CHILD POVERTY AND DISPARITIES

IN MOZAMBIQUE 2010

Summary Report

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Introduction

Since 2006, the lives of children[1] in Mozambique have been improved by greater access to the services they need: more children are enrolled in school, have access to health facilities and are protected from abuse. These gains have been made in the face of poverty rates that have stagnated since 2002. Mozambique has one of the highest rates of stunted children in the world. Child mortality rates continue to be high and the quality of education remains a significant challenge.

This summary presents some of the key findings of the 2010 *Study on Child Poverty and Disparities in Mozambique.* An update of the 2006 *Childhood Poverty in Mozambique: A Situation and Trends Analysis,* this new Study highlights the situation faced by Mozambique's ten million children, and the barriers that still remain to the full realisation of their rights, drawing on recent data and studies.

Throughout the Study, a special focus is placed on inequality among households, rural areas, central and northern provinces, and the unique challenges faced by girls to show the persistent inequities that underlie the progress that has been made. It is hoped that this Study will inform the policy debate and facilitate programming towards making progress in meeting the Millennium Development Goals and contributing to a happy, healthy and productive generation of Mozambican children.

Child Poverty

Childhood poverty has immediate and long-term effects on children. Chronic undernutrition, for example, which is developed in the period covering pregnancy up to the first two years of life can permanently impact a child's growth, resulting in stunting and reduced mental development. The impact of inter-generational childhood poverty and its cyclical nature is also evidenced by poverty's proven role as a barrier to accessing social services. Poor households have more difficulty accessing good-quality health care, are less likely to have their children in school and are less likely to have access to safe drinking water and sanitation facilities. Poor children have an elevated risk of growing up to become poor adults and in turn, have poor children.

[1] Article 1 of the Convention on the Rights of the Child defines a child as every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier.

Consumption-based poverty

According to the 2008/2009 Household Budget Survey, 55 per cent of Mozambicans are living below the national poverty line of 18.4 Meticais ($US 0.50) per day. Consumption (i.e., what an individual actually consumes in terms of food and non-food items) and incomes increased and poverty fell for a majority of Mozambicans between 1996 and 2002. This period of poverty reduction was followed by stagnation between 2002 and 2008. According to the Ministry of Planning and Development this stagnation was caused primarily by the following factors:

- Very slow growth rates in agricultural productivity, especially with respect to food crops, observed since 2002;
- Weather shocks that impacted the harvest of 2008, particularly in the Central provinces;
- Declining terms of trade due to large increases in international food and fuel prices. Fuel prices, in particular, rose substantially over the period 2002/03 to 2008/09.

Consumption-based poverty is calculated by analysing both food and non-food items and is adjusted for seasonality, but leaves out home produced services and vital public services such as health and education. One limitation of consumption-based measures is that they do not take into account variations in how resources (such as food) are allocated within households. There is evidence that some children in poor households may be discriminated against in the allocation of resources. The poverty line set through this measure represents an extremely basic standard of living.

Mozambican households are characterised by a high level of vulnerability. Shocks such as the loss of an income or crop failure due to droughts or floods can push households below the poverty line. The high level of variability of poverty levels, particularly at a provincial level, underlines this vulnerability. Seasonal fluctuations can also temporarily push households above and below the poverty line.

Deprivations-based poverty

The level of a family's income does not create a full picture of the health and well-being of a child. A child's parents may earn a decent wage but live too far from a school for their child to attend class. Education, along with other essential services like healthcare, sanitation and clean water are all necessary investments for a child to grow up to become a productive adult. Complementing the consumption-based approach with a focus on the deprivations that children experience allows for a multidimensional understanding of poverty. An inherent strength of the deprivations-based approach is its inclusion of the consumption of key public services.

For example, the increased allocation of funds to expand immunisation programmes would have an immediate and direct impact on child poverty under the deprivations-based measure (by demonstrating an increased number of children who had been immunised), but would show the effect more slowly under the consumption-based measure.

Using a deprivations-based approach the proportion of children living in absolute poverty in Mozambique fell from 59 per cent in 2003 to 48 per cent in 2008. Rural children are more likely to experience severe deprivation than their urban counterparts. The proportion of children in rural areas living in absolute poverty decreased significantly, from 72 per cent to 60 per cent, between 2003 and 2008. In 2008, 22 per cent of urban children were poor, versus 30 per cent in 2003.

The indicators used to quantify deprivations-based poverty were originally developed by a team at the University of Bristol, and are often referred to as the Bristol Indicators. The indicators comprise seven measures of severe deprivation: nutrition; safe drinking water; sanitation facilities; health; shelter; education; and information. Children are defined as living in absolute poverty if they face two or more types of severe deprivation.

Significant disparities exist in relation to provincial deprivations-based poverty rates. The proportion of children experiencing two or more severe deprivations was highest in Zambezia province in both 2003 and 2008 (80 and 64 per cent respectively). Maputo City has the lowest levels of absolute child poverty, with only 4 per cent of children experiencing two or more severe deprivations, reflecting a relatively higher level of access to essential services in the capital. Niassa province experienced a large reduction in child poverty levels, from 58 per cent in 2003 to 35 per cent in 2008. Both Maputo City and Niassa province also experienced large reductions in the consumption-based poverty measure between 2002/03 and 2008/09.

Consumption versus deprivations-based poverty

In 2008, poverty levels were significantly lower as measured by the deprivations-based approach, as compared to the consumption-based measure. This is explained by the fact that there were significant improvements in non-monetary poverty measures between 2002 and 2008 but not accompanying improvements in terms of increased consumption. Poverty rates were relatively similar (by both measures) in the centre and the north of the country but diverged sharply in the south. In the case of Maputo City, this is explained by the fact that the consumption-based approach does not directly take into account access to social services such as health, education, water and sanitation, which are likely to be concentrated in urban areas.

By both measures, Zambezia is estimated to have the highest proportion of people living in absolute poverty. Zambezia is allocated considerably less

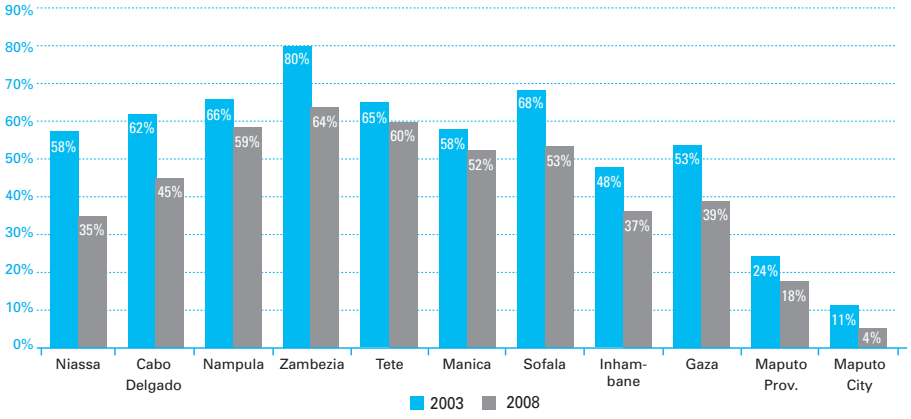
funds per capita than average and is amongst the worst performing provinces in terms of human development indicators. The re-dress of this inequitable allocation of resources should be prioritised by the Government and its development partners.

Table 1: Deprivation in Mozambique, 2008

Deprivation	Proportion of child experiencing severe deprivation
Nutrition	20 per cent of children under five years of age are experiencing severe malnutrition.
Water	39 per cent of children do not have access to safe drinking water within 30 minutes of their home.
Sanitation	43 per cent of children have no access to a toilet of any kind in the vicinity of their home.
Health	12 per cent of children under five years of age are not immunised or have suffered from an Acute Respiratory Infection that was not treated.
Shelter	5 per cent of children live in a house with more than five people per room.
Education	12 per cent of children have never been to school.
Information	40 per cent of children have no access to a radio, television or newspaper at home.

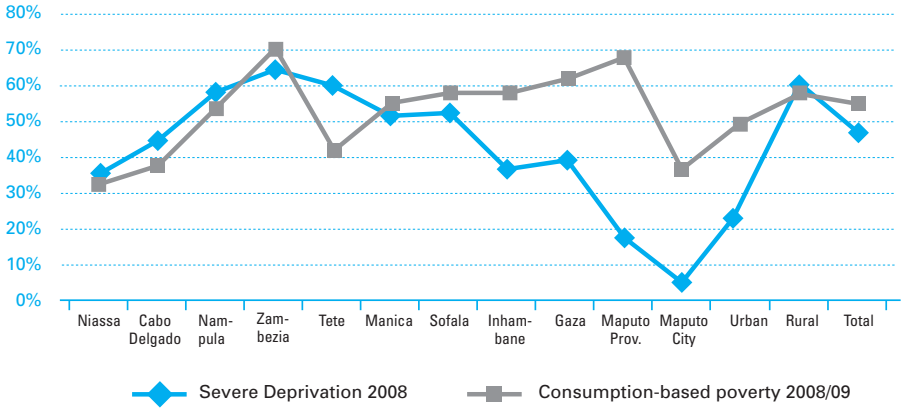
Source: UNICEF, Child poverty in Mozambique: A deprivations-based approach, Ministry of Planning and Development, Maputo, 2009.

Figure 1: Percentage of children experiencing two or more severe deprivations by province, 2003 and 2008



Source: UNICEF, Child poverty in Mozambique: A deprivations-based approach, Ministry of Planning and Development, Maputo, 2009.

Figure 2: Deprivations-based poverty compared to consumption-based poverty, 2008, percentage



Source: UNICEF, Child poverty in Mozambique: A deprivations-based approach, Ministry of Planning and Development, Maputo, 2009 and Ministry of Planning and Development, 'Poverty and wellbeing in Mozambique: Third national poverty assessment, Government of Mozambique, September 2010.

The Development Context

Despite nearly two decades of peace, political stability and strong economic growth, Mozambique remains one of the poorest countries in the world, ranking 165 of 169 countries in terms of the 2010 Human Development Index. Gross Domestic Product (GDP) growth averaged an impressive eight per cent annually during the period 1993–2009 though per capita GDP fell between 2008 and 2009. Economic growth has been accompanied by the development of a reasonably stable and predictable macroeconomic environment.

Mozambique is heavily dependent on international development assistance. External resources comprised almost half of the state budget in 2010. Increased aid dependency risks shifting Government accountability away from domestic democratic structures and towards aid partners. In response, the country has begun reforming its tax policy, expanding its fiscal base and improving the collection of customs duties. In addition, efforts are on-going towards improved aid harmonisation, alignment, predictability and ownership in light of the principles of the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action.

The population of Mozambique is overwhelmingly young. In 2007, of a total population of 20.5 million, ten million were children under the age of eighteen years. The demographics of Mozambique result in an extremely high dependency ratio, estimated at approximately 85 per cent in 2006. The dependency ratio is the percentage of a population that is below the age of

15 or above the age of 64. A high dependency ratio presents greater risk to an economy, because the burden of supporting the population is spread out over a relatively small number of people.

Population density in Mozambique is low, at around 26 inhabitants per square kilometre, and the population is predominantly rural (69 per cent). This thinly spread population makes it more difficult and costly to provide and maintain necessary infrastructure and services. Forty per cent of the population of Mozambique is concentrated in the two northern provinces of Nampula (approximately 4 million inhabitants) and Zambezia (3.9 million).

In its fourth and most recent national Millennium Development Goal progress report, in 2010, the Government of Mozambique reasserted its commitment to achieving the targets by 2015. Mozambique is considered likely to achieve only four of the 21 targets, including eliminating gender disparity in all levels of education, reducing the under-five mortality rate by two-thirds and reversing the incidence of malaria and other major diseases. Mozambique also has potential to reach an additional nine targets and is unlikely to reach one target. Progress towards seven targets could not be assessed due to lack of data.

National-level planning in Mozambique is guided by the Government's Five-Year Plan. Mozambique's current administration has stated through its Five-Year Plan a central goal of reducing absolute poverty to improve living conditions of the Mozambican people in an environment of peace, harmony and tranquility.

Decentralisation is considered to be a driver for poverty reduction and is a priority within the Five-Year Plan 2010-14 as it encourages democracy, popular participation, responsiveness, accountability and equity at the local level. However, democratic decentralisation remains a distant prospect, and, district participatory planning apart, accountability in the district tends to flow upwards to provincial and national level rather than downwards to local people.

Child Survival and Development

The rights of every child to life, survival and development are enshrined in the United Nations Convention on the Rights of the Child. Despite the commitments of nations throughout the world, almost 10 million children continue to die every year, with the majority of child deaths occurring in just 60 developing countries. Many children die as a result of contracting easily preventable or treatable illnesses and conditions, including diarrhoeal infections, measles, malaria and pneumonia, among others. In up to half of deaths of children under five, undernutrition is an underlying cause. Unsafe water, poor sanitation and inadequate hygiene also contribute to child mortality and morbidity. Water, sanitation and hygiene are closely linked to childhood malnutrition.

Health and Nutrition

Well-nourished, well-cared-for, healthy children are more likely to survive and develop into healthy and productive adults able to make a meaningful contribution to the social and economic development of their families, communities and nations. Increased investment in health services has meant more children receiving medical care and fewer children experiencing severe health deprivation.

Under-Five mortality

The under-five mortality rate is a strong indicator of the overall health and well-being of children. Factors that affect whether a child will reach his or her fifth birthday include the nutritional status and health knowledge of mothers; childcare practices; the availability, use and quality of maternal and child health services; income and food availability in the family; the availability of clean water and safe sanitation; and the overall safety of the child's environment.

The under-five mortality rate decreased from 153 deaths per 1,000 live births in 2003 to 141 in 2008. Improvements were driven by a reduction in mortality rates in rural areas, where the under-five mortality rate decreased from 237 deaths per 1,000 live births in 2003 to 164 in 2008. Large geographic disparities remain, however. Children in Cabo Delgado, for example, are almost three times more likely to die before reaching age five than a child in Maputo City.

The majority of deaths in children under five are due to a small number of common, preventable and treatable conditions, such as malaria, neonatal conditions, acute lower respiratory infections, HIV infection, infectious intestinal diseases, meningitis and undernutrition, occurring alone or in combination. Many of these diseases are preventable through investments in vaccinations and/or prophylactic measures such as bed nets.

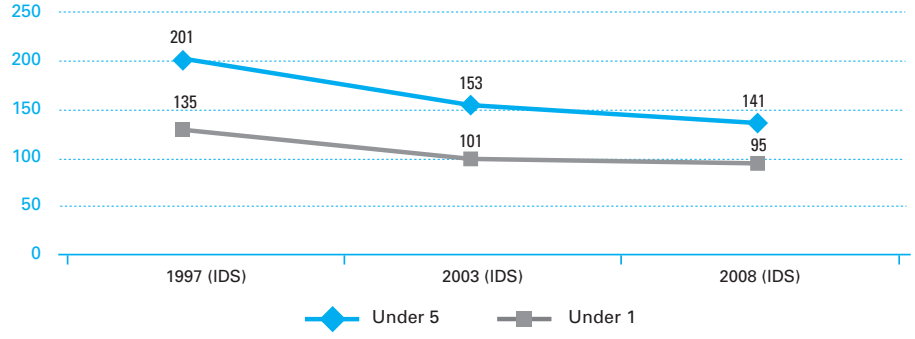
Child nutrition

Undernutrition is the main underlying cause contributing to the high level of child mortality in Mozambique. The effects of undernourishment can be severe and life-long. Children who are well-fed are better able to participate in school and are more likely to grow up to be healthy, productive adults.

Chronic undernutrition (stunting)

Mozambique has one of the highest rates of stunting in the world. The proportion of five year olds suffering from stunting decreased from 48 per cent in 2003 to 44 per cent in 2008. Stunting, defined as low height for age, shows undernutrition resulting from cumulative inadequacies in the nutritional and health status of a mother before and during pregnancy and of a child in the

Figure 3: Mortality rates in Mozambique per 1,000 live births, 2003 and 2008 (five-year average preceding the survey)



Source: DHS 1997 & 2003, MICS 2008.

first two years of life. Children who are stunted have compromised physical and mental development that cannot be regained, even if nutrition conditions improve and a child gains weight. Provincial disparities in relation to stunting are particularly striking. Stunting prevalence among children under five is highest in the provinces of Cabo Delgado (56 per cent) and Nampula (51 per cent), and in Zambezia, Niassa, Tete, Sofala and Manica prevalence also exceeds 40 per cent.

In Mozambique, stunting is observed among children at a very early age, even before six months, and increases up to 24–36 months. The high prevalence (slightly above 20 per cent) of stunting recorded among children less than six months old is a cause for concern, as one would not normally expect to see such a high prevalence at this early age. Stunting rates increase with age from birth up to 24–36 months, reaching a peak of around 54 per cent, after which it decreases slightly.

Acute undernutrition (wasting)

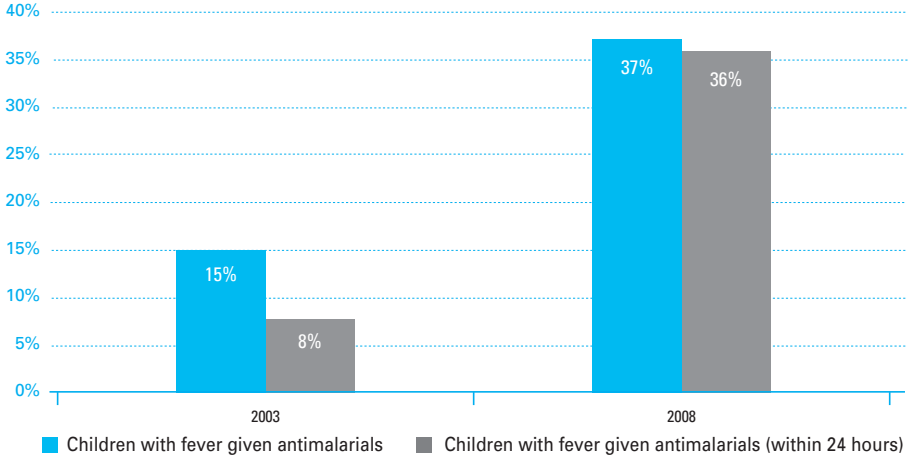
No significant difference was observed between the 2003 and 2008 rates of wasting for children under five, which were five and four per cent, respectively. Wasting, which is defined on the basis of weight for height, is a type of undernutrition that results from a recent excessive loss of weight due to severe illness or lack of food. Wasting at a national level is low though provincial variations are significant, ranging from nine per cent in Nampula to one per cent in Gaza.

Childhood illnesses

Malaria

Malaria is the cause of one-third of deaths of children under five years. Prevalence of malaria has changed little between 2002 and the 2008. In 2008, overall prevalence was estimated at 51 per cent. Too few children are taken to the hospital when they have a fever (60 per cent) and only 36 per cent of children were given antimalarial medication. Mosquito-net ownership on a national scale rose from 18 per cent of households owning at least one mosquito net in 2003 to 65 per cent in 2008. However, only 31 per cent of households reported owning a net that was treated with an insecticide. The proportion of children who reported sleeping under a net rose from 10 per cent in 2003 to 42 per cent in 2008.

Figure 5: Proportion of children receiving appropriate treatment for malaria, 2003 and 2008



Source: DHS 2003, MICS 2008.

Acute respiratory infection

Acute respiratory infection (ARI) is a leading cause of morbidity and mortality among young children in Mozambique, with pneumonia being the most serious infection. The WHO estimates that 60 per cent of ARI deaths could be prevented by the selective use of antibiotics, but the success of treatment relies upon early detection and access to medical facilities. In 2008, around 65 per cent of children with ARI symptoms were taken to a health facility.

Underweight

The prevalence of underweight children under five went down from 20 per cent in 2003 to 18 per cent in 2008. Underweight, which is defined as low weight for age, is a function of deficiencies in both current and past nutrition, health and other care experienced by a child. The number of underweight children in rural areas decreased from 25 per cent in 2003 to 19 per cent in 2008; during the same time period, prevalence in urban areas remained static at 13 per cent. Larger improvements were seen among the poorest households, in which prevalence of underweight children fell from 29 per cent in 2003 to 23 per cent in 2008. As with wasting, provincial disparities are particularly acute, with more than one in four children underweight in Nampula province, compared with one in fifteen in Maputo City.

Causes of chronic undernutrition

Poverty; male sex; age; low education level of the mother; unsafe water and sanitation; and living in central or northern provinces were all found to be associated with children's stunting levels in Mozambique. The causes of undernutrition amongst children are multiple and interrelated:

- *Immediate causes* include inadequate dietary intake (in quantity and quality) and diseases. The interaction between these two factors leads to increased morbidity and mortality. HIV infection is also a major cause of failure to grow and of undernutrition among children;
- *Underlying causes* include insufficient access to food, inadequate maternal and childcare practices (particularly poor breastfeeding) and insufficient access to health care, safe water and sanitation services;
- *Basic causes* include poverty, insufficient education (particularly of mothers) and gender inequities, including teenage pregnancies.

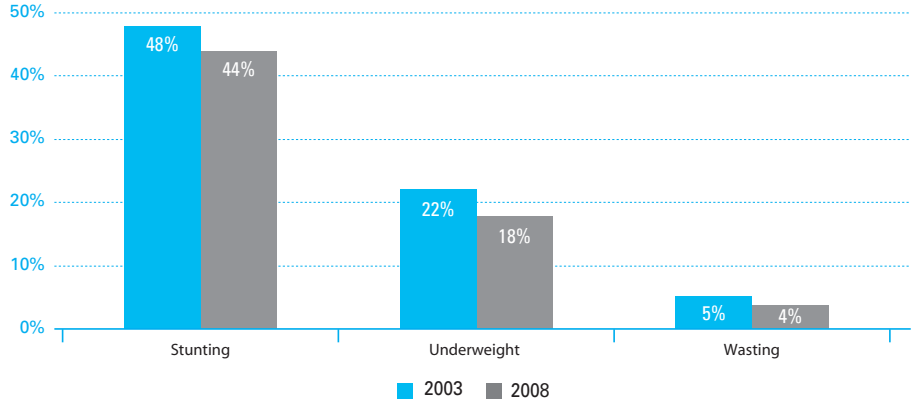
Breastfeeding

Appropriate infant feeding practices are crucial for child survival and development. Exclusive breastfeeding is recommended for the first six months of life. Exclusive breastfeeding rates in children under six months old in Mozambique increased between 2003 and 2008 (from 30 to 37 per cent), but the level remains low. Exclusive breastfeeding decreases rapidly with age; from 57 per cent for the zero-to-one-month age group to 17 per cent in the four-to-five-month age group.

Iodine deficiency

Iodine deficiency is the single largest cause of preventable brain damage and mental retardation in the world. Iodine deficiency also reduces child survival, growth and development. The use of iodised salt in Mozambique increased

Figure 4: Undernutrition rates (moderate) in children under five, 2003 and 2008



Source: DHS 1997, MICS 2008.

slightly from 54 per cent in 2003 to 58 per cent in 2008. The increase came from greater iodised salt use in urban areas. In rural areas there was a slight decrease. When pregnant women are iodine-deficient, they risk miscarriage, stillbirths and other complications. Iodine deficiency can have severe and long-term physical and mental consequences. By Government decree, all salt must be iodised, though implementation has been weak.

Maternal health

Estimates indicate that maternal mortality has decreased substantially in recent years, from 1,000 maternal deaths per 100,000 live births in the early 1990s to 408 per 100,000 live births in 2003. Reductions in maternal deaths have largely been due to improved access to health services, particularly family planning, emergency obstetric and neonatal care and antenatal care, and improvements in equipment, communications material and transport since 2007.

The coverage of antenatal care has improved significantly with the proportion of women who were attended at least once by skilled health personnel during pregnancy increasing from 85 per cent in 2003 to 92 per cent in 2008 and approximately 58 per cent of births now taking place in health facilities. However, reaching the maternal mortality Millenium Development Goal will require continued investment in health services and continued communications efforts.

Diarrhoeal disease

Diarrhoea is another major cause of child morbidity and mortality in Mozambique contributing to almost seven per cent of under-five deaths. There has been an increase in diarrhoeal disease prevalence in children under five, from 14 per cent in 2003 to 18 per cent in 2008. Almost half (47 per cent) of children (aged 0-5 years) with diarrhoea received oral rehydration therapy and continued with normal breastfeeding. Zinc is not yet being used systematically to treat diarrhoea in Mozambique. Introduction of zinc and community case management by trained community health workers will further improve results and accelerate reduction of under-five mortality.

Cholera

Due to the low levels of sanitation coverage, a high number of cholera cases have been recorded over the years in Mozambique. From 1992 to 2004, cholera cases from Mozambique represented between one third and one fifth of all African cases. The factors contributing to cholera outbreaks in Mozambique are: lack of sanitation and poor hygiene conditions; scarcity and lack of access to potable water; inadequate waste disposal; poor economic conditions of the communities; recurrent droughts and floods; areas of high population density; and poorly planned urbanisation.

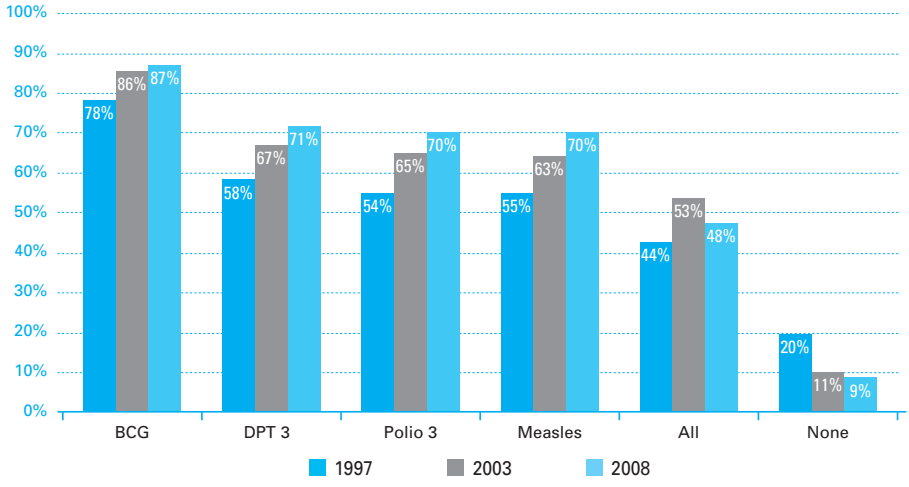
Immunisation

The national Expanded Programme of Immunisation has made substantial progress in recent years. Mozambique has increased its immunisation rates for measles and Diptheria-Pertussis-Tetanus (DPT) 3 from around 50 per cent in 1991 to 70–80 per cent in 2007. Two new vaccines, hepatitis B and *Haemophilus Influenzae,* have been introduced, and there are plans to introduce rotavirus and pneumococcus vaccines. In order to address low coverage and the inequities in coverage between rural and urban areas and among provinces and wealth quintiles, the Ministry of Health introduced the Reaching Every District approach, which focuses on building the capacity of districts, health workers and communities to improve immunisation and other maternal and child survival services.

Sector financing and budget allocations

The health sector received 8.4 per cent of Government resources in 2010, down from 13.4 per cent in 2008. This level of funding is below the Abuja target of allocating at least 15 per cent of the State budget to the health sector. Geographical inequities in financing remain with Zambezia and Nampula receiving considerably less funding per capita than other provinces.

Figure 6: Immunisation of children aged 12–23 months by antigen, 1997, 2003 and 2008



Source: DHS 1997 & 2003, MICS 2008.

Water, Sanitation and Hygiene

Unsafe water, poor sanitation and inadequate hygiene contribute to child mortality and morbidity and are closely linked to childhood malnutrition. Access to safe water also has a significant effect on poverty rates by increasing the time households (particularly women and girls) can spend on more productive activities.

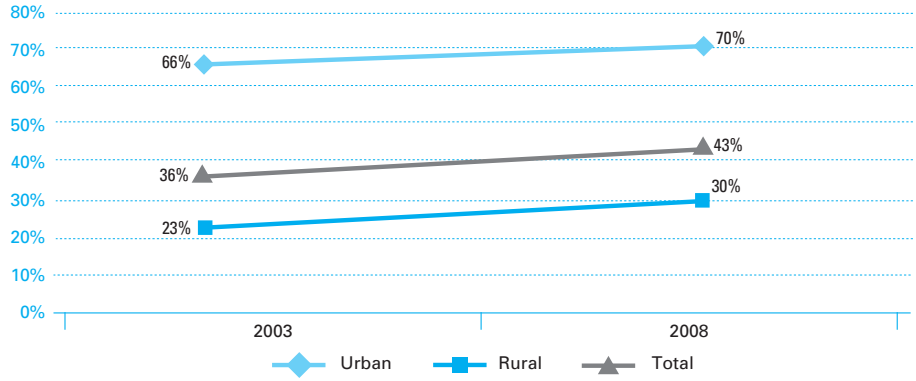
Water

The proportion of households with access to safe water increased from 36 per cent in 2003 to 43 per cent in 2008, with the most common water source being an unprotected well. Seventy per cent of urban households have access to safe water, compared to only thirty per cent of those in rural areas. Wealth, female- and educated-head of household were found to be positively associated with access to safe water.

Sanitation

Access to safe sanitation increased from 12 per cent of households in 2003 to 19 per cent in 2008. As with water, there is a large discrepancy between urban and rural households: 47 per cent and 6 per cent, respectively, with a much lower rate of improvement for rural households. Access to improved sanitation facilities remains low, particularly in rural areas and the northern and central provinces.

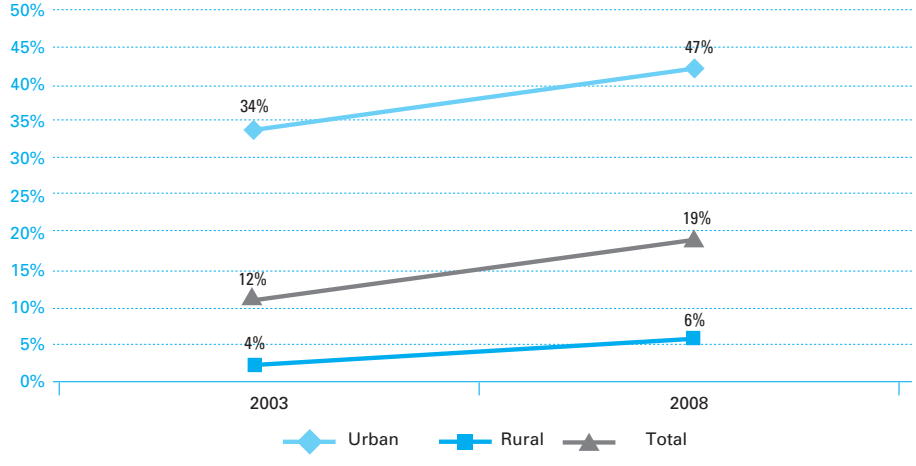
Figure 7: Proportion of households with access to safe water, 2003 and 2008



Source: National Institute of Statistics, 'Inquérito Integrado à Força de Trabalho (IFTRAB) 2004/05,' Government of Mozambique, Maputo, 2006 and MICS 2008.

In 2009, 74 per cent of the 11.7 million people living in rural areas in Mozambique practiced open defecation. Only five per cent had access to improved sanitation facilities and 21 per cent to unimproved facilities However, improving access to sanitation remains a key Government objective. Reflecting this commitment, the Ministries of Public Works and Housing and Health were awarded an African Ministers' Council on Water AfricaSan award for their leadership in getting 185 villages to attain Open Defecation Free status in 2009.

Figure 8: Access to safe sanitation by geographic location, 2004 and 2008



Source: National Institute of Statistics, 'Inquérito Integrado à Força de Trabalho (IFTRAB) 2004/05,' Government of Mozambique, Maputo, 2006 and MICS 2008.

Despite improvements in urban areas, a significant proportion of the population living in peri-urban areas lack access to safe drinking water and adequate sanitation facilities. Estimates for water and sanitation coverage in some peri-urban areas in Mozambique are as low as 10 per cent. People living in peri-urban areas in Mozambique are often among the poorest and most vulnerable in society, as they do not have stable incomes, nor arable land to provide for their own food consumption. Population density is high and often municipal authorities have limited funds to provide services for peri-urban areas. Cholera epidemics and malaria are more common in peri-urban informal settlements than in any other areas of Mozambique.

Sector financing and budget allocations

The water and sanitation sectors are heavily dependent on external financing. Approximately 85 per cent of sector investments over the last three years have come through development assistance. The annual average investment required to meet Millennium Development Goals (MDG) targets in rural areas has been estimated at $US 70 million. Given the major funding shortfall, it is unlikely that the MDG related to water and sanitation will be achieved. Resources for the funding gap are being mobilised by both establishing a common fund and improving coordination of programme funds.

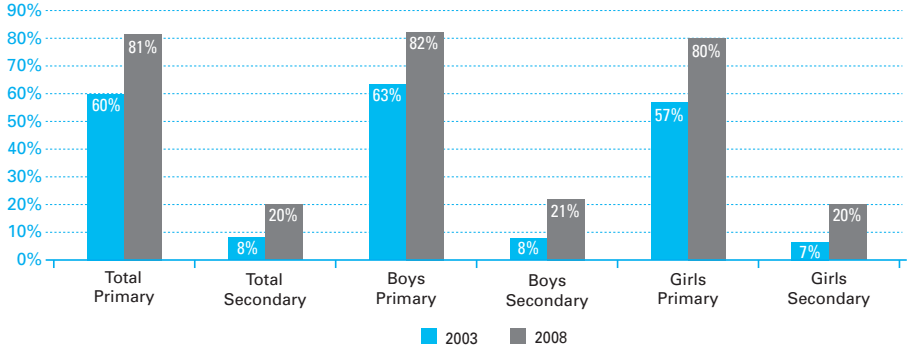
Education and Children's Right to Development

The importance of education in the life of a child cannot be overstated. Education is central to a child's development and full participation in society. School does more than prepare a child for eventual entry into the working world. The classroom is also a place where children learn their rights as citizens. Education enables youths to protect themselves against HIV and AIDS. An educated mother is a key determinant for the health and well-being of her children, including whether they receive proper medical attention when sick or whether they, in turn, complete their education.

Attendance

Children's access to education has increased dramatically due to a concerted effort on the part of the Government of Mozambique to provide all children with an education as guaranteed in the constitution. Primary school net attendance rates increased between 2003 and 2008 from 60 to 81 per cent. Secondary school net attendance rates also increased between 2003 and 2008, from an extremely low base of 8 per cent to 20 per cent. Equity in education has increased in recent years. Poor and rural children experienced larger gains than their urban and wealthier counterparts.

Figure 9: Net school attendance rates, 2003 and 2008



Source: DHS 2003 and MICS 2008.

In 2003, there were 1.5 million children not attending primary school. Five years later, that number has halved to 764,000. The over-age phenomenon in primary education has significant implications for children's learning outcomes, as the same curriculum is taught at the same pace to learners of very different ages and levels of cognitive development. It also poses serious challenges for age-appropriate school-based HIV and AIDS prevention programmes.

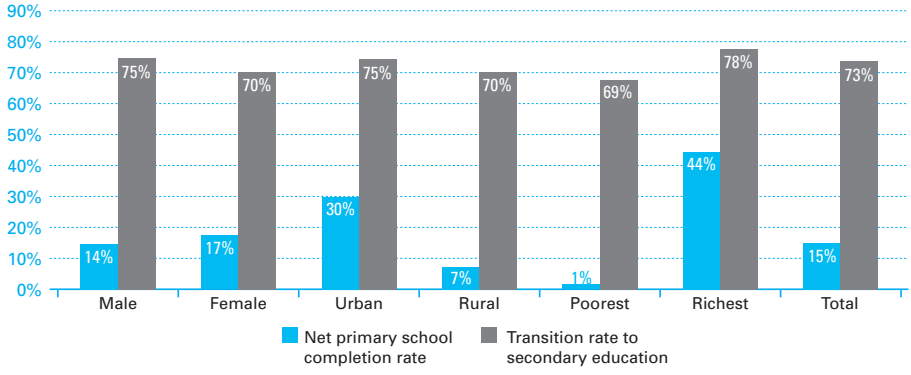
Primary school completion and transition to secondary education

Primary school completion rates are low, at 15 per cent. There is a significant and growing disparity between urban and rural primary completion rates (30 per cent versus 7 per cent, respectively, in 2008). While a majority of children (73 per cent) who complete primary level progress to secondary school, completion rates there are even lower. The Ministry of Education estimates that the gross completion rate for secondary education was 6.5 per cent in 2009. Unlike primary school, secondary education is not free and there are inadequate numbers of secondary schools, especially in rural areas.

Progression through grades

Low primary completion rates are due, at least in part, to the persistent failure of children to smoothly progress from one grade to the next. Children failing to progress may either be repeating a grade (for grades two, five and seven) or dropping out of the education system, at least temporarily. On average, around eight per cent of children fail to progress from one grade to the next every year, and this failure is reasonably constant through the primary cycle. Only 60 per cent of children reach the last grade of primary school. For some groups of children, the progress rate is significantly lower: girls, rural and the poorest children are more likely to fail to progress through the primary education system.

Figure 10: Primary school completion rates and transition to secondary education, 2008



Source: MICS 2008.

Equity in education

Inequity has narrowed in primary education and increased for secondary. Net primary school attendance ratios increased for all wealth quintiles. The increase was larger for poorer children than richer children, closing the equity gap.

Literacy

Literacy rates remain low for women. In 2008, only 47 per cent of women were literate. There was no significant change in women's literacy rates between 2003 and 2008. However, a greater proportion of younger women are literate: 41 per cent of 20- to 24-year-olds compared to 53 per cent of 15- to 19-year-olds.

Barriers to participation in education

Direct costs in education

The direct costs of primary education are cited as a major barrier to children enrolling and staying in school. The abolition of primary school fees, introduced in 2004, coupled with the introduction of a new curriculum and provision of free textbooks and some basic school materials have reduced the direct costs barriers. However, the cost of uniforms and other school materials continues to constrain access for the most vulnerable families.

Opportunity costs

In the context of poverty, investment in education becomes one of the choices that households must make in relation to other priorities affecting their lives and livelihoods. Household poverty often requires children to help with household chores or work in order to earn money to support the household.

Where parents do not see the benefits of keeping their children in the classroom, they may stop sending them to school.

Traditions and culture

Early marriage among girls and initiation rites among both boys and girls tend to have a negative impact on primary school attendance rates. Rites of initiation still occur in some, mainly rural, parts of the country. Child marriage affects access to school, retention and completion.

Impact of violence and abuse in schools

The prevalence of violence, sexual abuse and harassment in schools affects pupils' attendance, especially of girls, and has been identified by parents as a factor influencing their decision to withdraw their children from school. Seventy per cent of girls interviewed in a 2008 study stated that some teachers require sexual intercourse before promoting students and that schools do not offer security against this. The study also noted that victims and guardians are often not aware that sexual abuse is punishable by law. Fear of retaliation often induces silence amongst the victims.

Quality of Education

The phenomenon of 'access shock' is pervasive, in which massive increases in student numbers lead to an overburdened system that simply cannot keep up. This access shock has resulted in a deterioration in the quality of education. This deterioration can be seen most starkly in the decrease in levels of student achievement. Between 2000 and 2007 Mozambique registered a substantial deterioration in student achievement in both reading and mathematics amongst grade six students. Mozambique's decline of over 40 points in reading and mathematics has been linked with rapid structural changes in the education system during this period, which resulted in massive increases in Grade 6 enrolments without corresponding increases in teachers, school materials and other essential resources.

Teacher shortage

Mozambique faces a severe shortage of teachers, and the rapid increase in primary school enrolment has placed a significant strain on the teachers in the system. In 2009, there was an average of 68 students per teacher in primary school, up from 65:1 in 2000. The international benchmark set by the Fast Track Initiative is 40 pupils per teacher. Significant disparities in student-teacher ratios exist across provinces, ranging from 55:1 in Gaza to 91:1 in Zambezia.

In 2008, 64 per cent of first-cycle primary teachers and 78 per cent of second-cycle primary teachers were trained and qualified to teach. In Zambezia

province, only 54 per cent of first-level primary teachers were qualified in 2008. The Ministry of Education is currently training 5,000 teachers a year, whereas the annual requirement for trained teachers is around 7,000. The Ministry has effectively eliminated the hiring of untrained teachers since 2008.

Figure 11: Pupil reading results, 2000 and 2007

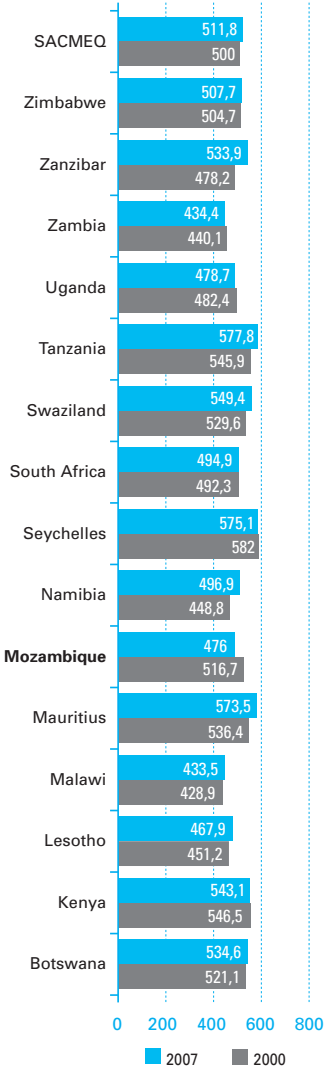
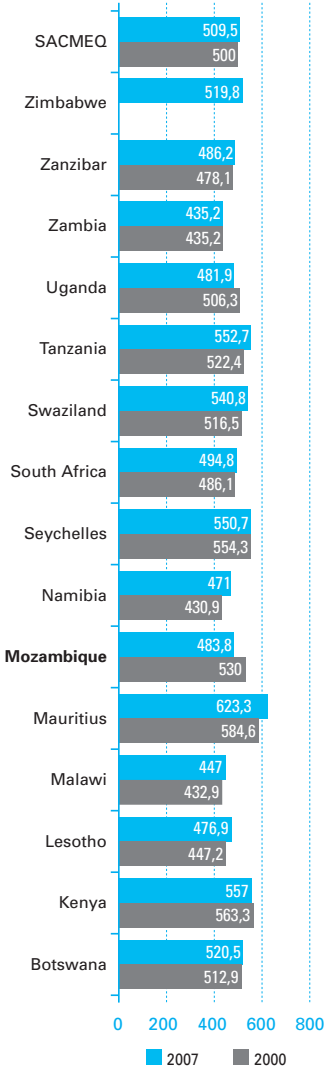


Figure 12: Pupil mathematics results, 2000 and 2007



Source: Makuwa, D.,'What are the levels and trends in reading and mathematics achievement?' Southern and Eastern Africa Consortium for Monitoring Education Quality, 2010.

The high level of unqualified teachers in the system makes continued teacher training even more important. The main body mandated to provide pedagogic monitoring and teacher support for in-service training is the *Zona de Influencia Pedagogica.* There is no structured system or policy on in-service teachers training in Mozambique. Interventions remain uncoordinated and unsustainable and have little institutional impact or sustainable effect on teachers' professional development.

The environment in Mozambican schools is not conducive to promoting a rights-based approach to education that values children's views and promotes their critical thinking and creative faculties. Teaching is often conducted in two or more shifts per day. Classes are overcrowed with children often seated on the floor with an inadequate supply of textbooks, desks and learning materials. In many schools, classes are held under trees or in open yards with no access to water or sanitation facilities.

Sector financing and budget allocations

Over the last few years, the education sector has been allocated a steady 18–22 per cent of the state budget. The global financial crisis and the EU Code of Conduct on Division of Labour are likely to have a negative effect on external funding for the educational sector in coming years. For 2010, external commitments were 22 per cent less than in 2009. Although the overall education budget for 2010 increased by approximately 10 per cent, due to increased internal financing, the loss of external funding has directly affected financing for sector programme activities, since the increase in internal funding is primarily geared towards financing new teacher contracts and salary reform. Mozambique has, however, applied for additional funds under the Fast Track Initiative Catalytic Funds after the expiry of phase I in 2010, and has successfully been awarded $US 90 million for the period 2011 to 2013.

Child Protection

Effective child protection mitigates the risks and vulnerabilities that underlie abuses faced by children, ranging from sexual abuse to child labour to institutionalisation. A protective environment for children supported by a robust child protection system and infrastructure is key to boosting human and economic development progress. An effective child protection system also improves the health, education and well-being of children and their evolving capacities to be parents, citizens and productive members of society. A diffused and fragmented child protection system, on the other hand, exacerbates poverty, social exclusion and susceptibility to HIV infection, and increases the likelihood that successive generations will face similar risks.

Legislative and policy reform

Significant progress has been made in the Child Protection legal framework through the approval of three instruments – the Children's Act, 2008; the Juvenile Justice Act, 2008; and the Domestic Violence Act, 2009. The Children's Act, adopted in 2008, effectively translates the Convention on the Rights of the Child's articles into national child rights legislation and outlines the responsibilities of all stakeholders in realising these rights. The development of the Child Protection legal framework is on-going.

Additional measures that have been adopted by the Government include: creation of the National Council of Children's and Human Rights Commission and the Child Parliament; and raising awareness of children's rights issues in the media. Minor courts have been created in five provinces to strengthen protection for children in conflict with and in contact with the law.

Social protection

The Social Protection Act was passed in 2007, calling for the provision of basic social security for poor people and children in difficult situations. The Act includes basic social protection, which has the greatest potential to reach vulnerable children. Basic social protection covering citizens who are unable to work or do not have the means to satisfy their basic needs, namely:

- People living in absolute poverty;
- Children living in difficult circumstances;
- Elderly people living in poverty;
- Disabled people living in absolute poverty;
- People with chronic or degenerative illnesses.

The Basic Social Security Regulation approved in 2009 further divides basic social security into direct social action, health related social action, education related social action and productive safety nets. The multi-sectoral Basic Social Security Strategy was approved by the Council of Ministers in 2010. This strategy identifies four programmes as part of the basic social security package: two cash transfer programs (the current Programa Subsídio de Alimentos (PSA) and a new child grant programme for families taking care of orphans and vulnerable children); the current in-kind social transfer programme (PASD); and a new productive safety net programme. There are plans to scale up the PSA programme to include a greater focus on orphans and vulnerable children as indirect beneficiaries.

Violence, abuse and exploitation

Violence against children is a profound violation of human rights and has devastating short- and long-term mental and physical health consequences. Ministry of the Interior statistics reveal that more than 3,500 cases of child violence were reported to the police in 2009. The number of children who suffer from violence, abuse and exploitation is likely to be much higher than the number of reported cases due to societal acceptance of the phenomenon, a patriarchal culture and the victims' lack of knowledge of their rights.

Violence and sexual abuse in schools

Sexual abuse in schools is an area of particular concern. A 2008 Ministry of Education (MINED) survey revealed that 70 per cent of girl respondents reported that some teachers use sexual intercourse as a condition for promotion between grades, and 50 per cent of girls stated that not only teachers abuse them sexually, but also boys in their peer group. Many girls did not know whether these acts were prohibited by law or where to report them when they occur.

The MINED has a 'zero-tolerance' policy on sexual abuse in schools, but enforcement of this policy remains weak. The 2008 Mozambican Children's Act reaffirms the duty of school management to report to the relevant authorities any cases of mistreatment of students. However, follow-up on acts of violence in schools remains weak.

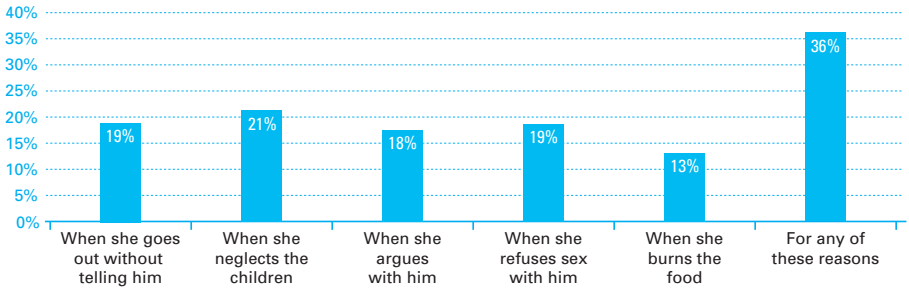
Domestic violence

Cultural acceptance of violence is a major contributing factor to domestic violence. The proportion of women who feel that men have the right to beat them under certain circumstances has dropped from 54 per cent in 2003 to 36 per cent in 2008, however. While the reduction is positive, the acceptance of violence by women remains very high. The reason most commonly cited as justification for wife-beating is the perception by the husband that the wife is neglecting the children. Education may be the key to changing the acceptance of domestic violence, as women with secondary education or higher as far less likely to consider it acceptable for a husband to beat his wife.

Commercial sexual exploitation and abuse

Although data are extremely limited, evidence suggests that commercial sexual exploitation and abuse of children does occur in Mozambique. Children are often forced to engage in commercial sexual acts to obtain help from adults in meeting their expenses or as a coping strategy for extreme poverty. Victims of commercial sexual exploitation are commonly poor and have suffered some degree of prior violence or abuse. Perpetrators of commercial exploitation of

Figure 13: Percentage of women aged 15–49 who think that a husband can beat his spouse, by specific reason, 2008



Source: MICS 2008.

children come from all walks of life: local community members, national and foreign tourists in Mozambique's resorts and transport drivers in towns or on main roads.

Child trafficking and migration

According to a Save the Children study, children are often tricked into trafficking by their relatives and peers. Voluntary child migration is often driven by poverty or as a result of being orphaned or abandoned. Children in Mozambique move to cities from villages or sometimes cross illegally and unaccompanied into neighbouring countries, mainly South Africa, in an attempt to improve their own lives or the lives of their families.

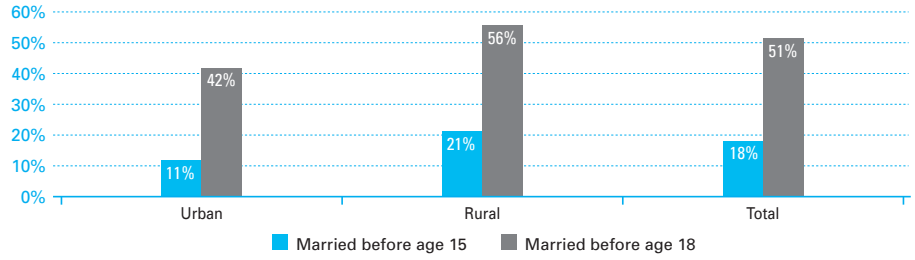
Child labour

Twenty-two per cent of children aged 5–14 are involved in child labour, with far more rural children (25 per cent) working than urban (15 per cent). Eighty-six per cent of children who work in urban areas also attend school, as compared to 76 per cent in rural areas. The 2008 Children's Act prohibits child labour and any form of work for children under 15 and provides for punitive measures to be taken against the employer. However, economic and social pressures that compel parents to force their children into exploitative child labour must be addressed through more effective social protection.

Child marriage

In Mozambique, marriage before the age of 16 is illegal. Marriage during adolescence may have serious health implications for a girl. Adolescent pregnancy and childbirth are associated with poor health and nutritional outcomes for both the mother and her children.

Figure 14: Women aged 20–24 who were married before ages 15 and 18, 2003 and 2008



Source: MICS 2008.

Recent data revealed that seventeen per cent of girls aged 20–24 were married before they turned 15, with 52 per cent of them married before they turned 18. Girls in rural areas (21 per cent) are more likely to be married before the age of 15 than girls in urban areas (11 per cent). There are significant differences in the rates of child marriage among the southern, central and northern regions of Mozambique: the southern provinces of Gaza, Inhambane, Maputo and Maputo City all have a child marriage rate of below 10 per cent; the central provinces have an average rate of 20 per cent; while Niassa and Cabo Delgado in the north have rates of 24 and 30 per cent, respectively.

Children and the justice sector

Justice systems are not yet effective for most children. There is a need to protect children who come into contact with the justice system as victims, witnesses or offenders. Important progress has been made, including the establishment of a children's section in the court in three provinces and creation of more than 200 Police Victim Support Centres across all provinces.

Children in conflict with the law are often placed in adult prisons, though the law stipulates that they should be placed in separate quarters. The police have the authority to detain minors who have allegedly committed an offence for a maximum of 30 days, following which the child must be presented in Minor Court or Civil Sections. Ideally, a transition centre or intermediate facility should be used and special considerations given to ensure that such cases are brought to the courts in a timely manner. However, this is not common practice in Mozambique.

Birth registration

Birth registration gives a child legal existence and authority to claim citizenship and its associated rights, benefits and obligations. Birth registration is especially important in the context of the AIDS pandemic that is leaving an increasing number of children without parental care.

Mozambique has significantly increased access to birth registration services across the country. A long-term birth registration campaign was launched in 2006 by the National Directorate of Registry and Notaries at the Ministry of Justice. Since the adoption of the national plan of action on birth registration and the launch of the campaign, about 4.2 million children under 18 have been registered, or 40 per cent of all children in Mozambique.

Orphaned and vulnerable children

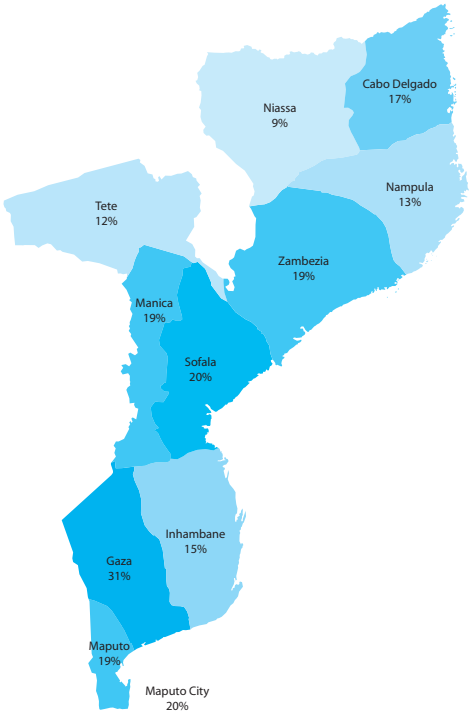
Children's vulnerability is not limited to their orphan or non-orphan status, nor is it solely linked to being affected by HIV or AIDS. Children who have lost parents to AIDS are part of a much larger group of children who face severe and urgent needs. AIDS, poverty, food insecurity and shocks such as droughts and floods render a wide range of children vulnerable.

Children are considered Orphaned or Vulnerable Children if one or both of their natural parents is dead, if there was an adult death in their household during the previous 12 months after a prolonged illness, if they live in households headed by chronically ill adults, or if they live in households headed by other children, youth, women or elderly persons. There are an estimated 1.8 million orphans in Mozambique, 510,000 of whom have been orphaned due to AIDS.

The 2006 Action Plan for Orphaned and Vulnerable Children identified six key services to address children's most fundamental needs: health; education; nutritional and food support; financial support; legal help; and psychosocial support. The Government of Mozambique has committed itself to ensuring that children have access to at least three out of these six services, focusing particularly on children who live below the absolute poverty line, including orphans and children living with or affected by HIV and AIDS.

Orphaned children face an increase in sibling or child-headed households, lower school enrolment and performance, and increased risk of sexual abuse and HIV infection, hazardous child labour, early sexual activity and marriage, severe psychosocial problems and poor health and nutrition. Furthermore, stigma and discrimination against people affected by AIDS remains a challenging issue.

Figure 15: Percentage of orphans and vulnerable children due to AIDS, 2008



Source: MICS, 2008.

Cross-Cutting Issues

Gender

Women are more likely than men to experience poverty in Mozambique. In 2007, Mozambique ranked 145 of 155 countries on the gender development index based on life expectancy, education, literacy and per capita GDP. This reflects the social, economic and cultural challenges faced by women. Women have lower access to education, less opportunity for formal employment, lower income and less opportunity to diversify their incomes.

Girls are more likely to experience severe education deprivation than boys (13 versus 10 per cent, respectively). Gender disparity in enrolment shows considerable geographical variation, with fewer girls enrolled in the central and northern regions, whereas in some southern provinces, such as Maputo and Inhambane, slightly more girls are enrolled than boys. In 2007, the completion rate for the first stage of primary education was 65 per cent for girls and 80

per cent for boys. This gender gap persists in the second stage of primary education, with completion rates of 39 per cent for girls and 53 per cent for boys. Female students face barriers to accessing education including sexual abuse in schools and early marriage.

Geographical disparities

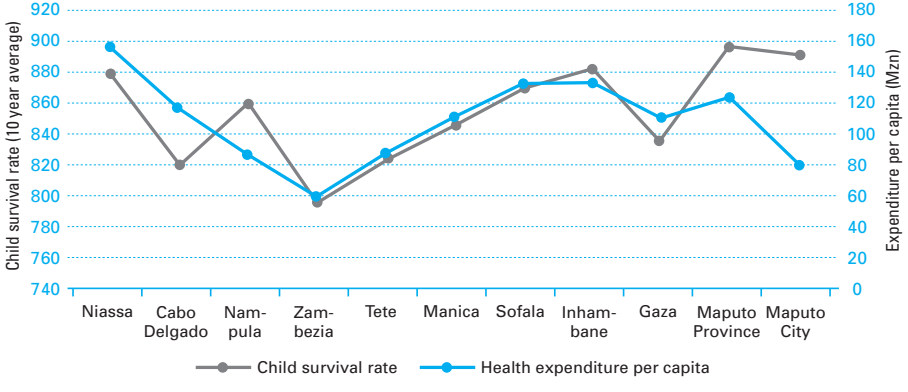
Provincial disparities exist across development indicators, with children in northern and central provinces having lower access to health services, education, water, sanitation and protection. The central and northern provinces tend to have lower budget allocations, fewer services and lower human development outcomes. A comparison of the child survival rate and health expenditures per provinces reveals a significant correlation. Provinces with low health expenditures also tend to have low child survival rates.

An analysis of education expenditure per capita reveals a situation similar to that for health expenditure. Zambezia and Nampula provinces receive the lowest allocation of funds. Again, the central and northern provinces are receiving a substantially lower allocation than the southern provinces.

HIV and AIDS

HIV and AIDS affect household poverty by incapacitating breadwinners and raising the level of dependence across the population. The 2009 National Survey on HIV/AIDS shows a national HIV prevalence among 15–49 year olds of 11.5 per cent. The results disaggregated by region confirmed the highest prevalence in the south followed by the central region. HIV prevalence is

Figure 16: Per capita expenditure in health (2008) and child survival (1998-2008)



Source: Sal e Caldeira and Ximango Consoltores, 'Análise do Impacto da Estrutura das Despesas sobre o Desenvolvimento Económico e as Condições de Vida em Moçambique,' Swiss Agency for Development and Cooperation' 2009 and MICS 2008.

significantly higher in urban than rural areas across all regions, and among women, particularly young women. There is however some evidence that HIV incidence is decreasing. Data also show an overall positive trend in knowledge and awareness of HIV transmission and prevention.

AIDS is fast emerging as a major cause of mortality among children, with an estimated 19,000 child deaths due to AIDS in 2008. HIV incidence in children under 15 is estimated to be decreasing, from about 38,500 new infections in 2005 to about 31,000 in 2009, equivalent to about 85 new infections every day. This decrease is mainly attributed to the roll-out of the Prevention of Mother-To-Child Transmission (PMTCT), programme, i.e., reducing transmission from pregnant and lactating women to their children, and the antiretroviral therapy programme.

Because the HIV epidemic is mainly concentrated within the economically active portion of the population, namely those aged 15–49, its effects are disproportionately borne by the very age groups that play a key role in the development of the economy and of the country's social sectors. Through its effects on the numbers of trained teachers, health workers and other providers, AIDS also impacts on the future generation of human capital.

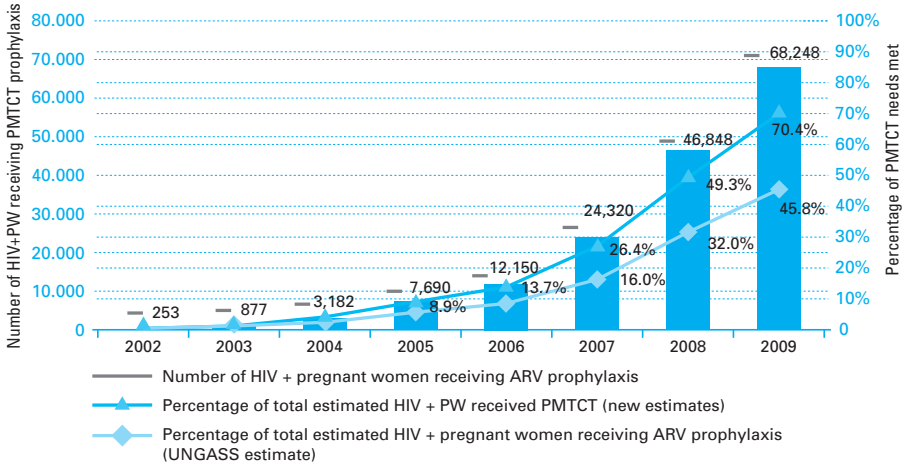
Environmental issues and climate change

Emergency situations such as droughts and floods have severe impacts on the well-being of a child. The vulnerability of children increases in emergency situations as they have less access to health facilities; at the same time they increase water-borne diseases such as cholera. Education and routine are disrupted and children have less protection from exploitation such as sexual abuse. Emergencies are likely to intensify as climate change increases the occurrence of cyclones, floods and droughts in Mozambique.

Environmental factors are also linked to leading causes of child mortality such as malaria and acute respiratory infections. Environmental degradation means increased pollution, water stress, deforestation and soil degradation that put pressure on children's basic health and food security needs.

Decreased food security often leads resource-poor households to engage in coping mechanisms that are not in the best interests of child nutrition. The effects of undernutrition on children can be severe and lifelong. The main strategies used by rural, food-insecure households are to eat less-preferred foods, reduce the number of meals eaten per day, and eat all or part of the seed stock for the next growing season. While adults may be able to adapt to such changes in their diet, at least in the short term, the effects on children are more severe because of their different nutritional needs.

Figure 17: Trends in PMTCT coverage between 2002 and 2009



Source: Ministry of Health, Annual Report, National Laboratory Services, Maputo, 2009

Communication for Development

Communication and a robust media are essential for all citizens, including children, to have a say in the issues that affect their lives. They are also a way to transmit vital information to parents on health, education and protection issues such as how to protect their children from malaria or from the damaging effects of child abuse. Radio remains the mass medium with greatest coverage. The national public broadcaster, Radio Mozambique, reaches 80 per cent of the population and the National Forum of Community Radios (FORCOM), created in 2004, has registered over sixty community radio stations across the country, up from only one in 1994.

Innovative communication for development strategies, including Child-to-Child Radio and Multimedia Mobile Units, have a tremendous potential to engage more people, particularly youth, in educational activities, public dialogue and debate. The Community Theatre Network, comprising over 100 theatre groups nation-wide, uses the 'Teatro do Oprimido' approach to stage drama performances that invite members of the audience to actively participate as performers. Through their performances, they raise awareness and promote positive attitudes and behaviours in the areas of child survival, girls' education, gender awareness and HIV prevention.

Conclusions

Significant improvements have been made in the lives of Mozambican children when poverty is viewed as being deprived of childhood necessities: health, education, nutrition, shelter and other basic needs. Advances observed in deprivation-based poverty are associated in part with the large efforts made by the Government in the provision of social services. The Government has invested strongly in education and health, and this has resulted in significant improvements in the proportion of children experiencing severe education and health deprivations. Although the proportion of children experiencing severe deprivation has decreased in recent years, almost half of Mozambican children remain severely deprived.

Specific groups of children are being left behind as these advances are made. Children in rural areas have lower development indicators than their peers in urban areas. Rates of deprivation remain consistently higher for children in central and northern provinces, and in particular in Zambezia province. Meanwhile, cultural practices and household duties take girls across the country out of school and put them at higher risk of HIV infection.

As the 2015 deadline to meet the Millennium Development Goals rapidly approaches, further efforts, investments and partnerships are needed to satisfy the basic needs and rights of Mozambican children, including:

- **Continued investment in essential services:** Lack of access to quality health services is one of the main underlying causes of child mortality. Investment is needed throughout the education sector to secure the gains that have been made and increase the quality of education.
- **A more equitable allocation of budget resources among provinces:** There is a clear need to review, based on evidence, the criteria used to allocate state budget resources and to attain a more equitable allocation.
- **Expansion of support to vulnerable groups:** Social safety nets that aim at providing cash and other support to vulnerable groups are necessary to reduce poverty and deprivation. Increased fiscal space for social protection should be created.
- **Educated and informed heads of households:** Education is key to improving health outcomes. Due to low levels of education, limited access to information about the prevention and treatment of illnesses and the unhealthy environment of many households, the practices of care-givers are often inappropriate or even detrimental to children's health.
- **Continued Government investment in water and sanitation:** While progress has been made in setting up an enabling environment, the capacity to implement interventions at the required scale and with the required

quality is not always present at sub-national levels. Improved sanitation and hygiene practices, particularly at rural and peri-urban areas, should be a national priority and requires a strong multi-sectoral collaboration to address all underlying causes.

- **A comprehensive approach to improve the quality of education:** This includes the development of school quality standards, establishment of a national framework on assessment of learning achievement, and integration of various teacher training, motivation and supervision efforts, especially for in-service pedagogic supervision and teacher support.
- **Sensitisation to violence and abuse in schools and in society:** Gender units at national and decentralised levels should be strengthened to sensitise all school authorities and school council members on the prevention and reporting of sexual abuse. Violence against women is common and is considered acceptable by a large proportion of women, as well as by society at large. Sensitisation initiatives and improved information dissemination are necessary to reduce the incidence of gender-related violence.
- **The development of a holistic child protection system:** This would principally involve improving data and monitoring mechanisms; developing a more systemic and coordinated approach within and between the key line ministries; and strengthening the capacities of relevant line ministries to develop a robust and systemic approach to child protection.
- **Investment in and sensitisation to environmental degradation:** Without such investments environmental degradation has the potential to significantly reduce or even reverse progress made on child survival, education and protection. Urgent action is needed to sensitise communities to the need to reduce environmentally destructive practices and to ensure that public and private sector initiatives are conducted in an environmentally sustainably manner
- **Alternative media and communication:** Communication for Development strategies focusing on children need to involve more local leaders, social mobilisers and activists in the interventions.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