implementation of a national strategy and interventions for the involvement of communities and civil society in SRH/Maternal Mortality Reduction.

5. 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

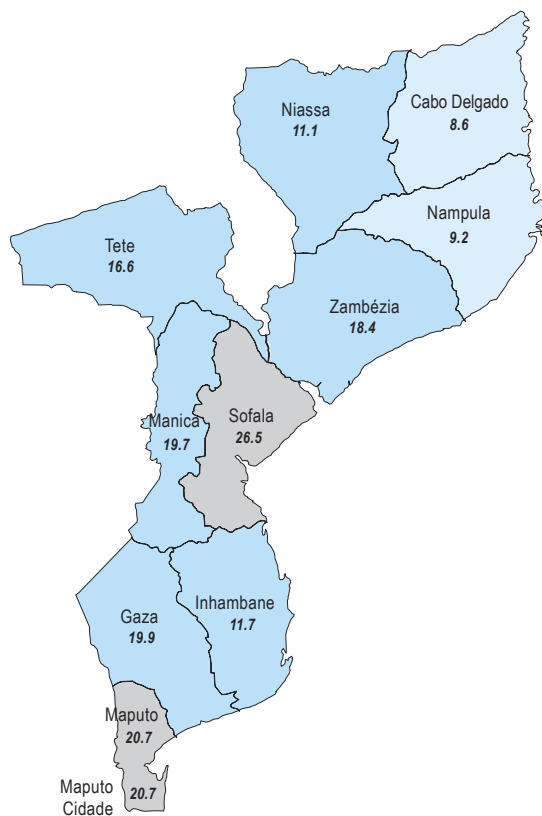
GOAL 6 – COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

HIV / AIDS	
Target 7:	Have halted by 2015 and begun to reverse the spread of HIV/AIDS
Indicator 18:	HIV prevalence among pregnant women aged 15-24 years
Indicator 19:	Condom use rate of the contraceptive prevalence rate
Indicator 20:	Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years

Status at a Glance	
Will target be reached?	
Probably	Potentially Unlikely Insufficient data
State of supportive environment	
Strong	Fair Weak but improving Weak

Status in Figures			
Indicator / Year	1997	2003	Target
HIV prevalence among pregnant women aged 15-24 years	n/a	12.9	n/a
Condom use rate of the contraceptive prevalence rate	0.8	1.1	n/a
Ratio of school attendance of orphans to non-orphans aged 10-14 years	0.89	0.90	n/a

HIV Prevalence Rate (% ,15-49 years), 2004

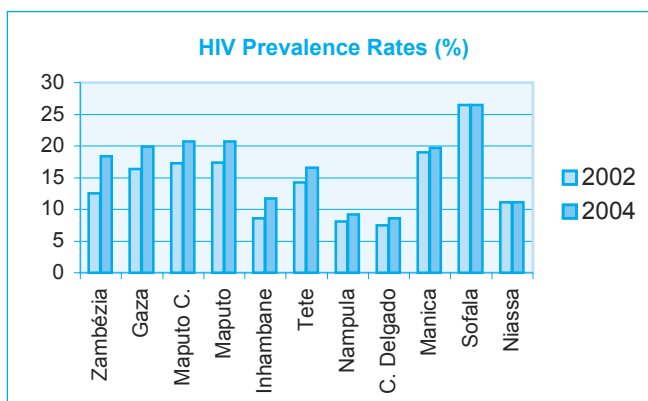


1. COMBATING HIV/AIDS: STATUS AND TRENDS

HIV/AIDS is one of the greatest threats to Mozambique's development. The HIV/AIDS prevalence among adults (15 to 49 year-olds) has steadily increased over the years, from 8.2 percent in 1998 to 13.6 percent in 2002 and 16.2 in 2004, although it varies greatly between the three regions of the country. The provinces with the highest rates are Sofala, Maputo and Maputo-city (26.5, 20.7 and 20.7 percent respectively) and the lowest Nampula and Cabo Delgado (9.2 and 8.6 percent respectively). Zambezia, Gaza and Manica also presented very high rates (close to 20 percent). The HIV/AIDS prevalence among pregnant women aged 15-24 years was 12.9 percent in 2003.

There were approximately 1.5 million Mozambicans living with HIV or AIDS in 2003 (about 8 percent of the total population), of whom the majority were women (58 percent). Among those living with HIV or AIDS, 5.8 percent are children under 15 years of age. The gender difference is particularly acute among the age groups 15-19 years and 20-24 years, where prevalence among women is three times higher than that of men.

While most new HIV infections occur through sexual intercourse, condom use remains extremely low. In 2003, only 1.1 percent of women in union reported using a condom. Among young people (15-24 year olds), condom use during the last high-risk sex was only 29.1 percent among women and 33.3 percent among men. Condom use during the last high-risk sex greatly varied according to areas of residence, age, provinces, education and poverty levels. For example, only 4 percent of the poorest women 15-49 years old reported using a condom during the last high risk sex (first quintile) compared to 41 percent among better-off women (fifth quintile).



The HIV/AIDS epidemic has been spreading all over the country, further increasing the vulnerability of the population, in particular children. In 2003, there were an estimated 225,000 HIV/AIDS orphans, of whom 187,000 were maternal AIDS orphans. The majority of AIDS orphans (65 percent) are found in the central region of the country. According to INE statistics, it is estimated that about 1.6 million children (0-17 years) will be orphans by 2005, of which 325,805 due HIV/AIDS. It is projected that the number of orphans due to AIDS will exceed 626,000 by 2010. Orphans, and particularly maternal orphans, are increasingly vulnerable and are less likely to access social services than non-orphaned children. In 2003, the primary school attendance rate among maternal orphans (10-14 years) was 62 percent compared to 78.4 percent among non-orphaned children.³¹

2. MAIN CHALLENGES

- **Political leadership.** Ensure implementation of the "Three Ones" principle by enabling the National Aids Council (NAC) to effectively and strategically coordinate, lead and monitor the national, as well as provincial and district-level, responses.
- **Increasing numbers of orphans and children made vulnerable by HIV/AIDS.** A large and rapidly growing population of orphans and vulnerable children (OVCs) are increasingly vulnerable and less likely to access social services. There is a need for stronger Government commitment to accelerate the implementation of a National Action Plan for OVCs and increase access to paediatric treatment for infected children.
- **Gender inequality and inequity.** Gender discrimination, low education of girls, gender based violence and unequal access to information can often lead to higher prevalence rates amongst women and lower access to care and treatment.
- **Need for improved funding mechanisms and partner harmonisation.** Given that a significant amount of funding is embedded in sectors, many civil society organisations are funded directly, and many public sector initiatives are off-budget, monitoring and harmonisation of HIV/AIDS funding needs to be strengthened.
- **Lack of coordinated multi-sectoral response.** Few sectors have developed HIV/AIDS strategic plans and fewer still have dedicated financial resources to implementation. A major challenge for the NAC lies in strengthening its coordination and support to other ministries, so as to facilitate the mainstreaming of HIV/AIDS into their policies.
- **Limited involvement of Civil Society.** The lack of substantive efforts to mobilise and build the capacity of rural communities has hindered the development of an appropriate localised response.
- **Insufficient prevention of mother-to-child transmission (PMTCT) and paediatric AIDS treatment.** While significant progress has been made in scaling-up the number of sites providing PMTCT (services are now available in all provinces), the level of activity is still not commensurate with the problem.

3. SUPPORTIVE ENVIRONMENT

In 2002, a multi-sectoral National AIDS Council (NAC) was created to lead and coordinate the national response to HIV/AIDS. The Government has revised its National Strategic Plan to Combat HIV and AIDS and articulated a second five-year National Strategic Plan for the period 2005-2009. The Plan emphasises a multi-sectoral approach, and prioritises the following seven areas: prevention, advocacy, stigma and discrimination, treatment, mitigation, research and investigation and coordination of the national response. In addition to the National Strategic Plan to combat HIV and AIDS, some ministries (such as the Ministries of Health, Agriculture, Education, and Women and Social Action) have articulated sector specific policies and action frameworks to address HIV and AIDS.

Concerning adolescents and youths, access to sexual and reproductive health services has increased in the last five years. The Ministry of Health, in partnership with other concerned ministries and NGOs, have been implementing Counselling Centres in schools and Youth Associations, with education activities, information, counselling and referrals for specific services countrywide. Furthermore, Adolescent and Youth Friendly Services (YFS) are present in every province (92 countrywide), using health workers with skills to provide information, family planning assistance, pre-natal and post-natal care, sexuality and pre and post-abortion counselling, diagnostic and treatment of STDs and abortion complications, and in many of them, counselling and voluntary testing of HIV.

Some legal provisions that aim to protect the rights of PLWHA and their families have been enacted in Mozambique. The Family Law of 2004 seeks to strengthen the position of women in the household, while Legislation Act No. 5 of 2002 provides for non-discrimination against employees in the workplace. However, the absence of regulatory mechanisms that complements effective application of legislation, and the lack of awareness about the existence of these protective laws, prevent people from taking advantage of them.

4. PRIORITIES FOR DEVELOPMENT ASSISTANCE

- Build political leadership and capacity at all levels (national, provincial, district and community) and across all sectors. It is critical that a coordinated, costed, financed, multi-sectoral response across the entire public sector is mounted based on the PEN II and PARPA II. To this effect, the NAC must concentrate on its strategic role of coordinating, leading, monitoring and evaluating the sectoral and the national response. It must also ensure a smooth and timely disbursement of funds by establishing an effective and simplified grant management system. It must continue to build its own capacity, as well as that of the public and private sectors and of civil society interlocutors. The NAC Board must fulfil its mandate and meet on a quarterly basis.
- Provide special protection, support and care to orphans. The situational analysis of children orphaned and made vulnerable by HIV/AIDS should be completed and the National Action Plan for OVC finalised. Service providers of basic social services for children orphaned by HIV/AIDS need to be capacitated and out of school youth, especially girls between 10 and 15, should become the focus of participative prevention efforts.
- Address gender dimensions. It is critical that appropriate, targeted, multi-faceted programming be developed, resourced and monitored to address the inextricable link between gender inequality and HIV/AIDS. The access to sexual and reproductive health services should be increased. All sector strategies must mainstream HIV/AIDS and address gender inequalities.
- Reduce transaction costs. Partners should use common mechanisms and procedures and align dialogue and reporting requirements with Government systems. An HIV/AIDS expenditure review should be undertaken to map and assess how and where HIV/AIDS funding is being channelled and to what effect.
- Strengthen the capacity of civil society to plan and implement policies and strategies to achieve the PEN II and health sector targets. Effective coordination between civil society and key Government organisations will require the establishment of clear mechanisms to define how NGOs participate in the different structures and levels where decisions are taken, for instance in the health sector.
- Expand access to PMTCT and ARVs.

5. 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



MALARIA AND OTHER DISEASES

Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Indicator 21: Prevalence and death rates associated with malaria

Indicator 22: Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures
Prevalence and death rates associated with tuberculosis

Indicator 23: Proportion of tuberculosis cases detected and cured under DOTS (internationally recommended TB control strategy)

Status at a Glance

Will target be reached?

Probably **Potentially** Unlikely Insufficient data

State of supportive environment

Strong Fair **Weak but improving** Weak

Status in Figures

Indicator / Year	2001	2003	Target
Prevalence and death rates associated with malaria	7.0	n/a	3.5
Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures	n/a	n/a	n/a
Prevalence and death rates associated with tuberculosis	9.7	11.0	6.0
Proportion of tuberculosis cases detected and cured under DOTS	71	77	80

1. REVERSING THE MALARIA BURDEN: STATUS AND TRENDS.

Malaria is a major public health problem in Mozambique, particularly in rural areas where the majority of the population resides. It is estimated that over 40 percent of all outpatient cases and 60 percent of paediatric cases in hospitals are a result of malaria. It is also estimated that malaria accounts for almost 30 percent of all hospital deaths. Malaria prevalence rates in children under the age of five can vary from 40 to 90 percent, resulting in up to 36,000 children dying each year from the disease alone (30 percent of under-five mortality). Malaria is also a cause of anaemia, which can have severe consequences during pregnancy. Many maternal deaths are considered to result directly or indirectly from malaria infection. The true scale of the economic losses attributable to malaria in the country is unknown. Much of the situation can be attributed, amongst other factors, to reduced access to health services (which only cover an estimated 50 percent of the population) and poor utilisation of preventive services with only 15 percent of the population covered by Insecticide Residual House Spraying (IRS) and less than 10 percent of the population using Insecticide Treated Nets (ITNs).³²

On the other hand, the world target to fight **tuberculosis** is to detect at least 70 percent of the existing tuberculosis cases and cure 85 percent of them by 2015.³³ Treatment of tuberculosis is the only way to prevent the spread of the disease. In Mozambique, 45 percent of the expected cases are detected and 77 percent are cured. While success in treating tuberculosis has almost reached the defined target, detection of tuberculosis cases is still a problem. The Direct Observation Treatment, Short-course (DOTS) strategy is implemented in every district of the country but only 47.5 percent of the population is covered.

Moreover, the generalised HIV/AIDS epidemic is worsening the status of tuberculosis in the country: one out of every three tuberculosis cases in Mozambique is HIV positive.³⁴ The association between tuberculosis and HIV/AIDS is also responsible for the increase in the number of tuberculosis cases.

2. MAIN CHALLENGES

- **Knowledge about malaria.** Knowledge about prevention and treatment of malaria is generally weak, even amongst some health workers.
- **Malaria drug resistance.** Resistance, particularly to chloroquine, has caused a change in treatment protocols including the introduction of ACTs. ACTs are much more expensive than chloroquine and for this reason more resources are required to implement the new treatment protocol.
- **Access to prevention and treatment.** Only 15 percent of the population is covered by Insecticide Residual Spray (IRS) and less than 10 percent uses Insecticide Treated Nets (ITNs). Moreover, early diagnosis and treatment are key interventions in malaria control and contribute significantly to reduce complications and death. A large proportion of the population does not live close to a health facility and there is no access to anti-malarial drugs outside of health facilities except in pharmacies which are restricted to major urban areas.
- **Weak health information system.** Few malaria indicators are collected and are not disaggregated by age, gender or pregnancy.
- The **challenges to fight tuberculosis** are: extend DOTS to all the country; improve the capacity for diagnosis through the increase of the laboratory network; and intensify the integration of tuberculosis with HIV/AIDS.

3. SUPPORTIVE ENVIRONMENT

Mozambique has a five-year National Roll Back Malaria (RBM) Strategic Plan, which outlines strategies for programme management, surveillance, health promotion, emergency response, integrated vector control and case management. Specific policy documents exist relating to case management/drug policy and Intermittent Preventive Treatment (IPT) and the Ministry of Health is currently consolidating its policies on IRS, ITNs/LLINS and home based management of malaria (this is in the Strategic Plan). Malaria is also an important component of the PARPA and the Abuja Targets of the Roll Back Malaria (RBM) Strategy. Regarding tuberculosis, Mozambique developed a Tuberculosis Strategic Plan in 2003 (2003-2008), which outlines the major strategies for programme management, detection and treatment of cases; integration of tuberculosis and HIV activities; and relevant operational research and training. The tuberculosis programme has been fairly established at provincial and district level. A DOTS Expansion Plan was approved in 2004 and is currently being operationalised. The Plan aims at strengthening the laboratory network through implementation of Quality Control for Smears; enabling supervised treatment of cases with Fixed Doses Combinations (FDCs); training of staff and ensuring a regular drug supply.



³² DHS, 2003 (INE).

³³ Global TB Control, WHO Report 2004 and 2005.

³⁴ Mac Arthur et al, 1998/9 survey.

4. PRIORITIES FOR DEVELOPMENT ASSISTANCE

- Raise the profile of malaria on the poverty alleviation agenda and ensure that the fight against malaria has a multi-sectoral and multi-disciplinary character. It is critical to advocate for Government, donors, multilaterals, NGOs, private sector and civil society to give greater priority to malaria in their agenda and find ways to mainstream malaria into their normal programming (e.g. agriculture, education, water and private sector).
- Ensure appropriate interventions, as well as avoiding overlapping and duplication of interventions. Support efforts of the MoH to coordinate all malaria activities and advocate and contribute to institutional capacity strengthening for malaria control, in particular human resources development and structural organisation of appropriate units within sector ministries.
- Strengthen and expand the Roll Back Malaria (RBM) partnership. It is critical to bring in new partners and encourage existing partners to play a more active role.
- Finalise existing policy documents and incorporate into overall, integrated policy framework. Special attention needs to be paid to policy development of ITN, IRS and home based management of malaria policies; enhancement of community based interventions through all programmes of country cooperation; and strengthening of mechanisms to monitor and evaluate malaria.
- Develop and implement a national communication strategy including all the relevant sectors.
- Integration of the tuberculosis programme in on-going health sector activities in order to expand access to care and support to TB patients.
- Implementation of Quality Control Smears.
- Expansion of DOTS, through partnerships with communities and private sector, and promote its decentralisation to peripheral units for early diagnosis and treatment of TB.
- Strengthen the coordination of activities to combat tuberculosis and HIV (e.g. integration of diagnosis and follow up).
- Development of drug management system to assure regular drug supply.
- Training of staff within the Programme with assigned tasks and responsibilities.
- Improve information and develop adequate communication strategy on tuberculosis to raise awareness and reduce delay for seeking care.

5. 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

GOAL 7 – ENSURE ENVIRONMENTAL SUSTAINABILITY

ENVIRONMENTAL SUSTAINABILITY

Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Indicator 25: Proportion of land area covered by forest

Indicator 26: Ratio of area protected to maintain biological diversity to surface area

Indicator 27: Energy use (kg oil equivalent)

Indicator 28: Carbon dioxide emissions per capita and consumption of ozone-depleting CFCs (ODP tons)

Indicator 29: Proportion of population using solid fuels

Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and sanitation

Indicator 30: Proportion of population with sustainable access to an improved water source, urban and rural

Indicator 31: Proportion of population with access to improved sanitation, urban and rural

Target 11: By 2020, to have achieved a significant improvement in the lives of slum dwellers

Indicator 32: Proportion of households with access to secure tenure

Status at a Glance

Will target be reached?

Probably Potentially **Unlikely** Insufficient data

State of supportive environment

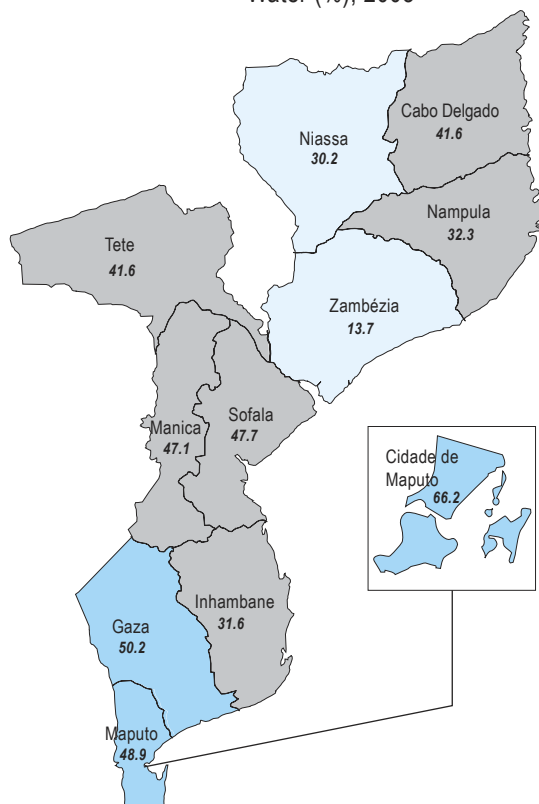
Strong Fair **Weak but improving** Weak

Status in Figures

Indicator / Year	2001	2003	Target
Proportion of land area covered by forest	21.0*	n/a	n/a
Ratio of area protected to surface area	n/a	12.6	n/a
Energy use, USD per kilowatt	2.8	n/a	n/a
Carbon dioxide emissions per capita	n/a	n/a	n/a
Proportion of population using solid fuels	n/a	≥ 80.0	n/a
Proportion of population with access to an improved water source	37.1	35.7	70.0
Proportion of population with access to improved sanitation	41.1	44.8	60.0
Proportion of households with access to secure tenure	n/a	n/a	n/a

* Data for 2000

Population with Access to Safe Water (%), 2003



1. ENSURING ENVIRONMENTAL SUSTAINABILITY: STATUS AND TRENDS

The context of extreme poverty puts strong pressures on natural resources, since these represent the main source of subsistence for the majority of households. Moreover, uncontrolled urban expansion tends to harm biodiversity, the quality of soils and water, which are essential for human life. It is thus fundamental to improve the environmental management of natural resources in Mozambique. According to official data, it is estimated that there are 80 million hectares of land, of which 2 percent are inland waters, 13 percent national parks and 21 percent are covered by forest. As a proxy for energy efficiency, gross domestic product (GDP) per unit of energy was, on average, 2.8 USD per kilowatt in the period 1999-2001. There is no information available for carbon dioxide emissions, although around 80 percent of the energy consumed in the country comes from woody biomass, which is a solid fuel.

On the other hand, there has been a worrying reduction in the proportion of the population with access to an improved water source, which decreased from 37.1 percent in 2001 to 35.7 in 2003. The rural areas roughly maintained their situation, but with only one in four people (26.4 percent) having access to drinkable water the living conditions are still very precarious. The urban areas were mostly responsible for the decreasing trend, observing a significant reduction from 66.8 to 57.7 percent.³⁵ This fact might be an indication of population pressure on urban centres due to rural-urban migration. Zambezia is by far the worst province (13.7 percent) followed by Niassa, Nampula and Inhambane (where about one in every three people have access to safe water). Maputo-city has the highest rate, but still only at 66.2 percent, meaning that one in every three people living in the city does not have access to a secure water source. The data also shows that the proportion of the population with access to improved sanitation has increased from 41.1 to 44.8 percent between 2001 and 2003. There are significant disparities, however, in terms of area of residence and provinces. In rural areas, access to sanitation increased from 29 to 33 percent, whereas in the urban areas the coverage worsened from 75 to 72 percent. However, the absence of proper sanitation has less impact in rural areas than in cities and villages, thus it is worrying that the situation in the urban centres has deteriorated. The provinces in the central region are amongst those with lower sanitation coverage (e.g. Zambezia with 19.2 percent and Sofala with 28.8 percent), whereas the provinces in the south have satisfactory rates (e.g. Gaza and Inhambane with about 70 percent and Maputo-city and province above 90 percent).

Finally, the task of measuring the improvement in the lives of slum dwellers is a difficult one. Although it is accepted that this target has five dimensions (secure tenure, easy access to drinking water in quality and quantity, durability of housing, adequate sanitation and sewerage, and housing with enough space), due to statistical intricacy secure tenure tends to be the preferred proxy indicator.³⁶ In the case of Mozambique, however, the absence of titles does not harm the right to own and use land. Land use rights (DUAT) are embedded in the Constitution and in the Land Legislation. Thus, the State and the Constitution acknowledge and protect the rights acquired through inheritance or occupation, unless there is a legal binding or if the land was legally attributed to some other person or entity.

2. MAIN CHALLENGES

- **Promote “sustainable” growth.** It is important to ensure that the pace of economic growth does not jeopardize the quality of life of future generations. Natural resources should be used in compatibility with the rate at which the nature produces these resources.
- **Soil degradation.** Deforestation, erosion, loss of fertility and salinisation are mainly a consequence of inadequate mining and farming practices, construction in inappropriate (and coastal) zones, pollution and natural processes. The country is cyclically affected by floods (and droughts), which are aggravated by the ways in which land is used in hydrographic basins.
- **Pollution.** An increase in the pollution levels can impact the management of natural resources (by increasing the quantity of waste while affecting the quality of resources), biodiversity, and may increase the risk of diseases. Water and air pollution are mainly caused by industrial residues and gases, agriculture pesticides and fertilisers, dumping sites and latrines.
- **Water supply and sanitation.** Inadequate water supplies and sanitation facilities (e.g. lack of drinkable safe water and deficient sewerage systems), particularly in densely populated areas, continue to pose serious health risks to the population.
- **Urban population growth.** The rural-urban migration phenomenon is putting stronger pressures on urban and peri-urban areas. The quality of life is low and the vulnerability to risks (unemployment, HIV/AIDS, diseases linked with the lack of sanitation) high in these areas.
- **Lack of data and qualified staff.** The environmental management system is hindered by the lack of statistical information on environmental indicators, particularly those that would facilitate the evaluation of progress in the implementation of the goal. The lack of qualified human resources and technical means limit the Government’s actions for effective monitoring and evaluation.

³⁵ However, the urban water supply coverage rate increased from 31.2 in 2000 to 36 percent in 2003 (Source: DNA)

³⁶ Secure tenure is a concept relating to the “protection from involuntary removal from land or residence except

3. SUPPORTIVE ENVIRONMENT

Government environmental policy is geared to the fight against absolute poverty through the promotion of sustainable development. In this connection, it is envisaged that the use of natural resources has to fulfil the basic needs of the people and development of the nation in equilibrium with economic growth, technology development, environmental protection and social equity. Moreover, the Government acknowledges the need for strengthening the capacity of institutions in relation to legal and environmental issues and the inclusive participation of citizens in this area, particularly in the sensitisation of communities and the involvement of traditional and community leaders in the implementation of sustainable development strategies.

In this context, the Government has produced and adopted legal instruments with transversal impact for the sustainable development of the country: These include: (i) Environmental Strategy for the Sustainable Development of Mozambique, (ii) National Tourism Strategy, (iii) Land Legislation (Law n° 19/97), (iv) Water Resources Legislation, (v) Territorial Planning Law, (vi) Environmental Law, (vii) Energy Policy, (viii) Action Plan and Strategy for the Conservation of Biodiversity, (ix) Strategic Plan of the Environmental Sector, (x) National Programme for Environmental Management (in use from 1996 to 2004), (xi) Regulation for Mine Activities, (xii) Land Regulation (Decree n° 66/98), (xiii) Environmental Impact Assessment Regulation, (xiv) Regulation for Coastal and Marine Management, (xv) Regulation for Biomedical Waste Management, (xvi) Regulation for Environmental Inspection, (xvii) Regulation for Environmental Quality Standards and Emissions.

At the international level, the Government of Mozambique is a signatory to various treaties and protocols with regard to the environment, some of which are: (i) African Convention on the Conservation of Nature and Natural Resources, (ii) United Nations Framework Convention on Climate Change (UNFCCC), (iii) United Nations Convention for the Combat of Desertification, (iv) Convention on International Trade in Endangered Species of Wild Flora and Fauna (CITES), (v) Convention on Biological Diversity, (vi) United Nations Declaration on Human Settlements – Habitat's Agenda, (vii) the Millennium Declaration, (viii) Action Plan for Sustainable Development - Agenda 21, and (ix) the Treaty of Cross border Conservation Areas.

4. PRIORITIES FOR DEVELOPMENT ASSISTANCE

- Improve coordination between Governmental and non-Governmental institutions with a mandate relating to natural resources, land and urban planning.
- Harmonise governance policies and environmental strategies with the PARPA II under formulation, taking into consideration the MDG timeframe, targets and indicators.
- Strengthen the institutional capacity of the Government, at the national and sub-national levels, to undertake activities and issues related to the implementation, monitoring and evaluation of environmental laws.
- Identify and undertake actions to minimise the negative impacts that absolute poverty and other human activities have on the environment.
- Promote environmental sustainability through activities that can enhance employment and income generation.
- Establish a baseline, both at national and provincial levels, to enable concrete assessment of progress towards the MDGs and the national targets.
- Identify solutions for poor quality of information and absence of data, both at the sector and at the central level.
- The problems in compiling information on the targets and indicators of the goal are a clear evidence that the Government needs significant support in the short-run to recover possible delays in achieving the MDGs.

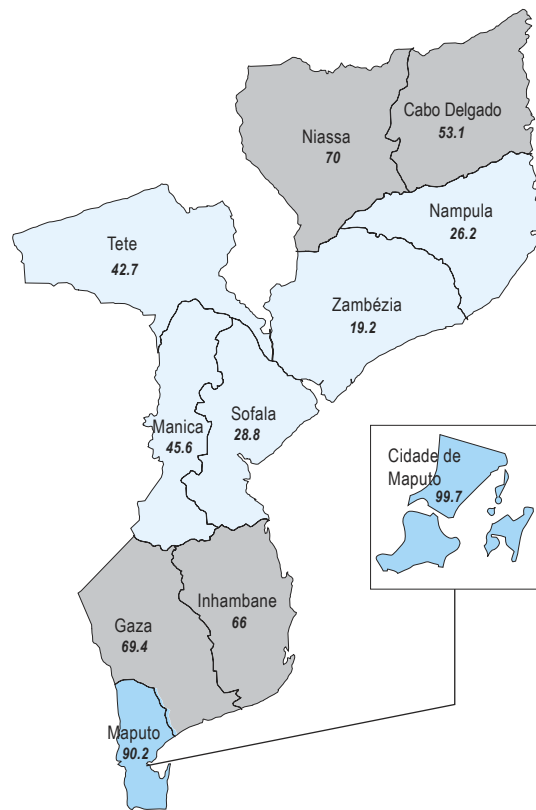
5. MONITORING AND EVALUATION ENVIRONMENT

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

The current evaluation is based on international indicators, which are not compatible with the Mozambican system. Moreover, since Mozambique is still preparing sustainable development indicators, it is not possible to measure and report several activities that aim at the achievement of the MDGs.

In fact, in the last few years the environment sector has devoted many efforts in the preparation of a legal and normative framework regarding sustainable development. Currently, the efforts of the sector (with the support of partners) have been directed to the creation of capacity to monitor and evaluate the state of the environment, through the establishment of a reliable statistical database, as well as the creation of a system to gather and systematise data, which today are dispersed by several sectors.

Population with Access to Improved Sanitation (%), 2003



GOAL 8 – DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

GLOBAL PARTNERSHIP FOR DEVELOPMENT

Target 12:	Develop further an open, ruled based, predictable, non-discriminatory trading and financial system (includes a commitment to good governance, development and poverty reduction)
Target 13:	Address the special needs of the least developed countries (includes tariff and quota-free access for least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction)
Target 15:	Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term
Indicator 33:	Net ODA received as a percentage of gross national income (GNI)
Indicator 34:	Proportion of ODA to basic social services (basic, education, primary health care, nutrition, safe water and sanitation)
Indicator 35:	Proportion of bilateral ODA that is untied
Indicator 38:	Proportion of exports (by value and excluding arms) to developed countries admitted free of duty
Indicator 39:	Average tariffs imposed by developed countries on agricultural products and textiles and clothing
Indicator 40:	Agricultural support estimate for OECD countries as percentage of their GDP
Indicator 41:	Proportion of ODA received to help build trade capacity
Indicator 43:	Debt relief committed under the HIPC initiative (nominal terms, \$million)
Indicator 44:	Debt service as a percentage of exports of goods and services
Target 16:	In cooperation with developing countries, develop and implement strategies for decent and productive work for youth
Indicator 45:	Unemployment rate of young people aged 15-24 years, each sex and total
Target 17:	In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries
Indicator 46:	Proportion of population with access to affordable essential drugs on sustainable basis
Target 18:	In cooperation with the private sector, make available the benefits of new technologies, especially information and communications
Indicator 47:	Telephone lines and cellular subscribers per 1,000 population
Indicator 48:	Personal computers in use per 1,000 population and Internet users per 1,000 population

Status at a Glance

Will target be reached?

Probably Potentially Unlikely **Insufficient data**

State of supportive environment

Strong **Fair** Weak but improving Weak

Status in Figures

Indicator / Year	1997	2003	Target
Net ODA received as a percentage of GNI	29.5	25.2	n/a
Debt relief committed under the HIPC initiative (\$ million)	n/a	4,300*	n/a
Debt service (% of exports of goods and services)	17.8	3.9	n/a
Telephone lines per 1,000 population	0.2	4.6	n/a
Cellular subscribers per 1,000 population	4.2	14.0	n/a
Personal computers in use per 1,000 population	1.9	4.5	n/a
Internet users per 1,000 population	0.1	2.8	n/a

* As of 2005

1. DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT: STATUS AND TRENDS

Due to the nature of this goal – many indicators refer to donor behaviour and depend on donor reporting – some indicators had to be adapted, while others are simply not reported here. Target 14 (indicators 36-37) is not relevant for Mozambique, since the country is neither landlocked nor an island. Indicator 42 is not relevant either.

Foreign Aid: Mozambique is one of the most aid dependent countries in the world. Overseas development assistance (ODA)



accounted for over 50 percent of the State Budget in each of the past five years. However, aid dependence as a share of gross national income (GNI) has declined from 87.1 percent at the end of the civil war in 1992, to 29.5 percent in 1997 and 25.1 percent in 2003. While the Government has made good progress in raising revenues and improving public financial management through the implementation of an integrated public financial management system and action to fight corruption, government generated resources for financing Mozambique medium-term development goals fall short by about \$750 million a year. While there is no accurate data on the proportion of total ODA to basic social services, the PARPA establishes the target of 65 percent of annual State Budget expenditure in priority sectors, and more specifically of 50 percent of State Budget expenditures in the Education and Health sectors. In 2004, spending in priority PARPA sectors

was around 63 percent of total expenditure, of which 50.4 percent was in the education and health sectors. There is no data regarding the share of untied aid.

Trade: In the mid 1980s restrictions on international trade were widespread. All imports and exports were subject to license. In 1987 enterprises were allowed to import and export directly and the number of products controlled by state monopolies was substantially reduced. In 1991, the system of import licenses was significantly streamlined. The tariff structure was reduced from 18 to 11 percent. In 1995, quantitative restrictions on the export of cashews were removed and export tax lowered from 40 percent to 14 percent in 1996. While import and export licenses are still required they are used primarily for statistical purposes. All significant non-tariff barriers have been lifted. But despite these advances, Mozambican exports still face many constraints in accessing world markets. Developed countries' tariffs for transformed/processed products and non-trade barriers such as rules of origin (RoO) and sanitary and phytosanitary standards (SPS) hinder the country's export potential, while developed countries' agricultural subsidies undermine fair competition.

Price-controls: In the early 1980s, about 41 products were subject to price controls. Between 1987 and 1998, prices for controlled products were increased substantially, while the number of products subject to control was reduced from 37 to 25. During 1993, formal price controls on additional 22 goods were abolished. Price controls on wheat and bread (the last commodities to have their prices liberalised) were removed in 1996. Tariffs on utilities (water and energy) and prices of petroleum products are now adjusted at regular intervals. All minimum producer prices were liberalised, except for cotton.

Exchange Rate: Until 1986, the metical was overvalued and the exchange rate against the dollar in the parallel market was nearly 40 times the official rate. Following a period of stepwise devaluations, initiated in 1987 onwards, since mid-1993 the metical exchange rate has been market-determined. Since the end of 1996, the premium between the official and parallel market rate has been less than 5 percent.

Debt Management: In April 1998, Mozambique was the sixth country to be declared eligible and to benefit from the HIPC Initiative, which would reduce its debts by about \$3.7 billion. In 1999 Mozambique reached the completion point along with Uganda, Bolivia and Guyana, and the country became eligible to an additional relief of \$0.6 billion. In total, the two HIPC initiatives would reduce the debt stock from \$6.0 billion (in 1998) to \$1.7 billion. But because some creditors, mainly the non-members of the Paris Club, did not adhere to the HIPC Initiative (original or enhanced), the debt stock in 2003 and 2004 was still about \$3.9 billion and \$4.4 billion respectively. Debt service as a percentage of exports of goods and services has also been reduced from 21.7 in 1997 to 3.7 in 2003. In July 2005, the G8 agreed to provide additional relief to a group of 18 countries, which included Mozambique. This relief consists of a 100 percent debt cancellation of these countries outstanding obligations to the IMF, World Bank and African Development Bank. Mozambique's debt service to these three institutions in 2003 and 2004 was \$23 million and \$29.8 million respectively. Regarding debt sustainability, in 2004 the Government and the IMF established that Mozambique's debt was sustainable. However, the country's debt sustainability still largely depends on the availability of future resources. Long-term debt sustainability will depend on solid growth based on sound government policies, including prudent external borrowing and debt management.

ICTs: The use of Information and Communication Technologies (ICTs) remains low, but due to the rapid introduction of cellular phones the penetration rates of voice telephony have showed considerable improvement in recent years. The average yearly growth rate of the Telecom industry has been 19 percent since 1998 and by the end of 2004 the gross economic expenditure on telecom was 4.3 percent (Intelecon). The growth has mainly been in cellular subscribers, as fixed line contracts have showed a slight decline from 2001 (peak year). Mozambique still ranks lowest in Southern Africa in both phone and Internet connections. Computers and Internet connections are highly concentrated in the Maputo-city area and other major urban centres.

The role of ICTs in supporting the socio-economic development of the country has been recognised in both PARPA I and Government Five-Year Programme for the period 2005-2009. The creation of a multi-sectoral environment for the development of a community-based culture of innovation is considered as one of the key priorities, at the same time that ITCs are seen as a platform for the achievement of the MDGs. The Government Five-Year Programme introduces several initiatives to support the development of the sector. The most important ones include the universal access plan to build connectivity in rural areas, the establishment of national network backbone to support economic growth and decentralisation and the construction of GovNet to support knowledge sharing, transparency and integration of government institutions. Also, the ICT Policy Implementation Strategy from 2002 builds a comprehensive framework of ICT related initiatives needed to guarantee equal access to Information Society and its services. The liberalisation of the telecommunication market has been one of the key contributors to the rapid growth of the telecom sector and citizen's access to telecommunication services.

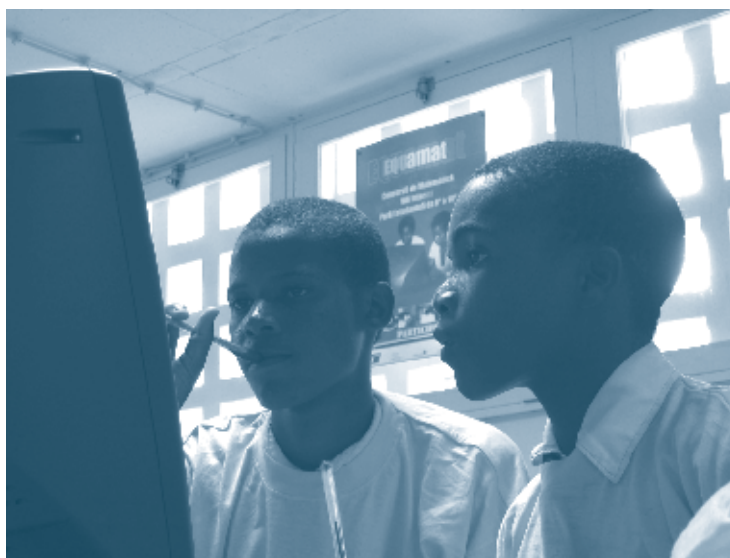
International Trade and Regional Integration:

Mozambique sees them as important tools to reduce absolute poverty. In this context, the main focus is the on-going regional integration process in SADC, which will create a free-trade area by 2008 and a Customs Union, indicatively, by 2010. This process should be complemented with economic policy measures that promote the diversification of production, productivity and competitiveness of Mozambican products in the region, in order to seize the advantages created by the regional integration process.

Concerning the multilateral trading system, Mozambique is a member of the World Trade Organisation (WTO) and benefits from a number of

market access mechanisms granted by developed countries to the least developed, namely the Everything But Arms (EBA) initiative, Africa Growth and Opportunity Act (AGOA) and the Generalised System of Preferences (GSP) provided by countries such as China, Canada and Japan. Currently, Mozambique is only obtaining marginal benefits from these opportunities, given the supply-side constraints that the country faces. The challenge is to develop national capacity to increase the supply of exportable goods that allow the country to benefit from the growth opportunities that are associated to these market access mechanisms.

The international trade integration process in PARPA, supported by the Integrated Framework programme, emphasises the need to accelerate the removal of barriers to investment, in order to attract the investment required for the diversification of production, in particular exports. In this sense, the country advances with the actions recommended in the action matrix of the Integrated Framework, aiming at the removal of administrative barriers and the development of national capacity for the formulation and implementation of international trade policies.



2. MAIN CHALLENGES

- Aid flows are being reduced in real terms and this trend is expected to continue. Coping with this decline will require a substantial fiscal effort in the next few years.
- There is enormous potential for growth in exports. The major challenges lie with creation of favourable business environment for investment which includes among other things the efficiency of the judicial system. Provision of adequate infrastructure is another challenge (e.g. roads, reliable provision of utilities such as water and electricity). Further challenges include meeting export market standards and trade policy.
- Debt sustainability is a major challenge. No amount of debt forgiveness can guarantee future financial solvency. Long-term debt sustainability depends on solid growth based on sound government policies, including prudent external borrowing and debt management
- ICTs offer a new powerful delivery channel for information and services, which support both economic growth and building of human capacities. Development of government service delivery increases the need for cross-ministerial communication and development of common processes, thus setting the demand for horizontal integration of organisations and their key services.

3. SUPPORTIVE ENVIRONMENT

Encouraged by the Government's commitment to good governance, development and poverty reduction, a group of donors (now numbering 17 and known as the G17) have agreed, through a Memorandum of Understanding (MoU), to commit and disburse budget and balance-of-payments support against Government progress in implementing a results-oriented matrix of agreed actions and indicators that are in line with the PARPA. This matrix is known as the Performance Assessment Framework (PAF) and it is an annex of the Government's annual PES. In order to trigger the release of these funds, the Government and the Programme Aid Partners (PAP) hold biennial joint review meetings in March-April and August-September each year. The review processes involve government, civil society, bilateral partners and UN agencies. These reviews are based on Government plans and reports, including

the PARPA, the Economic and Social Plan (PES), the Performance Assessment Framework (PAF) and the State Budget. The Government reports on Budget Execution and the PES, as well as (since 2004) an independent evaluation of the performance of Programme Aid Partners (PAPs). In addition to the biennial reviews, the Government committed in the MoU with the PAP to increase transparency and accountability by holding quarterly joint meetings on budget execution and conducting regular external audits of the public financial management mechanisms. The PAPs committed to increase alignment and harmonisation with Government planning and budgeting cycles.

In terms of debt relief, the World Bank and International Monetary Fund (IMF) implemented a new Debt Sustainability Framework in Low-Income Countries in 2005. The framework provides a sound basis for incorporating debt sustainability in a forward-looking way into the lending decisions of the World Bank, IMF, and other development partners. The development of this framework is an important step for borrowers and lenders to share a common approach to reduce the risk of debt distress in low-income countries while facilitating access to financing for the Millennium Development Goals (MDGs) on appropriate concessional terms. Overall, the framework asserts that governments in low-income countries bear the primary responsibility of maintaining debt sustainability, thereby implying these countries must adopt better policies and institutions to increase growth, manage debt cautiously, and take measures to increase their resilience to exogenous shocks. The new approach for helping to ensure debt sustainability for low-income countries is based on the following two key principles:

- New lending should be geared to a country's capacity to carry debt, which in turn, depends on its ability to use resources effectively for development and growth, and on its vulnerability to shocks.
- To the extent that additional resources, beyond a country's capacity to carry debt, may be used to generate growth and achieve the MDGs, these resources should be provided in the form of grants rather than loans.

Prior to this proposed framework, there were no previous guidelines that low-income countries and their official creditors could follow to take proactive measures in their borrowing/lending programmes to achieve debt sustainability.

4. PRIORITIES FOR DEVELOPMENT ASSISTANCE

- Improve effectiveness, transparency and predictability (i.e. timely disbursements) of aid in the spirit of the Paris Declaration, by further aligning donors' assistance with Government priorities and harmonising planning and budgeting cycles.
- Accelerate efforts to register all externally financed activities in the State Budget (by bringing all projects "on-budget") to enable improved coordination and planning.
- Increase support to the productive sectors of the economy to alleviate supply-side constraints (e.g. weak capacity, poor quality of infrastructure, high transportation costs, unreliable provision of utilities, etc.) that hinder trade competitiveness.
- Strengthen the capacity of the Ministry of Industry and Commerce for technical analysis and trade negotiations (e.g. regional and Doha development round).
- Follow up the 100 percent cancellation of multilateral debts with similar initiatives in the context of the Paris Club to achieve the total forgiveness of bilateral debts.
- Promote national level coordination on ICTs for collaborative development of services, and build infrastructure to secure successful implementation of both government reforms and introduction of new stakeholder services.

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RELATÓRIO SOBRE
OS OBJECTIVOS DE DESENVOLVIMENTO
DO MILÉNIO

