



# REPORT ON THE MILLENNIUM DEVELOPMENT GOALS



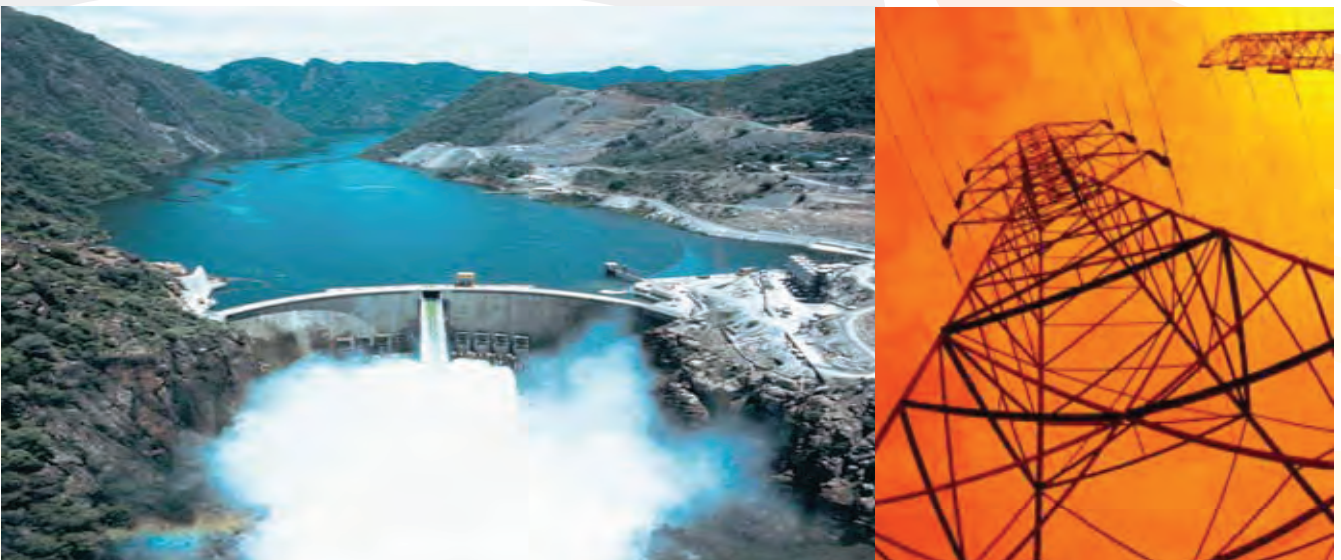
**MOZAMBIQUE**  
2008

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Cahora Bassa Hydroelectric Dam, Tete Province

**REPORT ON THE  
MILLENNIUM DEVELOPMENT GOALS**

**REPUBLIC OF MOZAMBIQUE  
2008**

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# STATUS AT A GLANCE

## Progress in Mozambique Toward the Millennium Development Goals

GOALS / TARGETS	WILL THE GOALS BE ACHIEVED?				THE STATUS OF THE SUPPORTING ENVIRONMENT			
<b>EXTREME DEPRIVATION</b>								
Halve the proportion of people living in extreme poverty by 2015.	Likely/	Potential/	Unlikely/	No details	Strong	Average	Weak, but improving	Weak
Grant decent employment to everyone, including women and children by 2015.	Likely/	Potential/	Unlikely/	No details	Strong	Average	Weak, but improving	Weak
Halve the proportion of people who suffer from hunger by 2015.	Likely/	Potential/	Unlikely/	No details	Strong	Average	Weak, but improving	Weak
<b>UNIVERSAL PRIMARY EDUCATION</b>								
Grant the completion of the Primary Education of boys and girls by 2015	Likely/	Potential/	Unlikely/	No details	Strong	Average	Weak, but improving	Weak
<b>GENDER EQUITY</b>								
Eliminate gender disparity in primary and secondary education, preferably by 2005 and in all levels no later than 2015 .	Likely/	Potential/	Unlikely/	No details	Strong	Average	Weak, but improving	Weak
<b>CHILD MORTALITY</b>								
Reduce the under-five child mortality rate by two thirds	Likely/	Potential/	Unlikely/	No details	Strong	Average	Weak, but improving	Weak
<b>MATERNAL HEALTH</b>								
Reduce maternal mortality ratio by three quarters by 2015	Likely/	Potential/	Unlikely/	No details	Strong	Average	Weak, but improving	Weak
Universal access to reproductive health achieved by 2015	Likely/	Potential/	Unlikely/	No details	Strong	Average	Weak, but improving	Weak
<b>HIV/AIDS, MALARIA AND OTHER DISEASES</b>								
Stabilise and begin the reversal of HIV/AIDS spreading by 2015.	Likely/	Potential/	Unlikely/	No details	Strong	Average	Weak, but improving	Weak
Universal access to the treatment of HIV/AIDS achieved by 2010.	Likely/	Potential/	Unlikely/	No details	Strong	Average	Weak, but improving	Weak
Stabilise and begin the reversal of malaria incidence and of other main diseases by 2015.	Likely/	Potential/	Unlikely/	No details	Strong	Average	Weak, but improving	Weak
<b>ENVIRONMENTAL SUSTAINABILITY</b>								
Integrate the principle of sustainable development in national policies and programmes and reverse the loss of environmental resources	Likely/	Potential/	Unlikely/	No details	Strong	Average	Weak, but improving	Weak
Reduce the loss of biodiversity and achieve significant levels by 2010.	Likely/	Potential/	Unlikely/	No details	Strong	Average	Weak, but improving	Weak
Halve the number of people without access to safe drinking water and sanitation.	Likely/	Potential/	Unlikely/	No details	Strong	Average	Weak, but improving	Weak
Significant improvements of the welfare of the slum dwellers	Likely/	Potential/	Unlikely/	No details	Strong	Average	Weak, but improving	Weak
<b>GLOBAL PARTNERSHIP FOR DEVELOPMENT</b>								
Develop a more open commercial and financial system, which is rule based, predictable and non-discriminatory and includes a commitment to good governance, development and the reduction of national and international poverty.	Likely/	Potential/	Unlikely/	No details	Strong	Average	Weak, but improving	Weak
Assist the least developed countries with their special needs.	Likely/	Potential/	Unlikely/	No details	Strong	Average	Weak, but improving	Weak
Deal, in a very special way, with the needs of the developing hinterland and small islands and developing countries in line with outcomes from the 22nd special session of the UN General Assembly.	Likely/	Potential/	Unlikely/	No details	Strong	Average	Weak, but improving	Weak
Deal comprehensively with the problems of external debt of developing countries through a national and international set of measures with long term sustainability.	Likely/	Potential/	Unlikely/	No details	Strong	Average	Weak, but improving	Weak
Ease access to essential medicines through affordable prices in developing countries in cooperation with pharmaceutical enterprises. .	Likely/	Potential/	Unlikely/	No details	Strong	Average	Weak, but improving	Weak
Provide the benefits of the new technologies,, especially those regarding information and communication in cooperation with the private sector.	Likely/	Potential/	Unlikely/	No details	Strong	Average	Weak, but improving	Weak

## ASSESSMENT AT A GLANCE

### Monitoring and Evaluation Capacity to follow up the Millennium Development Goals

MDGs GOALS/ TARGETS	EXISTING CAPACITY					
	Data Collection	Surveying Information Quality	Statistical Follow up Capacity	Statistical Analysis	Statistics on Policies	Monitoring and Evaluation Mechanisms
ABSOLUTE POVERTY	Strong Average Weak	Strong Average Weak	Strong Average Weak	Strong Average Weak	Strong Average Weak	Strong Average Weak
EMPLOYMENT	Strong Average Weak	Strong Average Weak	Strong Average Weak	Strong Average Weak	Strong Average Weak	Strong Average Weak
HUNGER	Strong Average Weak	Strong Average Weak	Strong Average Weak	Strong Average Weak	Strong Average Weak	Strong Average Weak
UNIVERSAL PRIMARY EDUCATION	Strong Average Weak	Strong Average Weak	Strong Average Weak	Strong Average Weak	Strong Average Weak	Strong Average Weak
GENDER EQUITY	Strong Average Weak	Strong Average Weak	Strong Average Weak	Strong Average Weak	Strong Average Weak	Strong Average Weak
CHILD MORTALITY	Strong Average Weak	Strong Average Weak	Strong Average Weak	Strong Average Weak	Strong Average Weak	Strong Average Weak
MATERNAL HEALTH	Strong Average Weak	Strong Average Weak	Strong Average Weak	Strong Average Weak	Strong Average Weak	Strong Average Weak
HIV/AIDS	Strong Average Weak	Strong Average Weak	Strong Average Weak	Strong Average Weak	Strong Average Weak	Strong Average Weak
MALARIA AND OTHER DISEASES	Strong Average Weak	Strong Average Weak	Strong Average Weak	Strong Average Weak	Strong Average Weak	Strong Average Weak
ENVIRONMENTAL SUSTAINABILITY	Strong Average Weak	Strong Average Weak	Strong Average Weak	Strong Average Weak	Strong Average Weak	Strong Average Weak
GLOBAL PARTNERSHIP FOR DEVELOPMENT	Strong Average Weak	Strong Average Weak	Strong Average Weak	Strong Average Weak	Strong Average Weak	Strong Average Weak

## FOREWORD

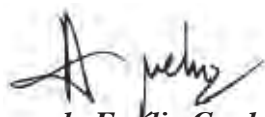
*The Government of Mozambique has always believed that the challenge of reducing poverty is a fundamental precondition for the promotion of human development. This belief is consecrated in our national development framework – reflected in the Government's 5-Year Programme (PQG), the Action Plan for the Reduction of Absolute Poverty (PARPA), and in the long term vision for the country, the Agenda 2025*

*The present report evaluates the progress made in Mozambique towards achieving the MDGs in Mozambique over the period 2003-2008. This is our third progress report which allows us to reflect on our achievements and their impact, and to identify priorities and challenges to speed up the realization of the MDGs. As in previous editions, in this report we seek to systematically document progress in the implementation of the Government's Programme, with a particular focus on achievement of the MDGs and the Mozambican National Vision as consecrated in the Agenda 2015. The report will also serve as a contribution to the report of Mozambique to the Special Session on the MDGs in the coming 63rd Session of the United Nations General Assembly, this month, in New York.*

*The report shows that Mozambique has continued to record significant progress over the last five years. Special reference is made to economic growth, exemplary in the region, inflation contained to one digit, improvements in access to education, reductions in infant mortality rates and improvements to the business environment amongst others. The incidence of adverse natural phenomena (the combined impact of floods, droughts, and cyclones) linked to international price rises in oil and foodstuffs, the HIV/AIDS pandemic, Malaria and other diseases have often challenged our efforts and successes in achieving the MDGs.*

*However, Mozambique continues to be committed to achieving the MDGs. This challenge requires concerted and continuous effort by Government and by all its development partners in the coming years. We are aware of the fact that it is only through uniting our efforts that we can achieve the future that we have planned led by Mozambicans – a better future in which Mozambicans free themselves from all forms of poverty*

*This report would not have been possible without a strong partnership between Government Institutions and the United Nations System in Mozambique. We finish by thanking all of those who participated for their valuable support and contributions.*



**Armando Emilio Guebuza**  
**President of the Republic of Mozambique**

## INTRODUCTION TO THE MDGs

In the 1990s, the United Nations held a series of international meetings with a view to setting up a common agenda for global development including goals with fixed deadlines and numerical indicators that could be monitored. These meetings reached their peak in September 2000 when 147 Heads of States gathered for the Millennium Summit where the Millennium Declaration was adopted.

The Millennium Declaration was a reaffirmation by world leaders of their collective responsibility for supporting the principles of human dignity, equality and equity at a global level. The Declaration established a set of integrated and mutually reinforced development goals, which would act as a base for a global development agenda. It established concerns regarding peace, security and development, especially in the areas of environment, human rights, democracy and good governance. It also outlined the specific needs for the development of the African continent. The Declaration recognized that although developing countries have responsibility for introducing political reforms and reinforcing governance, they will not be able to achieve these goals without support from the international community through new aid commitments, as well as commercial regulations for equitable and debt relief .

The Millennium Development Goals, (MDGs) comprise a monitoring framework for human development. There are eight principle goals most of which must be achieved over a 25 year period (1990-2015):

1. Eradicate Absolute Poverty and Hunger
2. Achieve Universal Primary Education
3. Promote Gender Equity and Woman Empowerment
4. Reduce infant Mortality
5. Improve Maternal Health
6. Fight against HIV/AIDS, Malaria and other Diseases
7. Ensure Environmental Sustainability
8. Develop a Global Partnership for Development

A list of 21 targets (previously 14) and 60 indicators (previous 48)<sup>1</sup> corresponding to these 8 goals were prepared and agreed as a means to ensure common progress evaluation of the MDGs at global, regional and national level.

This report essentially intends to evaluate the progress made in Mozambique toward the achievement of the MDGs and identify the main challenges and action priorities in policy or implementation so as to accelerate MDG achievement. Whilst the MDGs intend to evaluate progress since 1990, in Mozambique there is little inclusive and reliable statistical information (i.e., with national representativity) for this period due to the on-going civil war. The General Peace Agreement, which put an end to armed conflict in 1992, allowed, amongst other things, a start to the collection of more reliable statistical data with the National Census and the Household Survey both undertaken in 1997. These two data sources allowed the definition of a set of indicators as established in MDGs (e.g. health, education and environment). This report makes an assessment of the MDG progress between 2003 and 2008 using these two sources and others collected through routine administrative procedures.

<sup>1</sup> Official List of MDGs indicators to be in force as from 2008, January 15.



This report also acts as an advocacy tool to promote awareness, the development of alliances and the renewal of political commitments nationwide. It is expected to act as a guide to support development partners in Mozambique for the fulfilment of our global agenda regarding harmonization, simplification and development efforts aligned at global and national levels.

The compilation of this progress report is a collective effort involving all technical ministries and national institutions and national cooperation partners under the leadership of the Ministry of Planning and Development and in coordination with international cooperation partners and the United Nations Agencies. Furthermore, thanks should go to the United Nations Development Programme (UNDP) for the facilitating its production.



## MOZAMBIQUE: THE DEVELOPMENT CONTEXT

The economic, social and political agenda of Mozambique has since the time of independence been defined in terms of fighting against absolute poverty. The Government's agenda has adopted a set of policies and development strategies aimed to achieve poverty reduction goals and to promote growth and, particularly, sustainable development in Mozambique.

These challenges have been recognised in short, medium and long term national planning strategies, notably Agenda 2025, the Government's Five-Year Programme (PQG 2005-2009), the Action Plan for the Reduction of Absolute Poverty (PARPA II, 2006-2009), the Economic and Social Plan (PES) and the State Budget (OE).

Through integrating these national strategies, the GoM has been strengthening its efforts regarding compliance with the Millennium Development Goals and the international commitment to the Millennium Declaration which was signed by 189 countries including the 147 Heads of State and Governments. This human development monitoring framework refers to 8 Millennium Development Goals (MDGs) comprising 21 targets and 60 indicators which highlight the global issues – responsible for development and elimination of poverty – regarding peace, security and development, as well as concerns regarding environment, human rights, democracy and good governance.

In this context, special emphasis is given to the reaffirmation of the Mozambican Government's commitment to the achievement of the Global Development Goals for sustainable economic and social development at regional level through the signature of the SADC Declaration on Poverty Eradication and Sustainable Development (April, 2008), the Declaration on the Millennium Development Goals for the Community of Portuguese Speaking Countries (CPLP) (July, 2006), the Declaration of Dar-Es-Salam on Agriculture and Food Security within the SADC region (2004), the SADC Declaration of Maseru on HIV/AIDS (2003), the SADC Declaration on Gender and Development (1997) and its Addendum relating to Violence Against Woman and Children (1998), amongst others.

In materializing the MDGs, the Government of Mozambique has been giving privilege to and diversifying its relationships through a continuous and participatory dialogue with all national and international development partners regarding implementation of strategies, programmes and plans to fight against poverty in different key development areas, which is also important for ensuring sustainability and effectiveness of all support allocated to poverty reduction and the achievement of MDGs.

## BRIEF REVIEW OF THE SITUATION IN MOZAMBIQUE

Over the last few years, Mozambique has experienced average economic growth rates in excess of 7%, with the growth of the agricultural, manufacturing industry, trade and transport sectors all playing an important role. PARPA II (2006-2009) forecast a growth rate of about 6.5% to be achieved in period 2010-2014.

### Macroeconomic Indicators

Indicator	1997	1998	1999	2003	2004	2005	2006	2007	2008*	2009*	2010*	2011*
Real GDP Growth (%)	11.1	12.6	8.4	6.5	7.9	8.4	8.5	7.3	7.0	7.0	7.0	7.0
Inflation (%), annual average	7.4	1.5	2.9	13.5	12.6	6.4	13.2	8.2	8.2	5.5	5.3	5.1
GDP <i>per capita</i> (USD)	217	241	271.3	252	300.5	338.8	356	387	450.8	469.8	505.3	544.4

Source: INE, \*CFMP2009-2011

However, notwithstanding this performance, Mozambique remains one of the world's poorest countries – 172<sup>nd</sup> position in a total of 177 countries according to UNDP Human Development Index (IDH, 2005: 0.384) the lowest in the Southern Africa Development Community. Furthermore, taking into account Gender Development Indexes (GDI: 2005:0.373) (RDH 2007/2008), Mozambique is the 150th in the ranking of 157 countries. The HIV/AIDS pandemic is still the major threat to development in Mozambique with the prevalence rate of HIV for people from 15 – 49 years old increasing from 8.2% in 1998 to 16.2% in 2004 despite registering a slight decrease to 16% in 2007. In order to achieve the Millennium Development Goals, Mozambique must urgently make efforts to stop and reverse the incidence of HIV/AIDS which will require improvements in the efficiency and quality of service delivery, creation of jobs, an increase in State revenues, a reduction in dependence on external aid, readiness to respond to periodic natural disasters and to external shocks (foodstuffs scarcity and rises in the price of cereals and oil).

The preliminary outcomes from the 3rd National Census show that the population of Mozambique was 20.530.714 in 2007, of which 52.3% are female. Nampula and Zambezia are still the most populated provinces with a total population of 4.076.642 and 3.832.339 respectively. Niassa Province, despite being one of the biggest in the country, remains the least populated. On the other hand, Maputo City, the smallest province in size, presents the highest population density in the country. High population density in some locations results in a higher pressure on natural resources in those areas to the detriment of others and the subsequent higher demand on basic services, often overloading the State and requiring more basic and socioeconomic infrastructures.

## Key Development Indicators

SELECTED INDICATORS	1997					2003					2008 (*)					2015
	Total	Urban	Rural	Men	Women	Total	Urban	Rural	Men	Women	Total	Urban	Rural	H	M	
<b>MDGs Target Indicators</b>																
1. Population living below the national poverty line (%)	69.4	62.0	71.3	-	-	54.1	51.5	55.3	-	-	45.0 h)	-	-	-	-	40.0
2. Ratio of employed people over the total of population (%)											74.6					100
3. Children with insufficient weight (M5 years, %)	26.0 <sup>a</sup>	14.8 <sup>a</sup>	30.7 <sup>a</sup>	26.5 <sup>a</sup>	25.6 <sup>a</sup>	23.7	15.2	27.1	24.7	22.6	25.5	-	-	-	-	17.0
4. Primary education completion rate (%)	22.0	n/a	n/a	n/a	n/a	38.7	n/a	n/a	n/a	35.4	72.6 i)	-	-			100.0
5. Ratio of girls to boys in Primary Education (EP1)	0.71	n/a	n/a	-	-	0.83	n/a	n/a	-	-	0.9	n/a	n/a	n/a	n/a	1.00
6. Proportion of seats held by women in the National Parliament	28.0				28.0	35.6 (g)					37.2					50.0
6. Under-five mortality rate (per 1.000 live births)	219	150	237	224	212	178	143	192	181	176	140 h)					108
7. Children vaccinated 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
8. Maternal Mortality Rate (per 100.000 live births)	1000 <sup>b</sup>	n/a	n/a	-	-	408	n/a	n/a	-	-	185					250
9. Deliveries assisted by qualified health staff (%)	44.2	81.4	33.9	-	-	47.7	80.7	34.2	-	-	53.8 i)					n/a
10. HIV/AIDS prevalence among population aged 15-49 years	8.2 <sup>c</sup>	n/a	n/a	n/a	n/a	16.2 <sup>d</sup>	n/a	n/a	n/a	n/a	16.0					n/a
11. Proportion of land area covered by forests	21	n/a	n/a	-	-	n/a	n/a	n/a	-	-	51.0 i)	n/a	n/a	-	-	n/a
12. Proportion of population with access to an improved water source (%)	37.1 <sup>a</sup>	66.8 <sup>a</sup>	26.1 <sup>a</sup>	-	-	35.7	57.7	26.4	-	-		40.0	48.5	-	-	70.0
13. Proportion of population with access to improved sanitation (%)	41.1 <sup>a</sup>	74.7 <sup>a</sup>	28.7 <sup>a</sup>	-	-	44.8	71.7	33.4	-	-		47.3	39.0			50.0 (rural) 80.0 (urb.)
14. Net ODA, total and to least developed countries received as GDP percentage						25.2					18.3 i)					
15. Debt service (% of goods and services exports)						3.9					1.97 i)					
<b>Other Indicators</b>																
16. Population size (in million)	16.1	4.6	11.5	7.7	8.4	18.5	5.6	12.9	8.9	9.6	20.5	-	-	9.8	10.7	-
17. Population growth (%)	2.3	3.4	1.9	n/a	n/a	2.4	3.3	2.0	n/a	n/a	2.4	-	-	-	-	-
18. Gini Coefficient [income inequality]	0.40	n/a	n/a	-	-	0.42	n/a	n/a	-	-						-
19. 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	47.9 f)	n/a	n/a	44.8	48.6	-
20. 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						-
21. 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	95.5	n/a	n/a	97.1	93.1	100.0
22. Deliveries assisted by qualified health staff (%)	44.2	81.4	33.9	-	-	47.7	80.7	34.2	-	-	53.8 i)					n/a

(\*) Present Records by/in 2008

(a) 2001 records; (b) estimation – in the early 90s; (c) 1998 data; (d) 2004 data; (e) 2000 data; "n/a" not existing e "-" not applicable. (f) Scenery without HIV/AIDS. In the scenery with HIV/AIDS the average expectation is 38.1 (of which 36.6 Men and 39.6 women). (g) 2005 data. (h) Target PARPAII (2009). (i) 2007 Data

Source: INE

In 2002 and 2003, the National Institute for Statistics (NIS) conducted a comprehensive survey designated the National Household Survey. The results of this survey show that **poverty** in Mozambique has been significantly reduced from 69.4% in 1997 to 54.1% in 2003. According to PARPA II (2006-2009) projections, and taking into account the poverty reduction rhythm from 1996/7 to 2002/2003, it is projected that in 2009 the proportion of people living below the national poverty level will be further reduced to 45% and will achieve the 40% Millennium Target in 2015.

Regarding the **prevalence of low weight in children under five years combined with malnutrition levels** in Mozambique the “Low weight per age” (LW), one of the indicators of nutritional vigilance, shows that in children under 5 in the moderate and severe LW category, values are still above the acceptable level of 16% and the 17% target defined for 2015. From 2001, the results show a trend for gradual reduction, despite there not being a significant difference between 2003 IDS data (23.7%) and SETSAN data from 2006 (25.5%). The percentage of acute moderate and severe malnutrition in children under 5 years at national level was 4% in 2003 and 2006. Children between 10-11 months have recorded the highest acute malnutrition level, both in 2006 (7.0%) and in 2003 (7.4%). The percentage of moderate chronic and severe malnutrition the children under five years was 41.5% in 2006 and 41% in 2003, with the highest occurrence in Nampula (58.7%). The 2003 IDS identified 45.7% of rural children and 29.2% of urban children with chronic malnutrition.

Regarding **employment**, an unemployment rate of 18.7% was recorded in 2004/5 according IFTRAB<sup>2</sup> data. However, in the employment centres, unemployment has recorded a 25.4% increase from 2004 to 2007.

Primary education in Mozambique comprises two levels, the 1st level (1st to 5th Grade) and the 2nd level (6th - 7th Grade). According to the Millennium Development Goals, Mozambique must achieve **universal primary education** by 2015 - that is 100% of children of primary school age should be attending school at this level. According to survey results in 2007, the net enrolment rate in 1st Grade education has achieved a national average of 95.5% showing a significant increase compared to 2003 (69,4%). There is a slight difference between boys (97.1%) and girls (93.1%). In general terms, the figures show a relevant reduction of disparities amongst provinces and gender when compared to 2003. According to more recent data for **adult literacy**, the literacy rate has grown from 46.4% in 2003 to 48.1% in 2005. When comparing the literacy rate by gender, the rate for women is 33.3% whilst the men's rate is 66.7%.

Genders differences in relation to primary education are gradually being reduced within the first level of primary schooling (EP1). Girls' ratio against boys<sup>3</sup> in EP1 has substantially improved from 0.71 in 1997 to 0.9 in 2007. Comparing the gross rate of completion of (Grade 5) has significantly increased from 38.7% in 2003 to 72.6% in 2007. With regard to the gross rate of completion between boys (80%) and girls (65.1) there is a significant variation. These outcomes reflect efforts towards reducing gender disparities, despite differences still prevailing. An analysis of the data by province shows the highest rate of completion in Maputo City (121.8%) and the lowest (60.0%) in Zambézia Province. However, the data also shows that, in some provinces, girls surpass boys in terms of student progress.

**The proportion of seats held by women in the National Parliament** is 37.2%. This rate reflects a growth of approximately 2% in relation to the period 1999-2004. At the executive level, special reference is made to the fact that the Prime-Minister is a woman, 25.9% of Ministers are women and 31.5% of Vice-Ministers Furthermore, 18% of Provincial Governors are women following the appointment of two female Governors for the first time.

<sup>2</sup> IFTRAB-Labour Force Survey

<sup>3</sup> The ratio of girls against boys is derived from  $(Girls/Total) : (1 - Girls/Total) = Girls/Boys$ . The proportion of girls in EP1 was 41,4 in 1997 and 45,3 in 2003.

**Child mortality** rates (CMR) dropped from 147 to 124 per 1.000 live births between 1997 and 2003<sup>4</sup> whilst the mortality rate of children under 5 years (TM<5) decreased from 219 to 178 per 1.000 live births over the same period meaning that Mozambique has already achieved the target for TMI and TM<5 established in PARPA for 2005, 130/1.000 and 190/1.000 respectively. However, geographic disparities do still remain. A child in Cabo Delgado is three times more likely to die before reaching 5 years of age than a child in the City of Maputo.

**Maternal mortality** has been gradually reducing from 1,000 deaths in 100,000 births in the 1990's to 408 in 2003. The implementation of the maternal mortality reduction strategy from 2000 has led to better access to health services which has led to a considerable increase in pre-natal consultation and family planning. The intra-hospital maternal mortality rate is an indicator of quality with respect to pregnancy and birth facilities. Routine survey details show that maternal mortality per 100,000 live births has decreased from 234/100,000 live births (in 1993) to 163/100,000 live births (in 2007) having increased to 185/100,000 live births in 2006 and with a decrease during the following year. Institutional deliveries have been increasing from 44.2% in 1997 to 47.7% in 2003, with significant differences still remaining between urban (71.43%) and rural (28.6%) areas.

**HIV/AIDS** is one of the most significant threats to development in Mozambique. HIV prevalence amongst youth and adults (15 to 49 years old) has steadily grown over the last few years from 8.2% in 1998 to a high of 16.2% in 2004 dropping to 16% in 2007. HIV prevalence in pregnant women between 15-24 years old has increased from 12.9% in 2003 to an average of 16% in 2007, according to 2007 Epidemiological Survey Results. **Malaria** is a huge public health problem in Mozambique. It is estimated that in hospitals, 40% of walk-in cases and 60% of paediatric cases are a consequence of malaria

With regard to **environmental sustainability**, there have been significant improvements in terms of adopting approaches that treat the issue of environment as cross-cutting in recent years particularly in the process of the elaboration of PARPA II (2006-2009). The approval of the Environmental Strategy for the Sustainable Development of Mozambique (2007), the Action Plan for Adaptation to Climate Changes, the Fight against Soil Erosion and Forest Fire, the Land Use Planning Law together with the conclusion of the National Forest Inventory and incorporation of the environmental components within the activity plans of other government departments all point to significant progress in this area.

The increase in **access to an improved water source** is strongly noticeable, especially in rural areas. The proportion of the population with access to potable water has increased from 37.1% (2001) to 48.5% (2007), which represents 13,793 operational water fountains (out of a total of the existing 17,370), linked to a total of 7,585,559 people living in rural areas. The coverage ratio in urban areas has grown from 31,2% (2000) to 40% (2007). In terms of basic sanitation, 25,638 pit-hole latrines were built in rural areas all over the country which represents a 39% coverage index (for 2007). Regarding basic sanitation in urban areas, 26,429 pit hole latrines have been built representing a coverage index of 47.3% (2008).

<sup>4</sup> Health Demographic Survey (IDS), 1997 and 2003.

# GOAL 1 – ERADICATE ABSOLUTE POVERTY AND HUNGER

## ERADICATE ABSOLUTE POVERTY

Target 1.A: Reduce to half the proportion of people living in extreme poverty, between 1990 and 2015.

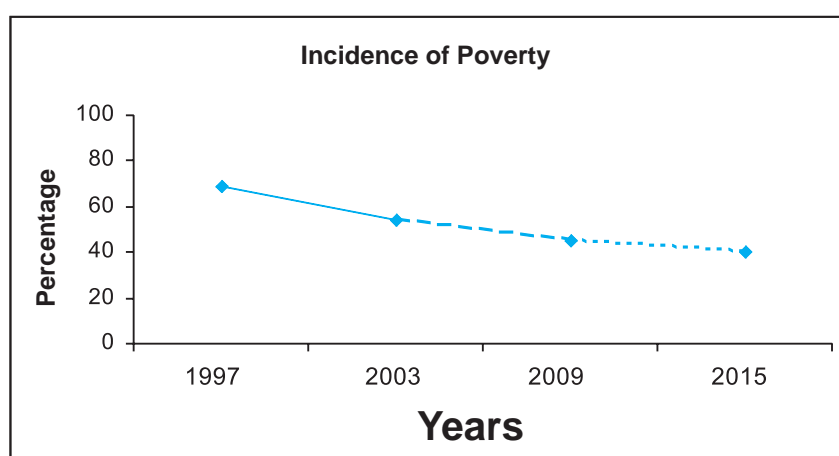
Key Indicators:

- 1.1 Ratio of Population living on less than \$1 per day<sup>5</sup>
- 1.2 Ratio of poverty gap [incidence x poverty level]
- 1.3 Part of the poorest quintile in terms of national consumption.

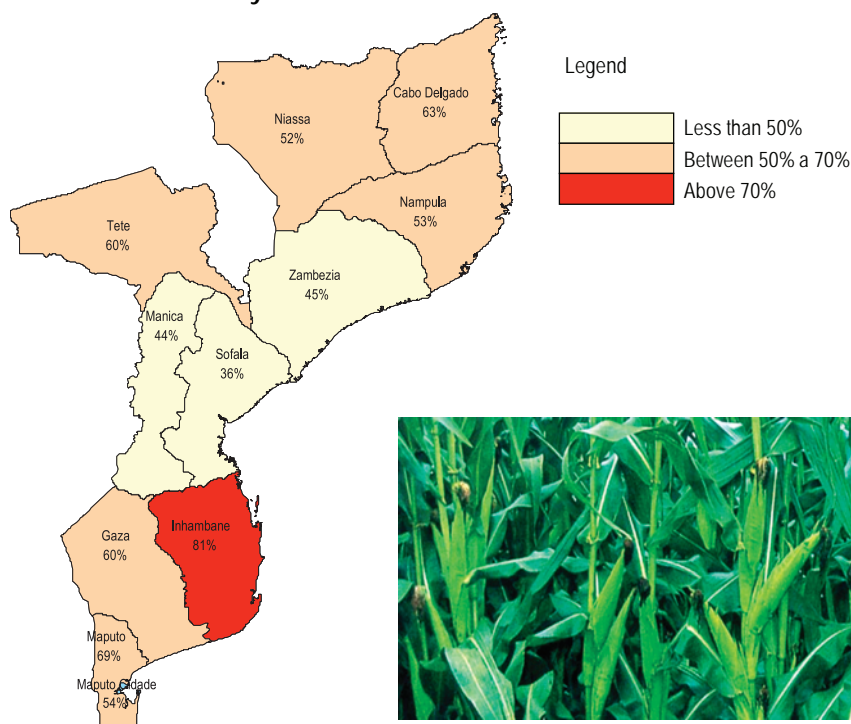
Remarks: Indicator 1.1 not applicable/collectable

Quick assessment		Figuring out the situation			
Will the target be achieved?		Indicator / Year	2003	2009 <sup>6</sup>	2015
Likely	Potentially Unlikely No Details	Proportion in people living under national poverty level	54.1	45.0	40.0
Supporting environment		Ratio of poverty gap	20.5	n/a	n/a
Strong	Fairly Weak but improving Weak	Part of the poorest portion of people in national consumption	6.1	n/a	n/a

(n/a) not applicable



### Incidence of Poverty in 2003



<sup>5</sup> For monitoring poverty trends in the country, indicators related to the national poverty index should be used, when available.

<sup>6</sup> Projection extracted from (2006-2009) PARPA II

## 1. REDUCE ABSOLUTE POVERTY: SITUATION AND TRENDS

The last Progress Report on the Millennium Development Goals (MDGs), published in 2005, was based on the results of the National Household Survey (IAF) 2002/03 in which the percentage of people living below the national poverty line<sup>7</sup> in Mozambique stood at 54.1%. According to the projections of PARPA II and taking into account the trend in poverty reduction witnessed from 1996/7 to 2003, it is expected that the proportion of people living below the national poverty line will reduce to 45% in 2009 and that the MDG target of a reduction to 40% will be achieved by 2015.

It should be taken into account that the target is to reduce by half the number of people living below the national poverty line by 2015 from the levels recorded in 1990. However, the first comprehensive survey (expenditure and income) was only conducted in 1996/7. The reason for this lies in the lack of consistent records (with rural/urban representation for comparison) before that period. In 1996/7 the percentage of people living below the national poverty line was 69.4% and taking into account the effects of war in 1990, it is reasonable to assume that in 1990 close to 80% of the population were living below the poverty line.

On the basis of this scenario, Mozambique is improving favourably with regard to achieving the first MDG Goal, although there are still many challenges to confront in order to achieve this target.

An important determinant in this trend is good economic performance with economic growth rates in excess of 7% in recent years. However, floods, droughts and cyclones have caused significant problems in progress towards the achievement of this target.

It should be noted that the data regarding this target are collected only once every 5 years. A new household survey, which will enable the progress against the indicators to be updated, is current underway. In 2005 Mozambique conducted a Labour Force Survey. Whilst this survey cannot be used to estimate poverty, it provides useful information with regard to trends in the country's welfare levels. Possession of bicycles<sup>8</sup> increased from 28% in 2003 to 46.5% in 2005 and possession of a wireless set<sup>9</sup> also shows significant increases from 45.5% to 63.3% over the same period. Increases in possession of goods has been verified both in rural and urban areas which is an indication that both areas are benefiting from economic growth. The rural areas present higher growth rates than those in urban areas, being more than 20% and nearly 10% in rural and urban areas, respectively (DNPO et al, 2004 and INE, 2005-IFTRAB).

## 2. MAIN CHALLENGES

Despite these positive trends, Mozambique is still struggling against many challenges especially taking into account that half of the population live below the poverty line, including the following:

- Reduction and stabilization of the dramatic impact of the increases in oil prices with the subsequent implications for the prices of foodstuffs and non-foodstuffs including transport, which negatively affects economic performance in general.
- Promotion of sustainable and inclusive economic growth and particularly increases in agriculture and livestock production as these are their main income-generating sources.

<sup>7</sup> The National poverty baseline is defined in terms of per capita consumption and used to be 8,472.6 old Meticals, each day per person (Poverty and Welfare in Mozambique, 2004) which is equivalent to 8,5 new Meticals.

<sup>8</sup> Indicators closely related to the level of welfare of households, with particular relevance to rural areas and some urban areas of the provinces, According to the (2004) Second Evaluation of Poverty and (2005) IFTRAB

<sup>9</sup> Idem

<sup>11</sup> According to the UN Department of Social and Economic Issues (<http://esa.un.org/unup/>) prospects, there will be as many people living in urban areas as in rural ones in Mozambique, by 2015.



- A response to the rapidly growing urban population<sup>10</sup> in terms of urban planning and development.
- The causal linkages between the HIV/AIDS pandemic and poverty and the adoption of an integrated approach to prevention and mitigation and HIV/AIDS home-based care within the strategies for development and poverty reduction.
- Reducing vulnerability (including to natural disasters) in the context of a sustainable development perspective and the interaction between poverty and food security, HIV/AIDS and institutional capacity building for improved service delivery.

### 3. SUPPORT ENVIRONMENT

As a result of the implementation of the Five-Year Government Programme and PARPA II, Mozambique has been adopting public policies and legislation intended to reduce poverty, promote development and respect human rights, notably through the Rural Development Strategy, the Strategy and the Action Plan for Nutritional and Food Security, the National Policy for Employment and Professional Training, the Social Protection Laws, the New Labour Law, and the National Plan for Food Production in Mozambique, 2008-2011. Strategic Development Plans have been adopted at district level accompanied by the decentralization and transfer of funds to the districts in the context of the Local Investment Budget (OILL). The Government is implementing policies that will accommodate the enlargement of revenue facilities in order to ensure an increase in public revenues, as well as responding to the present oil and foodstuffs price shocks in terms of adoption of a subsidy policy benefiting the most critical sectors as regards to supplies in fuel and public transports.

### 4. PRIORITIES FOR DEVELOPMENT ASSISTENCE

Mozambique needs to mobilize more domestic resources through expanding fiscal policy (Government revenue has increased from 13.4% in 2005 to 14.9% in 2007) and increasing capacity to attract foreign direct investments in order to achieve the challenges of development so far. The country is still highly dependent on external support (about 50% of the State Budget in 2007), despite the fact that its weight in terms of GDP has been decreasing. With a view to improving the use of development aid the Government is preparing its first National Policy for Development Cooperation. This is an exercise focusing on the coordination of external support in a way that promotes harmonization and ensures that all development assistance efforts are in line with national development priorities.

### 5. MONITORING AND EVALUATION ENVIRONMENT

Elements of Monitoring Environment	Assessment		
Data collection capacity	<b>Strong</b>	Average	Weak
Recent Inquiry quality of information	<b>Strong</b>	Average	Weak
Capacity to statistical follow-ups	<b>Strong</b>	Average	Weak
Capacity for Statistical Analysis	Strong	<b>Average</b>	Weak
Capacity to integrate statistical analysis into policies, plans and mechanisms of resource allocation	Strong	<b>Average</b>	Weak
Monitoring and Evaluation Mechanism	Strong	<b>Average</b>	Weak

<sup>10</sup> According to the UN Department of Social and Economic Issues (<http://esa.un.org/unup/>) prospects, there will be as many people living in urban areas as in rural ones in Mozambique, by 2015.



### ENSURE EMPLOYMENT

Target 1.B: Reach 100% employment index and ensure a decent employment for everybody, including women and children

Key Indicators:

1.4 GDP ratio increase per person employed

1.5 Employment ratio per number of people

1.6 Proportion of employed people living out of less than \$1 per day

1.7 Proportion between personal accounts and the contribution of household employed members and the total number of employed people.

Remarks: Indicators 1.4, 1.6, 1.7 not applicable/collectable.

#### Quick Evaluation

Will the target be achieved?

Likely Potential Unlikely No Details

Situation of support environment

Strong Average Weak but improving Weak

#### Figuring out situation

Indicator / Years	2005	2008	2015
Ratio of employed people over the total of population <sup>11</sup>	74,6	n/d	n/d
Proportion of self employed people out of the total employed people in the country.	62.1	n/d	n/d
Unemployment rate	18.7	n/d	n/d

(n/d) not available

## 1. ENSURE EMPLOYMENT: SITUATION AND TENDENCY

According to the IFTRAB database the unemployment rate was 18.7% in 2004/05. However, reported unemployment through the Work Centres has increased by 25.4% between 2004 and 2007<sup>12</sup>. In order to stimulate employment opportunities, a favourable climate for the development of small and medium-sized businesses and support for self employment is being encouraged.

## 2. MAIN CHALLENGES

- The promotion of development in the private sector in order to increase employment opportunities, income generation and the reduction of unemployment rates;
- Improving the business and job environment in order to (i) stimulate national and foreign investment (ii) encourage the formalization of the economy, and; (iii) contribute for the per capita revenue enhancement of economic activity, with an emphasis on the rural zones, thus improving particularly the welfare of the poor people.

<sup>11</sup> Rates of unemployment

<sup>12</sup> Not at disposal the regular database on unemployment, the most inclusive database is the one relating the population census and national inquiries that take place every ten or five years respectively. In the event of lack in more inclusive database, administrative authority database is then used as a means to quantify the total unemployed and employed people on a regular basis, particularly the administration labour authority.

- Ensure improvements in the quality of employment and self-employment;
- Contribute to the establishment of a strong, dynamic, competitive and innovative private sector through its integration in the economy, the modernization of the national productive base, the technical and technological capacity building of companies and Mozambican workers and ensuring the continuous supply of electrical power and the better integration of transport infrastructure;
- Promote the enlargement of enterprise base, the development of sectors and priority activities;
- Empowerment of the household sector in the economy in terms of agriculture, artisanal fishing with strong dissemination in rural areas all over the country;
- Improving the integration of Mozambique in the regional and international economy through the continuous development of commercial relations and investment relationships with foreign countries, through gradual and progressive liberalization of international commercial exchanges and through increases of commercial flows and external investments.

### 3. SUPPORTING ENVIRONMENT

The attribution of funds to district level to support the development of local and private initiatives which contribute to the creation of more employment opportunities and improve the business climate. A new Labour Law and complementary Regulation was adopted in 2007 and a Social Protection Law introduced in order to encourage a good working environment between employers and employees. An Integrated Programme of Reforms in Professional Education (PIREP) was adopted, with the main objective of reforming professional education to enable graduates to be in a better position to face labour market challenges in line with the present requirements, as well as their potential capacity to start self-employment projects.

### 4. PRIORITIES FOR DEVELOPMENT ASSISTANCE

Increase professional training capacity in various areas through the construction and rehabilitation of professional training infrastructure and improvement of the technical-professional curricula offered in order to obtain better qualified workers and capacity in business management.

### 5. MONITORING AND EVALUATION ENVIRONMENT

Elements of Monitoring Environment	Assessment		
Data Collection capacity	<b>Strong</b>	Average	Weak
Quality of Information from recent surveys	<b>Strong</b>	Average	Weak
Capacity of statistical follow-up	Strong	<b>Average</b>	Weak
Capacity of Statistical analysis	Strong	<b>Average</b>	Weak
Capacity for integrating statistical analysis into policies, plans and resource allocation mechanisms	Strong	<b>Average</b>	Weak
Monitoring and Evaluation mechanisms	Strong	<b>Average</b>	Weak

**ERADICATE HUNGER: NUTRITION**

**Target 1.C:** Reduce by half, between 1990 and 2015, the proportion of people suffering from hunger

*Key Indicators:*

1.8 Low weight prevalence in children under five years old

1.9 Proportion of people under the minimum level of dietetic and calorie consumption

*Remarks: Indicator 1.9 not applicable/collectable*

**Quick Evaluation**

**Will the target be achieved?**

Likely Potentially Unlikely No Details

**Situation of support environment**

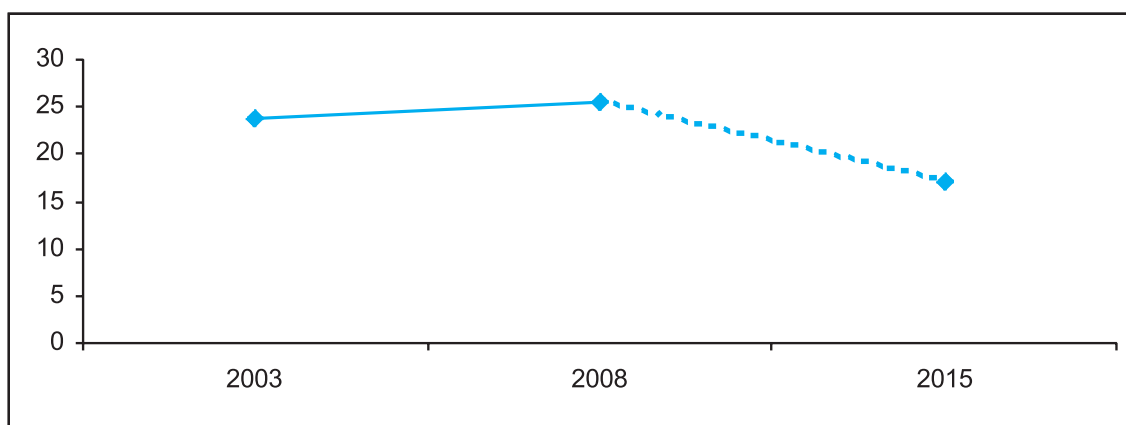
Strong Average Weak but improving Weak

**Situation in numbers**

Indicator / Year	2003	2008	2015
Prevalence of children under weight (under 5 years)	23.7 <sup>a)</sup>	25.5 <sup>b)</sup>	17.0
% Moderate acute and severe malnutrition in children (under 5 years)	4.0	4.0 <sup>b)</sup>	n/a
% Moderate and severe Chronic Malnutrition in children (under 5 years)	41.0	41.5 <sup>b)</sup>	n/a

a) IDS2003. b) 2006 (SETSAN) Database.

**Prevalence of Children Underweight (under 5 years)**



**1. REDUCING HUNGER: STATUS AND TRENDS**

In 2005 and 2008, Mozambique was hit by natural disasters aggravating the nutritional and food insecurity situation of the affected population<sup>13</sup>.

The *“Percentage of Low Weight per Age”* (BP), one of the nutritional vigilance indicators, reflects the percentage of underweight in children under 5 years.

The values of the moderate and severe BP percentage are still above the acceptable level of 16% and the target of 17% defined for 2015. The outcomes since 2001 are showing a tendency for gradual reduction despite there not being significant differences between the IDS data for 2003<sup>14</sup> (23.7%) and SETSAN data for 2006<sup>15</sup> (25.5%). It should be noted the IDS survey involved both urban and rural areas, whereas the sample for the Vulnerability Analysis (SETSAN) included peri-urban and rural areas only and did not include urban areas. Comparing the 2006 results with those of 2003 shows a BP reduction in almost all provinces, notably Gaza and Cabo Delgado, but an increase in Nampula. This province had the highest BP in 2006 (37.3%) whilst in 2003 Cabo Delgado presented the highest rate (34.2%). Maputo Province and Inhambane presented the lowest BP levels in 2006, and the same was recorded in 2003. The highest BP (30.6%) in 2006 was found in children between 12-23 months and in 2003 in children between 10-11 months (36.9%).

<sup>13</sup> 2005: Floods in the Zambeze valley; Irregular rainfalls and drought in the whole country; 2006: Earthquake in the centre region; irregular rainfalls; 2007: Favio cyclone in the centre region, floods in the Zambeze valley; 2008: Jokwe cyclone in the North coastal zone, floods in the Zambeze valley, Púngué and Buzy.

<sup>14</sup> IDS- Demographic Inquiry of Health 2003 (using the reference form of CDC/OMS 1997)

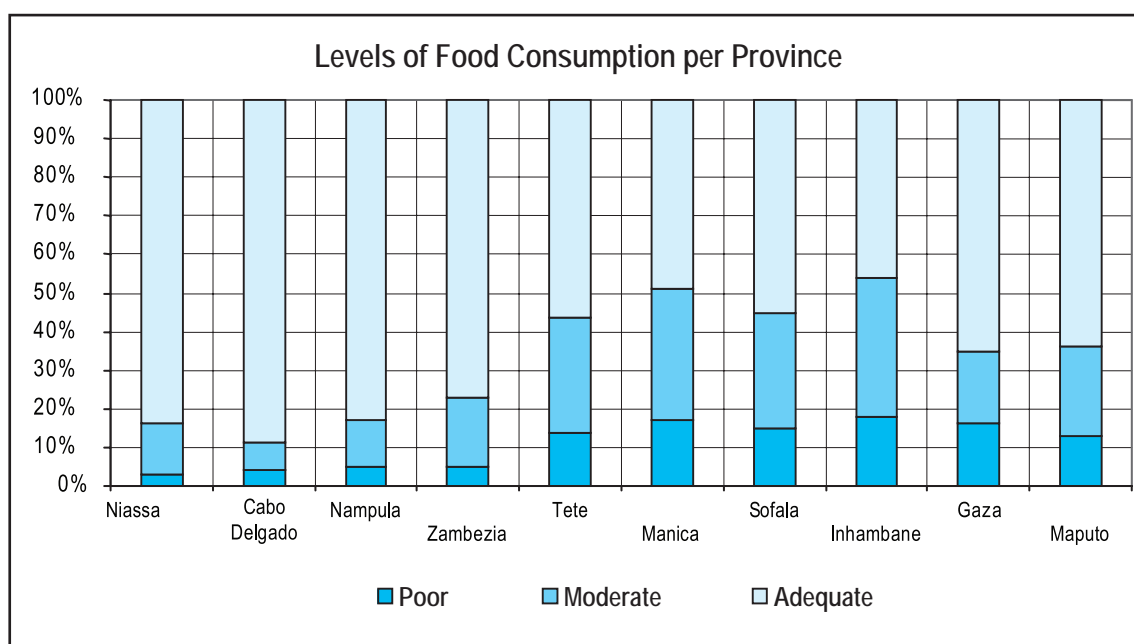
<sup>15</sup> Base Studies of Food Security and Nutrition, September 2006 – SETSAN (using the reference form of CDC/OMS 1997)

The percentage of *severe and moderate acute malnutrition in children under 5 years* at national level was 4% in 2003 and 2006. In 2006, Tete (7.5%) and Cabo Delgado (7.3%) Provinces showed the highest levels and significant increases in the percentage of children in relation to 2003. There has been a reduction, notably in Gaza and Nampula and a slight increase in the children in the remaining provinces. In 2003, the provinces with the highest figures had been Sofala (7.6%), Gaza (6.7%) and Nampula (6%). It was the group of children aged 10-11 months that recorded the highest levels of acute malnutrition both in 2006 (7%) and 2003 (7.4%)

This age group is especially vulnerable being a transitional age group between the time when milk satisfies the majority of nutritional needs to the phase when the household feeding plays a critical role, and very often proves inadequate for all the child needs, leading to malnutrition.

The percentage of *severe and moderate chronic malnutrition in children under 5 years* is comparatively the same between 2006 (41.5%) and 2003 (41%), with Nampula experiencing the highest value (58.7%). In 2003, Cabo Delgado achieved the highest value of 55.6%. Gaza (26.5%) and Inhambane (27.9%) showed the lowest values in 2006. The 2003 IDS identified 45.7% of rural children and 29.2% of urban children with chronic malnutrition and the age group 12-23 months showed the highest value (47.9%) in 2006. 20.1% of severe chronic malnutrition cases (z-score of -1.67) were observed in 2006.

Food Consumption Scoring<sup>16</sup> analysis in terms of being a proxy indicator of diet quality shows that the situation seems to be stable. The harvesting period (March-April) makes a positive contribution to household diet quality (between 48 – 61% households have an adequate diet, 20-30% moderate diet and 18-24% poor diet) and is better than the period preceding the following crop campaign, i.e. the period from September to October, when it drops to 30-65% households with adequate diet, 15-28% with moderate diet, which means a significant variation (8-54%) households with poor diet. The graph below shows the vulnerability distribution per Province.



<sup>16</sup> "Punctuation of the Food Consumption (CA)" measures the "Diet Quality" close indicator of Food Security in PARPA II, according to the consumption type and frequency of the food, resulting in a classification of a low food consumption (<21), Moderate (21-35) or Adequate (>35) adapted to the FANTA (classification of Food and Nutrition Technical Assistance)

Taking into account the fact that rural households spend 60-65% of their average income on their food, and as this expenditure is higher and the food reserves lower in households with low food consumption<sup>17</sup>, projections indicate that the situation of nutrition and food security, particularly with regards to quality of diet, will deteriorate due to price increases of basic products that has been witnessed in recent years, with a tendency for this to be aggravated due to the oil crisis and the reduction of foodstuffs availability. The analysis shows that urban populations and those living in the Southern region were those most affected by aggravated prices of basic foodstuffs as they are most dependent on markets for the purchase of foodstuffs.

Since the price rise observed in 2005 due to drops in production between the years 2004/5, 2006 and 2007, there has been normal variations in cereal prices. In the present year, 2008, very high price increases are being experienced particularly for maize and beans, with a tendency to increase even more. In many markets, the average price for June 2008 have been double those of June 2007<sup>18</sup>.

## 2. THE MAIN CHALLENGES

- Reduce increases in chronic malnutrition through coordinated and participatory interventions in a way that targets the most vulnerable.
- Increase agricultural and livestock production and productivity and in a way to sustain high prices, taking into account the possibility of harmonizing the interests of commercial and household agriculture.
- Implement the Strategy and the Action Plan on Food and Nutritional Security (ESAN II) under the provisions on Human Rights to Adequate Diet (DHAA) and adoption of DHAA Law as required by PARPA II and ESAN II.
- Approve the SETSAN regulations as a means to reinforce the multi-sectoral coordination mandate, in the context of ESAN II and the subsequent attribution of specific competences under SAN and DHAA provisions.
- Ensure full execution of budget and activities under the provisions of PASAN.
- Identify and establish accountability mechanisms as required by SAN and DHAA.
- Reinforce the decentralization of the SAN agenda at district and provincial levels and potential extension to remote areas all over the country, thereby reinforcing the capacity for intervention in both rural and urban areas.
- Reinforce monitoring and evaluation mechanisms with greater emphasis at district and provincial levels.

## 3. SUPPORTING ENVIRONMENT

With the adoption of ESAN II, the Government has been creating a favourable environment for the implementation of the action plan. In addition, there has been the adoption of ESAN II and PASAN as part of the Green Revolution, the Agricultural Products Trading Strategy, the Rural Development Strategy, the Maternal Milk Code of Substitutes and Natural Disaster Prevention Plan. These guidance documents aim at reinforcing the public policy framework which had already integrated the National Nutrition Strategy.

<sup>17</sup> Source: SAN (Sept 2006) Baseline Study and Vulnerability Analysis – SETSAN: Community and Households Surveillance System (CHS), World Food Programme (PMA) - Mozambique

<sup>19</sup> Agriculture Markets Information System (SIMA) – Ministry of Agriculture (MINAG), July, 2008.

The different tools for implementing SAN have been adopted in a participatory way involving the Government, cooperation partners and civil society, which gives them legitimacy and facilitates their coordinated and participatory implementation and the achievement of necessary commitments for the goal achievement.

Furthermore, the Council of Ministers has adopted the Action Plan for the production of foodstuffs between 2008 and 2011 in order to mitigate the impact on price rises. In addition, the Government and the United Nations have been incentivising local purchases of food products for their redistributive food support and social protection programmes.

#### 4. PRIORITIES FOR DEVELOPMENT ASSISTANCE

- Increase technical assistance to SETSAN and other strategic sectors on the SAN agenda.
- Promote interventions in communities in child and maternal nutrition, orphans and vulnerable children, people living with HIV and AIDS and food for schools particularly the most vulnerable and entitled areas.
- Ensure allocation of Human and Financial Resources for SETSAN and the sectors.
- Integrate SAN and DHAA in legislation and increase the process started through existing policies and sector and multi-sector strategies.
- Integrate the SAN monitoring and evaluation indicators in all sector and multi-sector plans.
- Incremental inclusion of disaggregated SAN anthropometrical and vulnerability indicators.

#### 5. MONITORING AND EVALUATION ENVIRONMENT

Elements of Monitoring Environment	Assessment		
Data Collection capacity	<b>Strong</b>	Average	Weak
Quality of Information from recent surveys	<b>Strong</b>	Average	Weak
Capacity of statistical follow-up	Strong	<b>Average</b>	Weak
Capacity of Statistical analysis	Strong	<b>Average</b>	Weak
Capacity for integrating statistical analysis into policies, plans and resource allocation mechanisms	Strong	<b>Average</b>	Weak
Monitoring and Evaluation mechanisms	<b>Strong</b>	Average	Weak

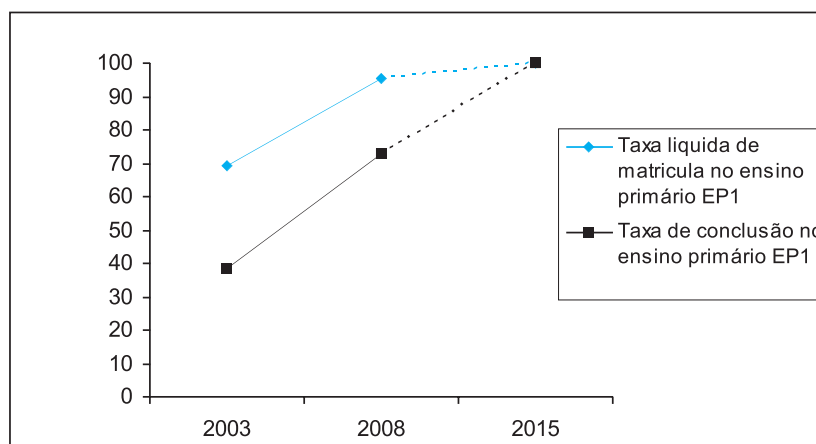
## GOAL 2 – ACHIEVE UNIVERSAL PRIMARY EDUCATION

UNIVERSAL PRIMARY EDUCATION							
Targets 2.A: Ensure that all girls and boys manage to complete their primary school level							
Key Indicators:							
2.1 Net enrolment ratio in primary education							
2.2 Proportion of pupils that start the standard 1 and manage to complete their standard 5 (or Primary School completed index EP1)							
2.3 Alphabetization index of people between 15-24 years old.							
Remarks: indicator 2.1 not applicable/collectable							
Quick evaluation		Situation in numbers					
Will the target be achieved?		Indicator / Year	2003	2008	Target		
Likely	Potentially	Unlikely	No Details				
Situation of support climate		Net enrolment index in primary school (EP1)	69.4	95,5a)	100.0		
Strong	Average	Weak but improving	Weak	Primary school complete index (EP1)	38.7	72,6 <sup>a)</sup>	100.0
		Alphabetization index of people between 15-24 years old	58.2	43.0 b)	n/d		
		Alphabetization schooling index of adults (15 years old and above)	46.4	n/d	n/a		

a) 2007 records. b) PARPAII 2009 targets.



Net Enrolment Rate and Completion Rate in Primary School (1st Level)





## 1. UNIVERSAL PRIMARY EDUCATION: STATUS AND TRENDS

Primary education in Mozambique comprises two levels, 1st Level (Grades 1 to 5) and 2nd Level (Grades 6 to 7). According to the Millennium Development Goals, Mozambique should be able to achieve universal primary schooling by 2015, i.e., 100% of children of primary school age should be attending school at this level. According to the database of the Ministry of Education (MEC), the average net primary school enrolment index was 95.5% in 2007, a considerable increase compared to 2003 (69,4%). There is a slight difference between boys (97.1%) and girls (93, 1%). In general terms, the MEC records (official statistics on Education) show an important reduction in the gaps amongst the provinces with regards to gender, when compared to 2003 outcomes.

According to Official Statistics, the aggregate 1st level (Grade 5) primary school completion rate has significantly increased from 38.7% in 2003 to 72.6% in 2007. Comparing the aggregate completion index between boys (80%) and girls (65.1%) there is a significant gap. However, there has been an effort towards reduction of gender gaps, despite the differences still prevailing. Comparing results by province, there is a higher rate of completion in Maputo City (121.8%) and a lower one (60%) in Zambézia Province. The data also show that in some provinces girls outdo boys in terms of school performance.

According to more recent MEC data on literacy schooling, the literacy schooling index has risen from 46.4% in 2003 to 48.1% in 2005. A gender analysis shows an literacy rate for women of 33.3% and 66.7% for men.

## 2. MAIN CHALLENGES

An increase in the number of students in the primary school does not necessarily mean improvements in quality and for this reason it is necessary to continue to improve student-teacher ratios, retraining, support and supervision of learning and teaching processes. The construction of classrooms and the recruitment of teachers are considered to be the most important challenges for improving quality. The results obtained at primary school level highlight the new challenges at other levels notably at the general secondary and the technical higher education levels as the major goal is to ensure continuity in the educational and training of youngsters, according to the need for social and economic development across the country.

## 3. SUPPORTING ENVIRONMENT

The Ministry of Education's strategic plan focuses on increasing access, better quality, the reinforcement of institutional capacity, at all levels, as well as dealing with the above mentioned challenges in a systematic way. This plan has the consent of civil society and cooperation partners and has been creating a favourable environment leading to increasing access to schools and improvements in education quality. It is an important tool for the mobilization of resources and political dialogue over the issue of education for everybody by the year 2015.

In order to increase school access and quality, the Government will continue efforts to recruit new teachers at a rate of 10.000 per annum, in line with targets set in PARPA II, will promote direct implementation of support to schools, free distribution of school books and annually increase investment in education to represent a higher proportion of the State Budget (20.8%).

#### 4. PRIORITIES FOR DEVELOPMENT ASSISTANCE

Priority is still the reinforcement of institutional capacity within the Ministry of Education, with particular emphasis on district and provincial levels and schools, through capacity building actions targeting managers and educational administrators.

Educational quality improvements require a set of actions beyond training teachers, either newcomers or in-service, including supervision and pedagogical support. In the context of the new social and economic dynamics of development, skill training and strengthening of the technical capacity of students still remains a top priority bearing in mind their better future deployment within the productive network. The eradication of illiteracy is still a priority given its importance for the reduction of poverty.

The Government's top priority area is improving the quality of education, the sustainable expansion of post-primary school systems and programme management capacity particularly at decentralized level.

#### 5. MONITORING AND EVALUATION ENVIRONMENT

Elements of Monitoring Environment	Assessment		
Data Collection capacity	<b>Strong</b>	Average	Weak
Quality of Information from recent surveys	<b>Strong</b>	Average	Weak
Capacity of statistical follow-up	Strong	<b>Average</b>	Weak
Capacity of Statistical analysis	Strong	<b>Average</b>	Weak
Capacity for integrating statistical analysis into policies, plans and resource allocation mechanisms	Strong	<b>Average</b>	Weak
Monitoring and Evaluation mechanisms	Strong	<b>Average</b>	Weak

## GOAL 3 – PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

### IGENDER EQUITY

**Target 3.A:** Eliminate gender gaps regarding primary and secondary education, preferably by 2005, and apply to all educational levels not later than 2015.

*Key Indicators:*

3.1 Ratio girls per boys in primary, secondary and tertiary education.

3.2 Percentage of employee women in sectors other than agriculture.

3.3 Proportion of seats held by women in the National Parliament

#### Quick evaluation

**Will the target be achieved?**

Likely Potentially Unlikely No Details

**Situation of support climate**

Strong Average **Weak but improving** Weak

#### Situation in numbers

Indicator / Year	2003	2008	2015
Ratio girls per boys in EP1 <sup>19</sup>	0.83	0.9	1.00
Ratio between literate women and men within 15-21 years old.	0.83		n/a
Women alphabetization index (%)	68.8	33.3b)	n/a
6 year-old girls enrolment index at standard 1		70.0b)	
Girls EP2 completion index		28.6 b)	
Percentage of employee women in sectors other than agriculture	10.1		n/d
Proportion of seats held by women in the National Parliament	28.0 <sup>a)</sup> 20	37.2	n/d

a) 2004 records. b) 2007 records



### 1. ACHIEVING GENDER EQUITY: STATUS AND TRENDS

The education sector is still showing considerable growth in terms of its indicators in general, and the gender component in particular. In terms of indicators of educational coverage, the net schooling rate for primary school level, according to MEC data, was 94.1% in 2007 and 90.1% for girls<sup>21</sup>. This fact reveals an improvement compared to previous years. Going back to 2005, data reveals an 81.8% net schooling rate of which 78.1% were girls, and 90.5% in 2006 of which 83.8% were girls.

The six-year-old girls' enrolment index for Grade 1 was 70% against the 67% planned for 2007 achieving 3% over target. The girls' completion index for EP2 was 28.8% in 2006<sup>22</sup>.

<sup>19</sup> No details at disposal regarding tertiary education.

<sup>20</sup> 2005 MDGs Report (2005:35.6%).

<sup>21</sup> BdPES 2007, pg. 101

<sup>22</sup> BdPES 2007, pg. 101-2

Considerable increases are recorded in enrolment of girls and boys in schools, and the gender gap has gradually reduced at the primary education level (EP1). Although girls are still disadvantaged, their attendance of EP1 has recorded a slight increase from 46.3% in 2005 to 46.8% in 2006. However, it is important to note that there are provinces (Inhambane, Gaza, and Maputo Province and City), where the completion rates of girls in public schools are higher than those for boys.

One prevailing problem is the high rate of failure for all educational types and levels. This problem affects all provinces and seems to show homogenous characteristics between rural and urban areas. It is a gender related problem with higher failure rates for female rather than male students.

Significant regional inequalities also exist between provinces or between districts in the same province. These inequalities can be explained through a detailed comparative reference to girls' access to education over the year. But when evaluating the situation of each territory in the same period, more positive trends can be observed. The key indicators of education, such as enrollment, completion and the teacher qualification levels are substantially lower in the northern and central regions compared to the Southern region of the country<sup>23</sup>.

Another factor to bear in mind is the quality of education. Poor teacher training, lack of materials and lack of pedagogical support, mean that most teachers have adopted teacher-centred didactic approaches which emphasize repetition and memorization, rather than student-centred approaches, encouraging creative thinking and capacity-based learning<sup>24</sup>. The absence of female teachers means that female students remain in a predominantly male environment increasing feelings of insecurity.

This situation is likely to have a greater impact in rural areas bearing in mind that some parents are reluctant to send their daughters to school where male teachers are in the majority due to a fear of sexual harassment. The discrepancies between the number of male teachers and female teachers will probably continue for some time, taking into account that the percentage of female students in teacher training centres has not shown a significant decrease: 54.5% in 2005, 53.9% in 2006 and having dropped to 49.9%<sup>25</sup> in 2007.

According to these trends, the target for reducing gender gaps within EP1 are likely to be achieved before 2015. However, in order to achieve the third MDG in 2015, special attention should be given to the continuity of awareness activities addressed to girls and the reduction in gender imbalances at different levels, particularly the targets relating the second level primary education (EP2) (mainly focussed on district level where the presence of girls in basic education is under 45%) and the secondary education (ESG).

Enrolments for **adult literacy classes** has increased between 2005 and 2007, having achieved 599.114 students (1st and 2nd years), of which 345.941 (58%) are women<sup>26</sup>.

The rate of illiteracy amongst women, although still high, has been decreasing over the years. In 1997 it was 74.1%, decreasing to 68.8% in 2003, and 66.2% in 2004. As a general rule, women are the preferential beneficiaries of the literacy programmes across all provinces and they are the ones mostly reporting to Adult Literacy Centres.

<sup>23</sup> Strategic Plan of Education and Culture 2006 - 2010/11 , pg. 30

<sup>24</sup> Strategic Plan of Education and Culture 2006 - 2010/11 , pag. 45

<sup>25</sup> Education Statistics. Table 13. MEC, Directorate of Planning and Cooperation

<sup>26</sup> BdPES 2007, pg. 105

The representativity of women in the Parliament is 37.2%. This percentage reflects a 2% increase compared to the period 1999-2004

Percentage of Decision Making and Power Body related Men and Women (2004-2008)

Denomination	2004		2006		2008	
	%W	%M	%W	%M	%W	%M
<b>Government-Executive Body</b>						
Ministers	15.3	84.7	18.7	81.3	25.9	74.1
Vice-Ministers	16.3	83.7	23.5	76.5	31.5	68.5
Governors	0.0	100.0	18.1	81.9	18.1	81.9
Ministerial Permanent Secretaries	11.7	88.3	31.5	68.5	31.5	69.5
Provincial Permanent Secretaries	0.0	0.0	36.3	63.7	45.4	54.6
Administrators	13.2	86.8	17.1	82.9	20.3	80.7
Heads of Administrative Posts	3.3	96.7	12.3	87.7	11.0	89.0
Provincial Directors	8.4	91.6	20.2	79.8	20.7	79.3
<b>Legislative Body</b>						
Members of Parliament	28.0	72.0	36.0	64.0	37.2	62.8

Source: Ministry of Women and Social Welfare (MMAS)

The presence of a female Vice-President of the Parliament, a woman in charge as Head of the Parliamentary Wing and five other women as part of the Parliamentary Standing Commission represents 30% of the total 15 members in this body.

At the Executive level, in Central Government, the Prime-Minister is female and the involvement of other women as Ministers is actually increasing (25.9%) and Vice-Ministers (31.5%). Furthermore, two women were appointed as Provincial Governors (18.1) in during the course of the current legislature.

## 2. MAIN CHALLENGES

The Action Plan for Reduction of Absolute Poverty (PARPA II) and the The Strategic Plan for Education and Culture consider the expansion of access to better quality basic education to be essential in terms of creating and sustaining new opportunities for the poorest and for those groups considered to be marginalized such as the women<sup>27</sup>.

In terms of objectives, there is a need to continually fight against the late enrolment of children in schools; ensure that the net schooling rate at primary level achieves 97% by 2010; that the gender-gap is substantially reduced through the creation of favourable conditions for girls, that the age/class ratio is reduced that the home/school distance ratios reduced; there a need to build more schools, especially in rural areas. It is also important to integrate gender equality in the content and approaches to school curricula and educational materials at all levels, as well as reinforce Gender Units as recognised in the Gender Policy adopted in 2007.

The system's performance shows significant gains can be achieved through a reduction in student resignation and failure rates, taking care of regional and gender inequalities, achieving improvement in the levels of learning by all the students, and addressing concerns related to management and supervision. Taking account of the synergies between gender and HIV/AIDS in strategic programme design in this sector would definitely lever the positive performance of all students in general, particularly orphans and vulnerable children.

<sup>27</sup> Education and Culture Strategic Plan 2006 - 2010/1, pag. 22

The policies and actions now under development and the targeting of girls of primary and secondary levels within the Scholarship Programme will bring an added value to the system ensuring higher access to education for girls.

### 3. SUPPORTIVE ENVIRONMENT

The political will and the commitment in respect to gender issues are expressed in legislation as well as in the programmes, policies, and plans of the Government. Since the declaration of the Beijing Action Platform, Mozambique has made efforts leading to gender equity through legal reforms and adoption of policies, strategies and plans.

The principle of gender equity and rights has been adopted under provisions of the Constitution of the Republic of Mozambique Constitution (Articles 35 and 36). At policy and strategy level, there is a set of tools such as the Five-Year Government Programme, PARPA II, the Gender Policies and Implementation Strategy, the National Plan for the Progress of Women, amongst others. In real terms, the sector of Education and Culture prioritises gender issues in its Strategic Plan (2006-2010/11).

There is, furthermore, a set of structures closely working and coordinating the promotion of gender equality. Suffice to mention the cases of MMAS, the National Council for the Progress of Women (CNAM), the Female Members of Parliament Cabinet and the Social Welfare Commission for Gender and Environment (Parliament) and Civil Society Organizations.

On this basis it can be argued that there is a juridical, political and institutional structure in Mozambique, favourable to the promotion of gender issues and the empowerment of women.

### 4. PRIORITIES FOR DEVELOPMENT ASSISTANCE

Success in promoting gender equality and empowerment will only succeed if an overall perspective is adopted taking into account the involvement, articulation and the reinforcement of key sectors.

Therefore, it is important to:

- Reinforce gender integration mechanisms and their empowerment with material, financial and human resources at both central and district levels.
- Increase trust funding to further initiatives to promote gender equality and women's empowerment through adopting budgeting and planning in terms of Gender Perspective in all sectors.
- Continue with efforts addressed to build capacity and awareness on gender issues in State Institutions, Civil Society and private corporations.

## 5. MONITORING AND EVALUATION ENVIRONMENT

Elements of Monitoring Environment	Assessment		
Data Collection capacity	Strong	Average	Weak
Quality of Information from recent surveys	Strong	Average	Weak
Capacity of statistical follow-up	Strong	Average	Weak
Capacity of Statistical analysis	Strong	Average	Weak
Capacity for integrating statistical analysis into policies, plans and resource allocation mechanisms	Strong	Average	Weak
Monitoring and Evaluation mechanisms	Strong	Average	Weak



## GOAL 4 – REDUCE CHILD MORTALITY

### CHILD MORTALITY

Target 4.A: Reduce by two thirds the children under 5 years old rate of mortality, between 1990 and 2015.

Key indicators:

4.1 Rate of mortality in children under 5 years

4.2 Child Rate of mortality (0-1 year)

4.3 Proportion of children aged 1 year vaccinated against the measles.

#### Quick evaluation

Will the target be achieved?

Likely **Potentially** Unlikely No Details

Situation of Support Climate

Strong **Average** Weak but improving Weak

#### Situation in numbers

Indicator / Year	2003	2008	2015
Rate of mortality in children under 5 years (per 1.000 live births)	178	140	108
Child rate of mortality (0-1 year, per 1.000 live births)	124	n/d	67
Proportion of children aged 1 year vaccinated against measles	76.7	n/d	95.0
Rate of coverage with DPT3 and HB in children aged 0-12 months	95.0 b)	95.0 c)	n/d

a) PARPAII (2009) Target. b) 2005 records. c) 2008 (PES) targets



### 1. REDUCTION OF CHILD MORTALITY: STATUS AND TRENDS

In recent decades, Mozambique has been experiencing a continuous reduction of the new born, infant and youngster-infant mortality rates. However, these rates are still too high.

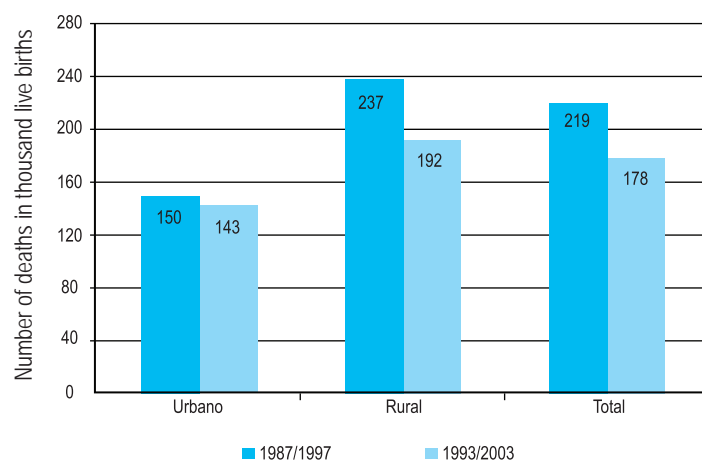
The New Born Mortality Rate (TMNN) has decreased from 59 deaths per 1.000 live births (NV) to 48 per 1.000NV. This reduction has been more significant in urban areas (55 in 1997 to 35/1.000 in 2003), than in rural areas (57 in 1997 to 53 / 1.000 in 2003), with Nampula, Cabo Delgado and Niassa Provinces showing the highest rates in the country. The Infant Mortality Rate (TMI) has diminished from 137 to 124 per 1.000 live births<sup>28</sup>, whereas the 5-year-old's rate of mortality (TM<5) has decreased between 1997 and 2003, from 219 to 178 per 1.000 live births, meaning that the TMI and TM<5 targets for by PARPA II for 2005, 130/1.000 and 190/1.000NV, respectively.

However, geographical differences still occur, meaning a child in Cabo Delgado Province is three fold more likely to die before the age of 5 than one born in Maputo City.

<sup>28</sup> IDS, 1997 e 2003



### Youngster-Infant Mortality Rate: Comparison between 1987/1997 and 1993/2003



Source: IDS 2003

According to records for 1997 and 2003 (IDS), Mozambique is moving towards achieving the 2015 goals for child mortality despite the increasing threat of AIDS and causes of child mortality, such as malaria, acute respiratory infections, diarrhoeas and malnutrition.

In order to reduce new born and child mortality, the health sector has launched a National Logbook and has expanded the strategy on Integrated Care for Child Diseases (AIDI) for the new born within the first week of life.

Special reference should be made to the geographical coverage of AIDI which is being expanded to all districts and currently covers 70% of the health network.

One of the more effective interventions in reducing child mortality is vaccination as it results in a decrease in the incidence of diseases. Up until 2005, Mozambique experienced a high incidence of measles cases with the occurrence of significant epidemics in 2002/2004 and almost 45.000 cases reported. In response to the epidemic and to the global initiative for eradicating measles in 2005, the Ministry of Health implemented a country-wide vaccination campaign against measles bigger than ever previously undertaken targeting children aged between 9 months and 14 years and with a coverage rate of 94% .

In order to reduce the prevalence of diseases preventable through vaccination, there is an on-going implementation of Strategies to Achieve All Districts (RED) with a focus on the following areas: (i) readoption of mobile team services; (ii) supervision; (iii) liaison with the community; (iv) Monitoring and record-keeping; (v) resource planning and management.

## 2. MAIN CHALLENGES

Despite the fact that Mozambique is in a position of significant progress on child welfare, this is not necessarily experienced by all households. Strategic information is required on the needs of the most vulnerable children and better used by those involved with fighting child poverty.

The increasing HIV pandemic is a significant challenge to the achievement of the millennium development goals. Estimates point to an average of 90 children infected by HIV every day through mother-to-child

vertical transmission, despite continuous expansion in number of health centres providing services of mother-to-child HIV prevention plus other services like Anti-Retro-Viral Treatment (TARV). Pediatric TARV remains a great challenge for the health sector.

Diagnosed cases of malaria have been reducing thanks to the reinforcement of preventive measures (intra-domicile spraying) and improvements in the quality of diagnosis and treatment. The distribution of mosquito nets continues to be a big constraint unfortunately due to lack of financial resources. Despite malnutrition being a cause of under 5 mortality, little progress has been achieved in reducing child malnutrition levels between 1997 and 2003. Routine records confirm this trend and demonstrate the need duplicate efforts in this direction.

The quality and quantity of human resources is also a challenge for the health sector. The ratio of population to doctors has improved from 1.882 (1998) to 1.459 in 2007, despite considerable variations between provinces.

There is a need to accelerate the preparation of integrated child health policies including a strong newborn care component, community child disease management and relevant strategies to cover both vulnerable children and communities.

### 3. SUPPORTIVE ASSISTANCE

The Government and Development Partners have established a strong commitment at the highest political level to support infant and newborn health which led to the launching of the Presidential Initiative to Support Infant, New Born and Maternal Health and a Strategic Plan on Infant and New Born Health (PESNI 2008-2012) developed at the sector level.

There is a tendency for the mobilization of global initiatives through financial support in terms of institutional capacity building for the achievement of the MDGs.

### 4. PRIORITIES FOR DEVELOPMENT ASSISTANCE

- Equitative allocation of qualified human resources for infant and newborn health at all levels;
- Promotion of actions focusing on improving the nutrition of children and pregnant women;
- Advocacy for improving financial mechanisms within the system of information, monitoring and evaluation;
- Action on strengthening the involvement of the community in activities related to infant and new born health;
- Advocacy for the reinforcement of the integration of child rights in policies and legislation and sensitize communities/households in terms of good practice in child care.

## 5. MONITORING AND EVALUATION ENVIRONMENT

Elements of Monitoring Environment	Assessment		
Data Collection capacity	Strong	Average	Weak
Quality of Information from recent surveys	Strong	Average	Weak
Capacity of statistical follow-up	Strong	Average	Weak
Capacity of Statistical analysis	Strong	Average	Weak
Capacity for integrating statistical analysis into policies, plans and resource allocation mechanisms	Strong	Average	Weak
Monitoring and Evaluation mechanisms	Strong	Average	Weak



## GOAL 5 – IMPROVE MATERNAL HEALTH

### MATERNAL HEALTH

Target 5.A: Reduce by three quarters maternal mortality between 1990 and 2015.

Key Indicators:

5.1 Ratio of maternal mortality

5.2 Proportion of assisted deliveries per health practitioners

Target 5.B: Universal access to Reproductive Health reached by 2015

Key Indicators:

5.3 Contraceptive prevalence rate

5.4 rate of early pregnancy girls

5.5 Antenatal assistance (at least one to four visits)

5.6 Unsatisfied needs on family planning services

Remarks: Indicator 5.4, not applicable/collectable

#### Quick Evaluation

Will the target be achieved?

Likely **Potentially** Unlikely No Details

Situation of support climate

Strong **Average** Weak but improving Weak

#### Situation in Numbers

Indicator / Year	1997*	2003*	2008	2015
Ratio of Maternal mortality (per 100.000 live births) <sup>30</sup>	692.0	408.0	340.0 <sup>a)</sup>	250.0
Proportion of assisted deliveries per health practitioners (15-49 years, %)	44.2	47.7	53.8 <sup>b)</sup>	660.0
Contraception Prevalence Rate **	6.0	17.0		34.0
Antenatal Check-up coverage with 1 consultation at least (%)**	71.4	84.5		95.0
Antenatal Check-up Coverage with 4 or + consultations (%) **	37.3	53.1		n/a
Unsatisfied needs in demand of Family Planning Services **	n/d	53.0		n/a

\* IDS records; \*\* Records relating new indicators not appearing in the Report on ODM/2005.

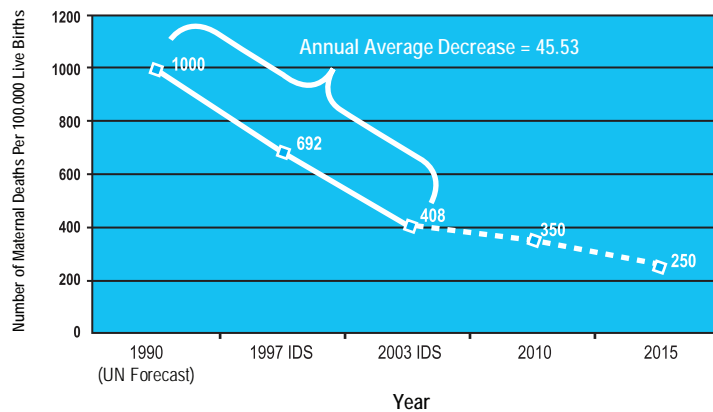
a) PARPAII target (2009). b) 2007 records



## 1. IMPROVEMENT OF MATERNAL HEALTH: STATUS AND TRENDS

Maternal mortality has been gradually reducing from 1000 deaths per 100.000 live births in the beginning of the 90s to 408 deaths per 100.000 life births in 2003. The Implementation of the National Plan and Strategy for the Reduction of Maternal and New Born Mortality from the year 2000, led to considerable improvements in diagnosis in relation to the treatment of obstetric complications and consequently a greater access to quality health services. This increase access is also reflected in increases in the coverage of antenatal consultations, the number of controls per pregnancy, and family planning.

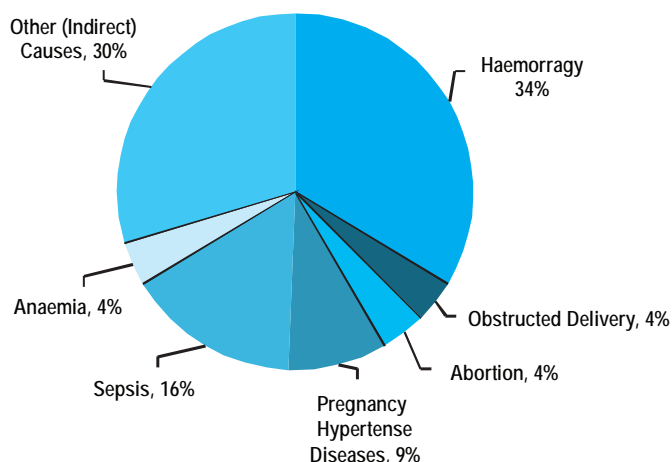
### Evaluation of Maternal Mortality Ratios



Intra-hospital maternal mortality represents an indicator of quality in relation to pregnancy and delivery health care. Routine records indicate that the intra-hospital Maternal Mortality Ratio per 100.000 live births has decreased from 234/100.000 live births in 1993 to 163/100.000 live births in 2007 although there was an increase to 185/100.000 in 2006. It is believed that this decrease reflects a significant increase in access to health services (in terms of better means of communication and the expansion of emergency obstetric care), the fact that many pregnant women with obstetric complications who would otherwise die in the community are able to get to health centres, and finally the substantial improvement in diagnosis, registration and notification of obstetric complications and institutional maternal deaths.

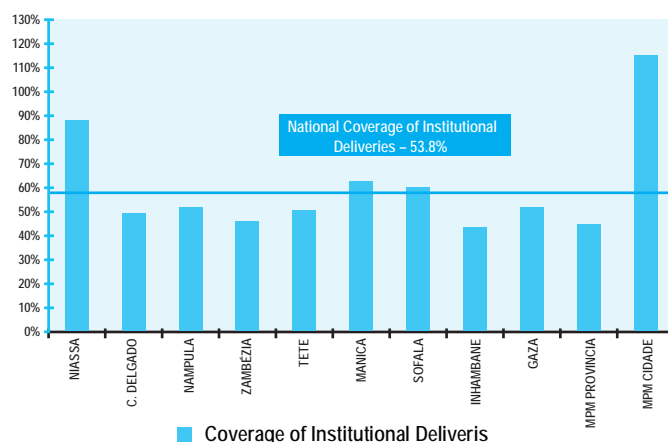
Despite the weak expansion of Basic Obstetric Care (COEBs) and Emergency Obstetric Care (COEmCs), the main causes responsible for intra-hospital maternal deaths in 2007 are still haemorrhagic bleeding, ante and post delivery, sepsis, pregnancy hypertension and uterine ruptures; with great deal of the cases of mortality closely related to late referrals of women to Health Centres.

### Main Causes of Institutional Maternal Deaths – MISAU-SIS, 2007



Institutional deliveries have increased from 44.2% in 1997 to 47.7% in 2003 with a difference between urban and rural areas of 71.4% and 28.6% respectively. Records routinely collected for the Health Information System (Ministry of Health, MISAU 2007) show a rising trend in coverage for assisted deliveries per practitioner amounting 46.7% in 2004 and 53.8% in 2007. Comparing provinces, Maputo City, Niassa, Inhambane and Sofala show a coverage above national average.

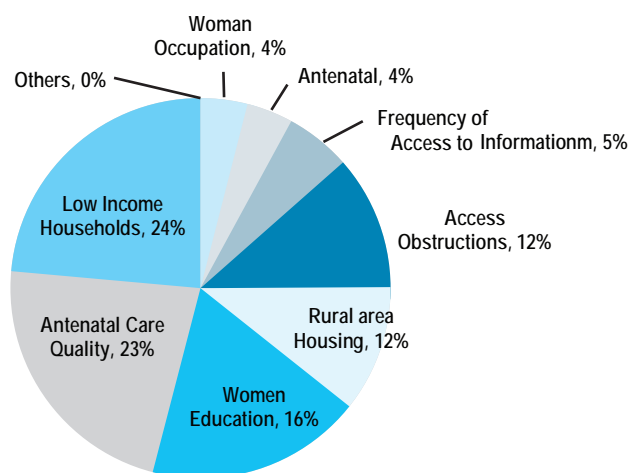
### Institutional Childbirth Coverage by Province, SIS-MISAU 2007



Analysing IDS records on Child and Maternal Health inequality in Mozambique<sup>30</sup> (January 2007), a number of factors have been identified as potential causes of obtaining or not the proper delivery care by a qualified practitioner. As shown in the diagram below, 4.61% of these factors are related to social and economical issues including household income (24%), education of woman (16%) and residence in rural areas (12%). Other important social and economical factors include frequency of access to information (5%) and women’s occupational tasks (4%). The quality in care, measured against the quality of antenatal care contributes to 23% of the inequality in obtaining care delivery by qualified personnel, whereas the remaining factors influencing relate to the use of maternal health services (16%) of which 12% have been classified as a perception of barriers to access, particularly in respect to long distances to health centres and the remaining 4% referred to quality of antenatal care.

<sup>30</sup> Survey undertaken by the World Health Organization (WHO)

## Factors that Contribute to Inequities in Deliveries by Qualified Personnel



Source: World Health Organization (OMS)

Antenatal consultation coverage has increased from 71.4% to 84.5% according to surveys in 1997 and 2003 and Antenatal Consultation Coverage (CPN) with 4 or more control referrals, increased from 37.35 to 53.1%. Routine records from the National Health Services show 98% average coverage for CPN with at least 1 referral control in 2007.

In relation to Family Planning, the Total Contraception Rate of Prevalence has increased from 6% in 1997 to 17% in 2003, having in rural areas shown a 3% increase in 1997 to 12% in 2003, whereas in urban area it increased from 18% in 1997 to 29% in 2003, with a significant increase in the Provinces. The Rate of Contraception through Modern Methods was 14.2% in 2003 (IDS, 2003) and the level of unsatisfied demand for Family Planning Services is 53%, with 60% in rural areas and 41% in urban areas.

The target for 2015 is 34%. Routine records MISAU show an increase in Family Planning Programmes in 2007 with 12% new users.

## 2. MAIN CHALLENGES

- Insufficient Human Resources in number and quality to improve management of Programmes and Services at all levels and for the expansion of Complete and Basic Emergency Obstetric Care;
- More equitable distribution of existing qualified human resources;
- Availability and supply of goods and products for reproductive health including COEmB and COEmC;
- Constant quality improve on Sexual and Reproductive Health Services, including Family Planning;
- Increase the coverage relating to the Vertical Transmission Prevention Services and Malaria Preventive Treatment;
- Poor community involvement, and by men in particular, regarding reproductive health programmes and, especially, regarding family planning;
- Defective system for information, monitoring and evaluation, as well as intra and inter-sector coordination.

### 3. SUPPORTIVE ENVIRONMENT

Maternal Health has been a top priority for Government since 1977 with increased investment and significant progress on the main Reproductive Health Indicators.

The launching of the Presidential Campaign for Maternal, New Born and Infant Health as well as the launchig of a National Logbook for Accelerating Prevention of Maternal and Child Mortality, both express a strong commitment at the highest political level, between the Government and Development Partners in respect to Maternal, Infant and New Born Health.

The effort of programmes to achieve the fifth MDG is measured on an annual basis through indicators as part of the Joint Evaluation Board (Governments and Partners) for the Health Sector Performance.

### 4. PRIORITIES FOR DEVELOPMENT ASSISTANCE

- Initial training for specific professionals in the area of Maternal Health and their availability at district level (Child and Maternal Health Nurses, Surgery Technicians and Doctors);
- Training and continuous expansion of Emergency Obstetric Care and Essential Obstetric Care;
- Ensure quality of service through teaching supervisions;
- Intervention to strengthen community involvement;
- Strengthening of systems of information, monitoring and evaluation and inter and intra-sector coordination.

### 5. MONITORING AND EVALUATION ENVIRONMENT

Elements of Monitoring Environment		Assessment	
Data Collection capacity	Strong	Average	Weak
Quality of Information from recent surveys	<b>Strong</b>	Average	Weak
Capacity of statistical follow-up	Strong	Average	Weak
Capacity of Statistical analysis	Strong	Average	Weak
Capacity for integrating statistical analysis into policies, plans and resource allocation mechanisms	Strong	Average	Weak
Monitoring and Evaluation mechanisms	Strong	Average	Weak





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

## HIV / AIDS

Target 6.A: HIV/AIDS spread inversion started and detained by 2015

Key Indicators:

- 6.1 HIV Prevalence in pregnant women between 15-24 years old
- 6.2 Use of condom during the last high risk sexual intercourse
- 6.3 Proportion of people between 15-24 years old with correct knowledge about HIV/AIDS
- 6.4 Ratio Orphans attending school per non orphans attending school both aged 10-14

Target 6.B: Reach universal access level of HIV AIDS treatment to all in need by 2010.

Key Indicator:

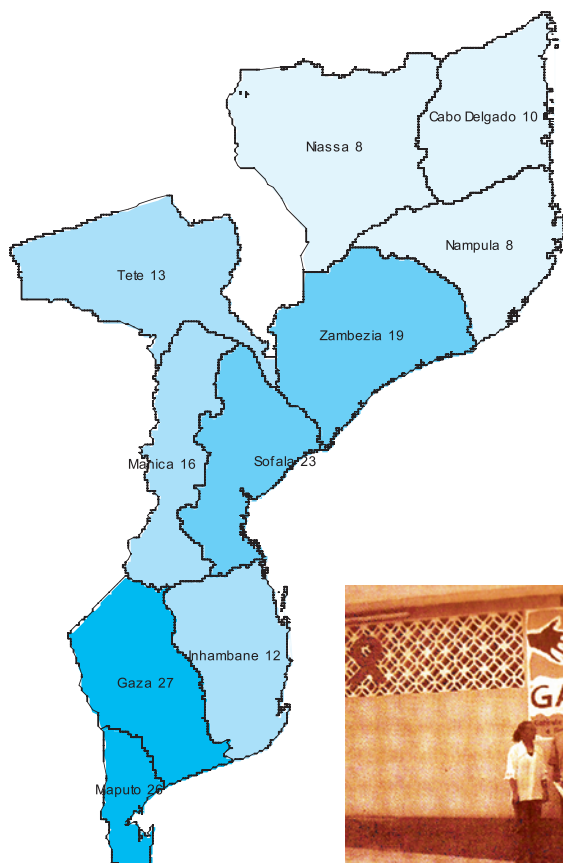
- 6.5 Proportion of HIV infected people in poor health condition, but with access to antiretroviral drugs

Remarks: the indicator 6.2, 6.3, 6.5 are not applicable/collectable

Quick evaluation	Situation in numbers			
Will the target be achieved?	Indicator / Year	2003	2008	2015
Likely Potentially Unlikely No Details	HIV/AIDS rate of prevalence amongst adults (15-49 years old)	16.2	16.0	n/a
Situation of support climate	HIV prevalence in pregnant women between 15-24 years old	12.9	11.0	INE
Strong Average Weak but improving Weak	Rate of condom use per rate of contraceptive prevalence	1.1 c)		n/a
	Ratio Orphans attending school per non orphans attending school both aged 10-14	0.9		n/a

a) 2004 records. b) 2007 records. c) RODM2005

### HIV and AIDS rate of prevalence (%15-49 years), 2007



## 1. FIGHT AGAINST HIV AND AIDS: STATUS AND TRENDS

According to different epidemic profiles by region, prevalence seems to be steady in the Northern region of the country with the addition of Inhambane Province at 9%; the Central region with a rate of 18%, whereas the Southern region, including Zambézia province, show an increasing rate of prevalence currently amounting to 21%.

Progress levels have been recorded over the last few years in the areas of prevention, care and treatment. A number of actions are taking place in the preventive area, with a focus on HIV counselling and testing to reach as many people as possible. The expansion of counselling and testing in terms of health, either in a clinical context or within the communities has resulted in an increase in the number of tested people from, 222.775 in 2005, to 401.303 in 2006 and 519.638 in 2007. Furthermore 257.719 people were tested in the first half of 2008, of which 24.7% were positive out of which 57% were female.

Antiretroviral treatment has been increasing in terms of the number of health centres offering it and the number of patients under treatment, including children under 15. By 30th June, 2008, there were 215 health centres offering ARV treatment across the country. The number of patients under ARV treatment was 82.211 in 2007. By 30th June 2008 this number had increased to 108.536 of which 7,551 were children under 15. Women account for 62% of patients under ARV treatment.

With regard to the transmission of HIV from Mother-to-child, Mozambique has been experiencing a significant increase in health centre units with integrated services for Vertical Transmission Prevention (PTV). In the period between December 2007 and May 2008 there has been an increase from 286 to 504 in services offered in terms of PTV. Besides HIV testing of pregnant women, antiretroviral treatment of the newly born is also provided. By May 2008 374.764 pregnant women were attended of which 239.292 were counselled, 179.898 tested of which 27.291 were reported HIV positive. In terms of percentages, these figures work out to 63%, 48% and 7.3% respectively.

The number of pregnant women that received ARV prophylaxis was 20.023, which represents 13% of HIV positive pregnant women on 2008 estimates for 2008. Some 2.425 pregnant women received ARV treatment and about 9.414 newly born children had their ARV prophylaxis.

In this same period, a total of 1.134 children were tested at 18 months, of which 267 were reported HIV positive which represents a rate of 23% closely related to the rate of transmission at the early HIV diagnostic stage.

Distribution of condoms has progressed according to plan with the disposal of 68.798.000 condoms distributed during 2007 a 58% increase compared to 2006. (43.154.342 condoms). Regarding the female condom, guidelines for its use are currently being elaborated .

## 2. MAIN CHALLENGES

- **Quality Services:** Ensure adequate balance between the urgency of expansion and the need to ensure security and quality of intervention
- **Monitoring and Evaluation:** Ensure timely and quality information bearing in mind that this is one of the biggest challenges in this area, through a Unitary/Coordinated System of Monitoring and Evaluation with national coverage and ensuring the integrated monitoring and evaluation of plans and budgets.

- **Service Integration:** Integration and expansion of testing and counselling at health centre level; Ensure improvements to the quality of different HIV and AIDS services and programmes, regarding diagnosis, treatment through antiretroviral therapy and prevention of mother-to-child transmission whilst also integrating other essential services in this treatment, especially TB and home-based care, and the care of orphans and vulnerable children.
- **Human Resources:** Ensure higher absorption and quality of human resources in all sectors and at all levels, making sure that enough personnel are able to manage treatment, care, develop training programmes and encourage the community;
- **Prevention:** Ensure increases in knowledge on HIV and AIDS transmission and prevention, with particular focus on youngsters and the age groups vulnerable to new infections. Development of a study with the objectives of understanding more profoundly the major risk groups in terms of new infections – National Inquiry on Acquired Immunodeficiency Syndrome (INSIDA).
- **People at high risk:** Within the high risk group are included frequent travellers, sex workers and their clients, drug users, and men and women with multiple sexual partners.
- **Government Funds:** Ensure resource allocation mechanism based on the actual financial needs.

### 3. SUPPORTIVE ENVIRONMENT

The National Council for the Fight Against AIDS (CNCS), created in 2002, is a multi-sector institution with the objective of leading and coordinating the national response to HIV/AIDS. Presently, there is an on-going process of implementation of the second National HIV/AIDS Strategic Plan (PEN II) covering the period 2005-2009, with evaluation due in 2009 followed by development of PEN III.

HIV/AIDS is treated at Government level as a cross-cutting issue, i.e. all Ministries have plans for facing the pandemic and an analysis regarding the development of an HIV/AIDS strategy within public services is taking place.

### 4. MONITORING AND EVALUATION ENVIRONMENT

Elements of Monitoring Environment	Assessment		
Data Collection capacity	Strong	<b>Average</b>	Weak
Quality of Information from recent surveys	Strong	<b>Average</b>	Weak
Capacity of statistical follow-up	Strong	<b>Average</b>	Weak
Capacity of Statistical analysis	Strong	<b>Average</b>	Weak
Capacity for integrating statistical analysis into policies, plans and resource allocation mechanisms	Strong	<b>Average</b>	Weak
Monitoring and Evaluation mechanisms	Strong	<b>Average</b>	Weak

**MALARIA AND OTHER DISEASES**

Target 6.C: Malaria incidence inversion started and detained by 2016

Key Indicators

6.6 Malaria related incidence and fatality rates

6.7 Proportion of children under 5 years sleeping in treated mosquito nets

6.8 Proportion of children under 5 years with fever not treated by proper malaria drugs

6.9 TB related prevalence and fatality rates

6.10 Proportion of TB cases detected and killed in the ambit of DOTS (internationally recommended TB control strategy)

Remarks: the indicators 6.7, 6.8 are not applicable/collectable

**Quick evaluation**

Will the target be achieved?

 Likely **Potentially** Unlikely No Details

Situation of climate support

 Strong Average **Weak but improving** Weak

**Situation in numbers**

Indicator / Year	2003	2008	2015
Malaria related prevalence and Lethality rate	7.0a)	n/a	3.5
Rate of Malaria incidence in children under 5 years old (per 10.000)	55 d)	44e)	n/a
Proportion of people using effective prevention measures			
a) Intra-domicile Spraying (PIDOM)	15 b)	35 c)	60
b) Mosquito nets	8.7 b)	15 c)	80
TB related prevalence and fatality rates	11.0	n/a	6.0
TB related prevalence and lethality rates (in figures)	636.129	624.117	14.918
	b)	c)	
Proportion of healed cases	82 b)	82 c)	85
Proportion of TB cases detected in the ambit of DOTS	77	47 c)	80

a) 2001 records. b) 2006 records. c) 2007 records. d) 2005 records. e) PARPAI I(2009) target.

## 1. INVERT THE BURDEN OF MALARIA AND OTHER DISEASES: STATUS AND TRENDS

Malaria is still an enormous public health problem in Mozambique. Although records show a reduction in the malaria lethality rate in the last few years, this disease is still considered one of the main morbidity-mortality causes. The rate of prevalence in children under five varies between 35% and 60%, of which more than 80% suffer from anaemia, one of the main complications of malaria. During pregnancy, malaria is also a high risk factor. It is one of the main causes of prematurity and/or underweight birth, nearly 35% of pregnant women are paralysed and more than 60% have associated anaemia. The malaria burden is large; nearly 45% of the all cases observed in external consultations and approximately 56% of internments in paediatric wards are caused by malaria. Despite a downward tendency, the rate of mortality by malaria is still very high. Malaria contributes to nearly 26% of hospital deaths.

The main interventions that have contributed to a reduction of this disease in Mozambique were intra-domicile spraying, individual protection through distribution of mosquito nets treated with long life insecticides, quick diagnosis and adequate treatment of the cases, the presumptive intermittent treatment (TIP) of pregnant women, the awareness given through communities prevention strategies and behaviour change in relation to medical care demands.

The other severe problem in terms of public health in Mozambique is **Tuberculosis**, for which the target is to reduce cases from 298 to 149 cases per 100,000 inhabitants by the end of 2015, and to reduce the mortality rate from 36 to 18 deaths per 100.000 inhabitants in the period 1990 and 2015.

Programme indicators reveal that 49% of cases are diagnosed and 82% are healed in Mozambique. Whereas the recovery rate is very close to the established target, the detection rate is still a problem. However, some progress has been achieved in recent years with the expansion of the DOTS strategy showing 89.9% actual coverage within health centres. On the other hand, this strategy is in a stage of expansion in the communities as a means to cover the population living in more remote rural areas.

The impact of different actions has resulted in a reduction from 636 cases per 100.000 inhabitants in 2006 to 624 cases per 100.000 inhabitants in 2008. Mortality has also suffered a decrease from 129 deaths per 100.000 inhabitants in 2006 to 117 in 2008. Despite this progress, Tuberculosis (TB) still continues to show a serious health problem in Mozambique and its prevalence in recent years is a result of its

association with the HIV/AIDS pandemic, which is one of the constraints, because nearly half (50%) of patients with TB are HIV positive. Therefore, testing and counselling for all patients with TB was introduced in 2006 and presently 78% of patients with TB are counselled and tested for HIV. TB screening to HIV + people is an area still requiring special attention.

## 2. MAIN CHALLENGES

The main interventions for the prevention of malaria, namely intra-domicile spraying and the mosquito nets treated with long life insecticide, have a huge impact when coverage is high. However, presently the coverage for intra-domicile spraying is about 35% and less than 15% for mosquito nets. The major challenge is to achieve a universal coverage ensuring distribution of mosquito nets to vulnerable people, not only the targeted group, in order to obtain the desired impact and thereby achieve the established targets.

Improved knowledge of prevention of malaria during pregnancy, an increase coverage of presumptive and intermittent treatment of the pregnant woman, at primary health centre units, and an expansion of interventions to rural communities are clear priorities .

Other challenges relate to access to quick diagnosis and adequate treatment for rural communities. It is essential to have the expansion of diagnosis and treatment of malaria in the community and with the participation of community health agents.

In relation to TB, the detection of cases represents a big challenge that needs to be addressed through continuous expansion of the Direct Observation Treatment Strategy (DOTS) to the community, a better diagnostic capacity through increasing reinforcement of the laboratory network and also a better implementation of interventions to deal with TB/HIV co-infections at all levels.

## 3. SUPPORTIVE ENVIRONMENT

MISAU has declared Malaria as a national emergency and consequently a top priority in terms of the control of the disease. The new National Strategic Plan for Malaria (2009-2013) comprises the following main strategies: (i) community involvement and participation for the expansion of activities on malaria control and prevention, (ii) strengthening of health systems, (iii) sanitary education and environment sanitation campaigns. Several partnerships are involved in the implementation of control and prevention activities supported by a single national plan.

In July 2007, the national TB control programme finalized a New National Strategic Plan for TB control designed for the period 2008-2012, which takes into account the magnitude of the TB problem and TB associated to HIV/AIDS nationwide. The plan outlines its objectives in terms of equitable access to improved TB care and services, in the context of the DOTS Strategy dealing with the expansion of TB/HIV activities and TB/MR control activities, with special focus on the more vulnerable groups, as well as reinforcing and expanding the laboratory network.

#### 4. PRIORITIES FOR DEVELOPMENT ASSISTANCE

- Elaboration of a plan for the quick expansion of preventive intervention and control of malaria nationwide;
- Elaboration of a single plan on monitoring and evaluation

#### 5. MONITORING AND EVALUATION ENVIRONMENT

Elements of Monitoring Environment		Assessment	
Data Collection capacity	Strong	<b>Average</b>	Weak
Quality of Information from recent surveys	<b>Strong</b>	Average	Weak
Capacity of statistical follow-up	Strong	<b>Average</b>	Weak
Capacity of Statistical analysis	Strong	<b>Average</b>	Weak
Capacity for integrating statistical analysis into policies, plans and resource allocation mechanisms	Strong	<b>Average</b>	Weak
Monitoring and Evaluation mechanisms	Strong	<b>Average</b>	Weak

## GOAL 7 – ENSURE ENVIRONMENTAL SUSTAINABILITY

### ENSURE ENVIRONMENTAL SUSTAINABILITY

**Target 7. A: Integrate the principles of sustainable development in the policies and programmes and invert the loss of environment resources**

**Target 7. B: Reduce biodiversity and achieve a significant level by 2010**

*Key Indicators:*

7.1 Proportion of land covered with forest

7.2 Emission of carbon dioxide per capita and CFCs consumption

7.3 Consumption of substances responsible for destroying ozone (ton. of ODP)

7.4 Proportion of fishery within acceptable limits of biodiversity loss

7.5 Proportion of used water fountains

7.6 Proportion of protected land and maritime areas

7.7 Proportion of species under threat of extinction

**Target 7.C: Reduce by half the proportion of people without sustainable access to potable water and sanitation by 2015.**

*Key Indicators:*

7.8 Proportion of people with sustainable access to improved water fountain in both rural and urban areas

7.9 Proportion of people with access to improved sanitation in both urban and rural areas

**Target 1 7.D: Achievement of a significant improve on life patterns of people dwelling in degraded townships.**

*Key Indicator:*

7.10 Proportion of households with access to security in terms of house possession<sup>31</sup>

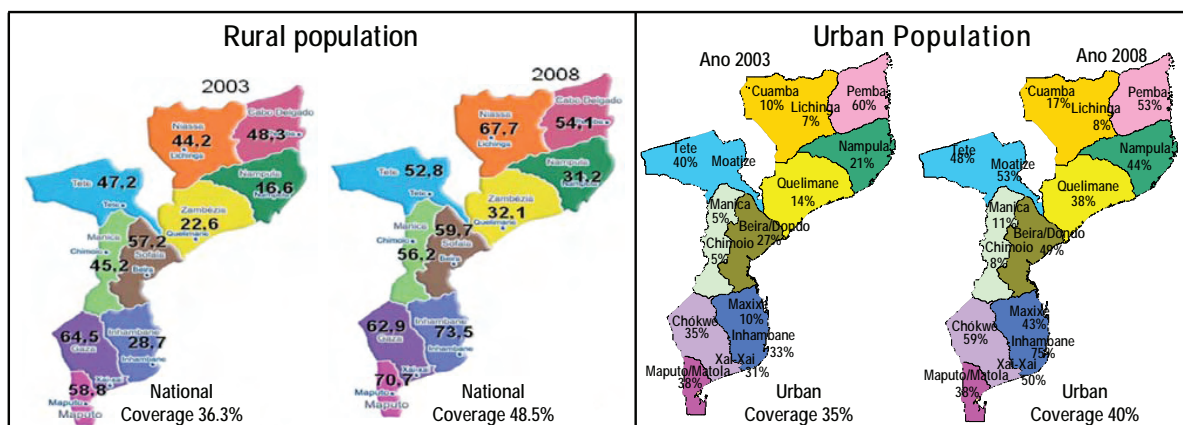
*Remarks: Indicators 7.6, 7.7, 7.10 are not applicable/collectable*

Quick evaluation	Situation in numbers			
<b>Will the target be achieved?</b>	<b>Indicator / Year</b>	<b>2003</b>	<b>2008</b>	<b>2015</b>
Likely Potentially <b>Unlikely</b> No Details	Proportion of land covered by forest	21 <sup>a)</sup>	51 <sup>c)</sup>	n/a
	Ratio protected areas per surface area	12.6		n/a
	Use of power (equivalent to kg in fuel)	2.8 Kw b)		n/a
	USD per capita			
	Emissions of Carbon Dioxide per capita	n/a		n/a
	Consumption of substances responsible for destroying the ozone layer (ton. ODs)			
	Chlorofluorcarbonets (CFs)			
	Methyl Bromet	9.9a)	2.9c)	
	Hydrochlorofluorcarbonets (HCFs)	8.4 <sup>a)</sup>	0.4c)	
		0.5 <sup>a)</sup>	2.05c)	
	Proportion of people using solid fuel	≥ 80.0		n/a
	Proportion of people with access to improved water fountain, of which:			
	Total	35.7		70.0
	Rural (%)	26.4	48.5	
	Urban (%)	57.7	40.0	
	Proportion of people with access to improved water sanitation, of which: Total			
	Rural (%)	44.8		60.0
	Urban (%)	39.0	39.0	50.0
		47.3	47.3	80.0

a) 2000 records. b) 2001 records. c) 2007 records

<sup>31</sup> The actual proportion of people living in suburban areas is measured through a sample represented by urban population living in households with one of the following characteristics: (a) Poor access to improved water (b) Poor access to improved sanitation; (c) overlapping (3 or more people per room); and (d) dwelling in precarious building.

Population with Access to an Improved Water Source (%)



Source: MOPH/DNA



1. ENSURE ENVIRONMENTAL SUSTAINABILITY: STATUS AND TRENDS

The adoption of the Environment Strategy for the Sustainable Development of Mozambique (EADS-Moc) in 2007, the Action Plan for Climate Change Adaptation and Control and the Fight against Soil Erosion and Forest Fire, as well as the conclusion of the National Forest Inventory, the establishment of an Environment Unit and the drawing up of a Strategy for Environment Management within the Power Sector and the integration of an Environment Component in the activity plans of other government departments, such Agriculture, Public Works and Housing, Health, Tourism, Fishing, Energy and Industry amongst others, are all important interventions for the realisation of integrated goals for sustainable development principles, within programmes and policies, and for the reversal of the loss of natural resources and reductions in biodiversity.



In this context, attention should be drawn to the adoption of the Strategic Plan on Rural Sanitation and Water, the National Strategy for Water Resource Management, the Law and Policy on Water, the National Information Strategy for Water and Sanitation National as well as the drawing up of a Strategic Plan on Urban Sanitation and Water, which is in course.

According to the 2005/2007 National Forest Inventory, the proportion of land covered by forest amounts to 51%.

With regard to the consumption of substances responsible for destruction of the ozone layer, existing details show a gradual reduction on Chlorofluorocarbons (CFCs) from 9.9 (2000) to 2.7 (2007), Methyl Bromide from 8.4 (2000) to 0.4 (2007) and a trend for the increasing consumption of Hydrochlorofluorocarbons (HCFCs) from 0.5 in 2000 to 2.05 in 2007 (Source: MICOA).

In the context of the expansion of sustainable access to drinking water (with a target of 70% for 2015), 6,090 diverse water points have been constructed and rehabilitated in the rural areas, benefiting nearly 3,045,000 people, 42 small systems for water supply benefiting 102,545 people, and 17,370 diverse water points of which 13,793 are operational and serving 7,585,559 people and corresponding to a coverage rate of 48.5%, 15,959 new domestic connections were established in urban areas and 326 water fountains rehabilitated serving 2,198,146 people, representing a 40% rate of coverage of the urban population. Estimates point to coverage rates of 60% by 2009 and 73% in 2010. This tendency is hopeful for the achievement of the target of increasing by half the total number of people with access to clean drinking water.

Regarding access to basic sanitation: in rural area (50% target by 2015) nearly 25,638 improved pit latrines have been built representing a 39% coverage rate; in urban areas (80% target by 2015) rehabilitation of sanitation systems have been taking place through various activities, namely: sewage, septic drainage and running water systems; in the city outskirts 26,429 improved pit latrines were built followed by education programmes in hygiene and institutional capacity building in four Municipalities. The rate of coverage for urban sanitation is now 47.3%.

The adoption of Policies and the Land Use Planning Law (LOT) in 2007 and the subsequent regulations in 2008 as well as the integration of a special component in the District Development Plans of 40 Districts expected to be completed by 2009, gives an encouraging outlook for the situation and some optimism with regard to a reduction in number of people living in poor conditions in human settlements.

## 2. MAIN CHALLENGES

Challenges include the implementation of the Land Use Planning Law, which started in the first semester of 2008, the implementation of the action plan for controlling forest fires and soil erosion and adaptation to climate changes, the continued prevention of environmental degradation and the strengthening of the institutional boards to deal with environment management in the energy sector amongst others.

As part of the set of reforms, project implementation guideline manuals were drawn up under the Rural Water and Sanitation project (MIPAR) which are important tools in the decentralization process designed for guiding the implementation of actions to ensure access to water and rural sanitation.

### 3. SUPPORTING ENVIRONMENT

The direct contribution to environment management through the state budget has witnessed significant increments for both the Ministry for the Coordination of Environmental Action (MICOA) and the Ministry of Public Works and Housing (MOPH) at different levels, as well as the environmental component of other Government Departments. With reference to Cooperation Partners (in the sector of water based on pragmatic approach), this MDG target has benefited from increasing support from bi-lateral and multi-lateral partners although it is important to mention that the achievement of the millennium goals in relation to improving the living conditions in human settlements will require additional effort and support.

The decentralisation of the State Budget to provinces and districts has also ensured that the districts take responsibility for sustainable environmental management as well as the construction and maintenance of water points to promote sustainability in the coverage of water and basic sanitation.

### 4. PRIORITIES FOR DEVELOPMENT ASSISTANCE

The priorities for development aid comprise support for the implementation of EADS-Moç. in all aspects, institutional and financial support for coordination at all levels, and to other agencies involved in implementation of specific cross-cutting programmes such as controlling soil erosion, wild fires, environmental dissemination, licensing and environmental inspection, land use planning as well as the sustainable management and environmental education at all levels.

### 5. MONITORING AND EVALUATION ENVIRONMENT

Elements of Monitoring Environment	Assessment		
Data Collection capacity	Strong	Average	Weak
Quality of Information from recent surveys	Strong	Average	Weak
Capacity of statistical follow-up	Strong	Average	Weak
Capacity of Statistical analysis	Strong	Average	Weak
Capacity for integrating statistical analysis into policies, plans and resource allocation mechanisms	Strong	Average	Weak
Monitoring and Evaluation mechanisms	Strong	Average	Weak



# GOAL 8 – DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

**GLOBAL PARTNERSHIP FOR DEVELOPMENT**

**Target 8.A: Develop even more an open commercial and financial system based on foreseen and non-discriminatory rules.**  
It includes a compromise of good governance development and reduction poverty – both national and international

**Target 8.B: Special needs approach for developing countries**  
It includes access exempted from tariff, quota on exports by developing countries; an improved programme on debt relief designed for the highly indebted poor countries (HIPC) and the cancellation of bilateral official debt and support to development (ODA) more generous to countries engaged with reduction of poverty

**Target 8.C: Deal with the needs of interland in development of small islands, developing countries and the outcomes of the 22nd special Session of the General Assembly in a especial way.**

**Target 8.D: Deal with problems of death to do with developing countries through national and international measures in order to make the debt sustainable in a long run.**  
*Some key indicators listed below are monitored separately with respect to developing countries (LDC), Africa, the Interland Developing Countries and small Developing Islands.*

**Aid to Development (ODA)**  
 8.1 Net ODA received as poercentage GDP  
 8.2 Proportion of aid to development in relation to basic social services (basic education, primary health care, nutrition, potable water and sanitation)  
 8.3 Proportion of bilateral and non entailed aid to development  
 8.4 Aid to development received in developing countries of the interland as a portion of their GDP  
 8.5 Aid received from small islands – states in development as portion of their GDP

**Access to markets**  
 8.6 Proportion of aid to development received by deveped countries (for value excluding weapons) to developing countries exempted from customs duty  
 8.7 Average rates imposed by developed countries on agricultural products, clothing and textiles of developing countries  
 8.8 estimation of agricultural support to all OCDE countries as percentage of their GDP  
 8.9 Proportion of aid to increase the commercial capacity

**Sustainability of debts**  
 8.10 Number of countries that rfeached their targets of debt relief HIPC  
 8.11 Compromise towards debt relief in the ambit of HIPC and MDRI initiatives  
 8.12 Debt Services as percentage of exports on goods and services

**Target 8.E: In cooperation with pharmaceuticalk companies, provide access to essential medicine at affordable price in developing countries**  
**Key Indicators:**  
 8.13 Proportion of people with access to essential medicine at affordable price on a sustainable basis

Quick evaluation	Situation in numbers			
<b>Will the target be achieved?</b> Likely <b>Potentially</b> Unlikely No Details	<b>Indicator / Year</b>	<b>2003</b>	<b>2008</b>	<b>2015</b>
<b>Situation of support climate</b> Strong <b>Average</b> Weak but improving Weak	Net aid to development received as percentage GDP	25.2	13,8 b)	n/a
	Debt relief undertaken under provisions of HIPC (\$ Million) initiative	4.300		n/a
	Debt service (% exports of goods ad services)	3.9	1,97 b)	n/a

a) 2005 records b) 2007 records



## 1. ESTABLISH A GLOBAL PARTNERSHIP FOR DEVELOPMENT: STATUS AND TRENDS

**External Aid:** Mozambique continues to be one of the countries dependent on external aid. This support made a 50% contribution to the State Budget over the last 10 years, but the actual dependence on support as a percentage GDP has reduced by 13.7% over the last 2 years. The Government has managed to achieve important improvements through better revenue collection, the introduction of better Public Finance Management and the subsequent implementation of an integrated system of Public Finance Management (e-SISTAFE), and action taken against corruption, despite the fact that the resources generated by the Government to finance the MDGs in the medium term continue to be insufficient to the order of approximately \$750 million per year. Data shows an increase in the total support to development of about 6% from 2005 to 2006, and 9% from 2006 to 2007. Notwithstanding the existing constraints, it is still difficult to obtain exact details on proportion of total support to development addressed to basic services.

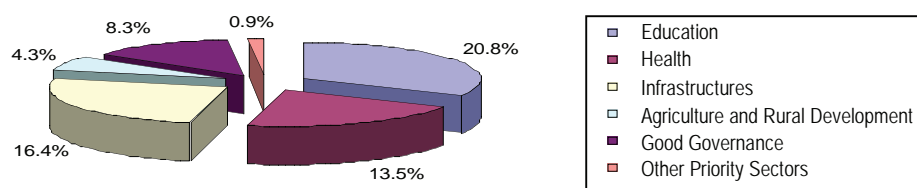
PARPA defines a target of 65% of annual expenditure from the State Budget allocated to the agricultural sector, rural development infrastructures (Roads, Water and Sanitation), governance and other priority sectors, and more specifically, a target of 50% of state expenditure allocated to the health and education sectors. In this context, the investment and recurrent budgets for the priority sectors, in the context of PARPA and the MDGs for 2005, 2006 and 2007, amounted to 27,431, 30,353 and 41,011 million Meticaís respectively which represents 68%, 65% and 62% of the total budgeted resources for each year excluding debt charges.

Budget allocation of resources to priority sectors under PARPA (including the MDGs) has been experiencing a tendency to increase averaging 64.2% of the aggregate budgeting expenditure within the three years 2005-2007 (excluding debt charges). In terms of annual budget amounts, the expenditure actually dispursed ranges between 24,081, 28,078 and 34,188 million meticaís respectively, which represents 67.5%, 64.6% and 61.7% of the estimated aggregate annual expenditure (excluding debt charges).

Over the same period the proportion of expenditure allocated to education (20.8%), health (13.5%), infrastructure (16.4%) totaling 50.7%, exceed the target for the MDG and indicates the Government's commitment to these 3 vital areas in terms of poverty reduction. However:

- Of the total amount of 24,081 million meticaís allocated to the three priority sectors in PARPA for 2005, they actually absorbed 18,891 million meticaís, or 78%;
- In 2006, of the total amount of 28,078 million meticaís allocated to the 3 PARPA priority sectors, 22,143 million meticaís, was absorbed which represents 79%; and
- In 2007, of the total amount of 34,188 million meticaís allocated to the PARPA priority sectors, 27,181 million meticaís, was absorbed which represents 80%;

### Expenditure Distribution through PARPA priority sectors



Source: General State Budget (2005-2007)

Over the years, a significant increase on resource allocation has been benefiting the three vital sectors to help improve the main indicators of social welfare and eradication of absolute poverty in the context of the MDGs.

Within the priority sectors, during the period 2005-2007, 20.8% of resources were allocated to education, with the highest percentage of expenditure in the area of General Education (18,3%), with 2,5% allocated to University level, revealing the Government's commitment to the combat of illiteracy and upgrading basic education. The health sector received 13.5% of resources of which 12.5% were allocated to maternal and child health, with 1% allocated to programmes for the prevention and fight against HIV/AIDS; and 16.4% to the sector of infrastructures of which 10.9% were for Roads, 3.4% for Water and 1.3% for Energy and Mineral resources and 0.8% for Public Works.

**Trade:** Taking into account the objective of stimulating economic activity in Mozambique, the Government has been creating and improving the regulatory instruments for business activities with a focus on: Agricultural Trade Strategies 2006-2009; Law and Competition Policy<sup>32</sup> (to be published); Competition Law (in process for adoption); Regulation on Commercial Activity and Licencing<sup>33</sup> and the decentralization and simplification of procedures and a simplified licencing for some economic activities namely: agriculture, commerce and service delivery, construction, industry, transport and communication, tourism and sports, recently approved<sup>34</sup>.

Thanks to the implementation of these instruments and the business friendly environment created by Government, the commercial network, agriculture trading and exports have significantly increased over the last few years.

**Price control:** The price of products and basic consumption goods are being liberalised which means the Government does not place a ceiling on prices. In order to monitor prices the Ministry of Industry and Commerce (MIC) has created an information system, Commercial Information for Markets (INFOCOM), based on 23 major basic products.

With the world crisis of foodstuffs, prices have started to increase from the middle of 2007 with a focus on the beginning December lasting for the whole period until the first semester of 2008

**International prices:** The Ministry of Industry and Commerce (MIC) has access to international sources such as the South African Futures Exchange (Safex), FAO, The Public Ledger, and the Wheat Association from the USA. These sources release international prices on the import of cereals as well market prices.

<sup>32</sup> Approved 24 July 2007

<sup>33</sup> Decree N° 49/04 17 November 2004

<sup>34</sup> Decree N°2/2008 12 March 2008

The prices of wheat, rice, and cooking oil are having a negative impact internally. Due to the new harvest, the prices of cereals (wheat, rice and maize) has had, since July, a steady tendency to drop on the international market.

**Exchange rates:** the period up to 1986 experienced an over-valuation of the exchange rate with the value of the USD on the black market 40 times above the official exchange rate. After successive periods of gradual devaluation of the Metical since 1987, the currency started following the market price from mid 1993. By the end of 1996, the difference between the official rate and the black market rate dropped to lower than 5.0%. In the period 2003 to 2006, the metical exchange rate has depreciated 2.0% average..

**Debt management:** On the basis of its good economic performance, Mozambique has benefitted from successive rounds of debt relief and increasing financial support. In the context of MDRI, Mozambique benefited from additional debt relief once it completed the conclusion point. Consequently, the International Monetary Fund (FMI) approved the cancellation of 154 million USD (100%) of debt contracted and disbursed up to the 31st December, 2004. The World Bank provided debt relief amounting 1.3 billion USD in respect to debt contracted and disbursed up to 31st December 2003 which included the Heavily Indebted Poor Countries Debt Initiative. (HIPC).

Relating to the African Fund for Development (FAD), an amount of about \$500 million was written off, equivalent to the debt contracted and disbursed up 31st December 2004. So, the stock of debt has decreased from 4.6 billion USD in 2005 to 3.3 billion USD in 2006/7, which means an annual average debt service amounting \$50 million.

The multi-lateral creditors who took part included the World Bank (IDA) the International Monetary Fund (FMI), the African Development Bank (BAD), the Arab Development Bank for Africa (BADEA), the International Fund for Development of Agriculture (FIDA), Nordic Fund for Development (NDF), the OPEC Trust Fund and the European Bank of Investments (BEI). Bilateral creditors include the members of the Paris Club: the USA, the UK, Austria, Germany, Italy, France, Russia, Spain, Sweden, Brazil and Portugal. Japan has just announced the intention to cancel 100% cancellation of Mozambique debt on the signature of the relevant agreement. Bilateral creditors who are not members of the Paris Club include Kuwait, China, Romania and Hungary; Commercial creditors include China and Operation Buy Back (Brazil, India, ex-Yugoslavia and the Czech Republic). Creditors with whom Mozambique has not yet obtained debt relief include: Poland, Bulgaria, India, Yugoslavia, Angola, Algeria, and Libya.

In respect to the debt service as percentage of the export of goods and services, Mozambique has been maintaining a sustainable level for the last few years. For example, the ratio in 2007 amounted to 1.97%, a figure well below the sustainability limit, which is 20% according to the Table below:

#### External Debt

Description	2005	2006	2007
Debt Service (in million USD)	51,6	61,8	47,6
Export Goods and Services Exportação Bens e Serviços (in million USD)	1.745,30	2.381,10	2.412,10
Debt services/Export Goods and Srvices %	2,96	2,60	1,97

Source: Ministry of Finance (MF)

Concerning internal debt which normally comprises public debts, this has been playing an important role not only in financing the deficit in the State Budget but also in terms of the promotion of public savings maintaining macroeconomic equilibrium and subsequently stimulating the functioning of the financial markets in general and the capital market in particular.

The internal debt was Mt.8.042 million on the 31st December 2007, of which 4.850 represented treasury bills (BT's) and the remainder other internal debt categories. It's worth noting that the State did not issue Treasury Bills (PB's) in 2007 which is represented as zero balance in the table below:

#### Internal Debt stock

Description	2005	2006	2007
Total Debt Stock (in million USD)	7.983	6.932	8.042
Bonds	5.433	5.196	4.850
Treasury Bills	2.300	0	0
Others	250	1.736	3.192

Source: Ministry of Finance (MF)

**International Trade and Regional Integration:** Mozambique continues to consider international trade an important tool for the reduction of absolute poverty. In this context, the main indicator is the on-going regional integration process in the Southern Africa Development Community (SADC) that is now underway through the implementation of a free trade zone (FTZ) which came into effect in January 2008<sup>35</sup>. This has required the disseminating information all over the country relating to the benefits of this exercise in terms of objectives and a survey of the constraints faced by economic agents in taking appropriate actions. Parallel to the implementation of FTZ, a Customs Union process is being prepared for 2010 with terms of reference already approved for working groups which will prepare recommendations on the best approach to the union of customs services as well as the completion of a road map. The working groups comprise the following areas: common external tariffs, legal and institutional matters; collection, sharing and mechanisms for the distribution of revenues including policy harmonization and compensation fund. Bilateral commercial relations with neighbouring countries have equally been established and reinforced, particularly the signature of a commercial agreement with Malawi and the publication of a commercial agreement with Zimbabwe.

In the context of multilateral system of commerce, Mozambique holds a seat in the World Trade Organization (OMC) and, as a result, has been granted access to a set of mechanisms offering access to markets of developed countries notably the Everything But Arms Initiative (EBA), the Africa Growth and Opportunity Act (AGOA) and the generalized system of preferences offered by countries like China, Canada and Japan. In this context, Mozambique collected benefits from these opportunities, although not entirely due to supply constraints faced by the country. The challenges in this context require ensuring the development of national capacity to produce exportable goods that permits Mozambique to take advantage of the growth opportunities that are associated with these mechanisms for market access.

<sup>35</sup> Whose launching took place 17 August 2008, during the SADC Heads of States and Government Summit in Sandton, RSA.

The process of the integration of international trade in PARPA II, supported by an integrated framework, emphasizes the need for accelerating and removing administrative barriers and the strengthening of national capacity for the formulation and implementation of international trade policies.

Opening of trade will stimulate the whole economy: increasing revenue of exporting countries and providing to the consumers of importing countries a wider choice of goods and services at their disposal with lower prices as a result of a more competitive environment. Furthermore, Mozambique can produce and export goods and services for which it holds a comparative advantage. Integration can stimulate economic growth despite also having some negative effects. Member countries will have access to bigger and more open markets implying greater competition between both companies and countries. Putting economies at different levels of development in competition may allow, if not duly controlled, an increase in the gap between the more advanced countries and the poorer countries in the region possibly marginalizing some economies. On the other hand, customs duties apart from being a tool of commercial and industrial policy will be a source of revenue for public expenditures.

Investment flows<sup>36</sup> have an influence in creating a propitious environment for regional integration once they take advantage of the opportunities that exist in Mozambique and moreover to strengthen the capacity and capitalization of small and medium enterprises supplying goods and services to established businesses.

Since the implementation of the SADC commercial Protocol, new economic enterprises have been registered in Mozambique with capital flows coming from all over the region seeking opportunities, for example: the acquisition of existing companies; the concession for the Port of Maputo, and the establishment of big department stores (for example, Shoprite, Game, and Mica).

**Target 8.F: In cooperation with the private sector, make available the benefits from the new technologies, particularly information and communications**

*Key Indicators:*

- 8.14 Land line contracts per 100 people
- 8.15 Mobile cellphones assignments per 100 people
- 8.16 Internet users per 100 people

Quick evaluation	Situation in numbers	2003	2008	2015
<b>Will the target be achieved?</b>	Land lines telephone per 1.000 people	4.6	n/a	n/a
Likely <b>Average</b> Unlikely No Details	Mobile Cell phones assignments per 100 people	14.0	n/d	n/d
<b>Situation of support climate</b>	Personal computers in use per 1.000 people	4.5	n/d	n/a
Strong <b>Average</b> Weak but improving Weak	Internet users per 1.000 people	2.8	n/d	n/a

**Information and Communication Technology (ICT's):** The use of ICT's has experienced a significant growth when compared to the assessment made in the 2005 report. The use of cell phones in urban and suburban and rural areas or wherever the signal is found available, has allowed the rapid expansion of ICT's improving the rate of phone penetration in the last few years. Records show that total cell phone subscriptions have grown an average of 77.76% in the period between 2000 and 2006. In terms of the number of subscriptions to land line telephones registered, in the same period, a growth of 858.490 subscriptions per year . Between 2005 and 2006, subscriptions have grown 53%. Regarding internet use, the number of users has grown on average by 96.720 per year but has registered a flattening out between 2005 and 2006, with no growth compared to the period 2004 to 2005, when there was growth of 29%.

<sup>37</sup> Note that these have little connection with market opportunities that the commercial protocol has been creating.



In terms of the coverage of ICT services by province, Maputo City has 100% coverage followed by Maputo Province with 37.5%, Nampula 23.8%, Inhambane 21.1% and Manica 20%, the provinces with the lowest coverage are Sofala and Tete, with 8%. The remaining provinces together have 13% to 18% coverage. Regarding voice mail services, which include land line telephone and mobile cell phone, Maputo City, Zambézia and Cabo Delgado have 100% coverage, followed by Nampula, with 90.5% coverage and the remaining other provinces range between, 43.8-87.5%. Finally, the mobile cell phone coverage in Maputo Province and Maputo City is 100% followed by Inhambane, with 78.65 and the remaining Provinces ranging between 18.8-61.9%.

Amongst a number of improvements, special attention should be given to the elaboration and approval of the Electronic Government Strategy, the Development of the Mozambique Government Portal, where monthly visits exceed 2 million, the connection of 128 institutions using the Government's Electronic Network (GovNet-Provincial and Central institutions), the development of the Government's electronic centralised mail system, with more than 3,000 users, the creation of Platform Dzowo with a database and interaction with Mozambican researchers and their international partners, the establishment of the State Financial Administration System (e-SISTAFE) by the Ministry of Finance, the System for the Registration of Company Licensing (SISCAL) by the Ministry of Commerce and Industry, the Land Management Information System for the Ministry of Agriculture, the Information and Management System of Information for New Driving Licenses by the Ministry of Transport and Communication, the Management and Information for Criminal Records by the Ministry of Justice, the Electronic System of Register State Agencies and Civil Servants (eCAF) by the Ministry of Public Services, the development of the Unique Citizen Identification (NUIT), development of the NortNet Project for interlinking with the Internet Network, Institution of Investigation within higher education, the elaboration and approval of the Telecommunications Policy and the Electronic Transactions Law, the modernization of Telecommunication Infrastructures through the use of fibre-optics, the development of the Virtual Sugar Museum, the establishment of 17 community multimedia centres (CMC) amongst other various actions of implementation of the Five-Year Government Programme (PQG).

## 2. MAIN CHALLENGES

- Aid flows are decreasing in real terms and this tendency is expected to continue. In order to face up this decline, a redoubling of efforts to increase the tax base is required in the coming years.
- There is an enormous potential for increasing exports. The main underlying challenges are the creation of favourable business and investment environment which requires, amongst other things, and efficient judicial system. The creation of adequate infrastructures represents another challenge (for example roads and the supply of utilities such as water and electricity). Other challenges include the satisfaction of market trends and commercial policies.
- In the context of debt management: (i) the Government needs to continue to sharpen its focus on measures for maintaining debt sustainability favourable to economic growth, and (ii) elaborate a debt strategy which includes risk analysis limits and indicators of debt sustainability.
- In the context of ICTs challenges include the need to ensure horizontal integration of organizations and their key services, thus whilst ICT'S offer a powerful channel for information and services sustaining economic growth and human capacity building, the Government needs to increase inter-Ministerial, Inter-provincial / District communication and the development of common processes as well as service delivery.

### 3. SUPPORTING ENVIRONMENT

Encouraged by support for Government in the context of Good Governance, development and the reduction of poverty, a group of donors (19 in total known as G19) has agreed via a Memorandum of Understanding (MoU) to support the State Budget and the balance of payments, through periodic disbursements related to Government progress in the implementation of a result orientated matrix of actions and indicators based on the PARPA II. This matrix is known as Performance Assessment Framework (PAF) and it is an Annex to the Social and Economic Plan (PES). Release of funds is linked to a bi-annual joint review process undertaken by Government and Programme Aid partners in March-April, and August-September of every year. The review process involves Government, Civil Society, the bi-lateral partners and agencies of the United Nations. The reviews are based on the Government plans and reports including PARPA II, PES, the PES Evaluation Report (BdPES), the PAF and Report on the execution of the State Budget. The Government presents a report on budget execution and authorized external audits of public financial management. The PAP's for their part undertake to increase the harmonization and alignment of their aid with the Government's planning and budgeting cycles.

In terms of **debt relief**, the World Bank (BM) and the International Monetary Fund (FMI) both implemented a new debt sustainability framework in low income countries in 2005. The framework provides a solid base for integrating debt sustainability in the decisions of the World Bank, the IMF and other Development Partners. The definition of this framework represents an important step forward for debtors and creditors allowing them to share a common vision for risk reduction, an issue of concern in low income countries, whilst facilitating access to financing for the Millennium Development Goals on adequate concessional terms.

In general, the framework shows that the Government and the low income countries are assuming responsibility for maintaining debt sustainability and that these countries are ready to adopt better policies and institutions in order to increase growth, cautiously manage their debt and take measures towards increasing their capacity for quick recovery from external shocks. The new approach to aid that guarantees debt sustainability in low income countries is based on two principles: (i) new credits must take into account capacity to support debt which in turn depends on the capacity to use resources effectively for development and growth and the reduction of vulnerability to shocks, and (ii) with regard to additional resources, apart from capacity to support debt, that if these resources can be used to generate growth and achieve the MDGs, then they should be made available as donations and not loans.

#### 4. PRIORITIES FOR DEVELOPMENT ASSISTANCE

- Improve the effectiveness and transparency of external support, the predictability of disbursements, the better alignment of development assistance with Government priorities, the harmonization and improvement of planning, budgeting and monitoring cycles, budgeting and the monitoring of plans PES (BdPES) and promote mutual accountability in the spirit of the Paris Declaration.
- Ensure that all activities financed by external institution are integrated in the State Budget, in order to allow a better coordination and planning;
- Increase support to the productive sectors of the economy in order to relieve supply constraints (for example, weak productive capacity, poor quality infrastructure, high transport costs, the non-labile supply of utility goods, etc.) that impede commercial competitiveness.
- Ensure the strengthening of capacity for technical analysis and negotiation on issues of regional and international trade.
- Ensure that during bilateral and multilateral discussions and negotiations, total debt relief is obtained
- A need for the development of a system for the procurement, communication and dissemination of technological and scientific knowledge that can absorb the new information and communication technologies linked to the promotion and coordination of the development of services and the creation of infrastructures to ensure the successful implementation of Government reforms and introduction of new services.
- Develop a foodstuffs industry
- Develop and modernize the furniture industry
- Develop the industry for construction materials and tools;
- Develop industries for the collection and recycling of industrial waste
- Develop mechanical engineering, electro-technical and metallurgy industries
- Develop chemical industries
- Consolidation of industrial diversification making use of the potential created through the extraction of natural gas,
- Evaluate the costs and benefits and the economic and social feasibility of promoting the development of mega-projects.
- Effective use of industrial property

#### 5. MONITORING AND EVALUATION ENVIRONMENT

Elements of Monitoring Environment		Assessment	
Data Collection capacity	Strong	<b>Average</b>	Weak
Quality of Information from recent surveys	Strong	<b>Average</b>	Weak
Capacity of statistical follow-up	Strong	Average	<b>Weak</b>
Capacity of Statistical analysis	Strong	Average	<b>Weak</b>
Capacity for integrating statistical analysis into policies, plans and resource allocation mechanisms	Strong	Average	<b>Weak</b>
Monitoring and Evaluation mechanisms	Strong	Average	<b>Weak</b>





