Over the last decade, the situation of children in Mozambique has advanced significantly. More children survive and have access to social protection systems, many more have access to improved sources of water and sanitation, and are enrolling in primary school.

The study “The Situation of Children in Mozambique 2014”, was carried out by the United Nations Children’s Fund (UNICEF), based on the most recent national statistics, trends and recent progress, highlighting the factors that have promoted or hindered the realization of the rights of more than 12 million children in the country.
MAIN AREAS OF PROGRESS

Child survival is improving, with more and more children surviving to 5 years of age. The under-five mortality rate has decreased significantly since the 1990s. While in 1997, 2 of every 10 children born alive died before the age of five years, in 2011 that ratio was reduced by half. However, Mozambique still ranks 172 in the world (among 194 countries) in this crucial area.

Improvement in under-five mortality is linked to a decline in the prevalence of childhood diseases, reflecting advances in several fields: the increased use of mosquito nets for children under 5 years, up from 10% in 2003 to 39% in 2011, and the introduction of new vaccines in the extended programme of immunization.

Progress was also achieved in access to water and sanitation. While in 2003 only 37% of the population drank water from improved water sources, in 2011 this had increased to 53%. The proportion of the population using improved sanitation facilities also rose, from 13% in 1990 to 24% in 2011. At the same time, though, 16% of the population still uses surface water sources for drinking and almost always without treating it before drinking, and 2 of every 5 Mozambicans still resort to open defecation.

There has been positive expansion of the coverage of HIV testing and treatment of HIV/AIDS and prevention of mother-to-child transmission, which reached a coverage of 83% in HIV-positive pregnant women in 2013. However, coverage of antiretroviral therapy in children infected is still low: only 36% in 2013, compared to 62.5% in adults. Mozambique remains one of the countries most affected by HIV/AIDS, with the 8th highest prevalence in the world.

More children are enrolling in school at the right age, and completing their primary education. Between 2004 and 2011, the number of students enrolled in the EP1 (the first level of primary school in Mozambique) increased approximately 45%, and in the EP2 (the second level of primary school), about 73%. Between 2002 and 2012, the percentage of 6 year olds in first grade increased from 36% to 72%, and the gross rate of primary completion from 18% to 47%.

There was also progress in the realization of civil rights and protection of children. The percentage of children under 5 years whose birth was registered rose from 31% in 2008 to 48% in 2011, and the coverage of social protection almost doubled between 2008 and 2012, reaching more than 320,000 households.

AREAS OF ONGOING CHALLENGE

Despite advances in several areas, there is still much to do. Forty-three percent of children under five years were affected by chronic under-nutrition in 2011. This percentage has virtually not changed since 2003 (when it was at 41%), and represents one of the highest rates in the world. The situation of chronic-under-nutrition and resulting stunting is at critical levels, contributing to child mortality and irreversibly impacting intellectual development of the child, and thereby the development of the country as a whole.

The maternal mortality ratio in 2011 remained at 408 maternal deaths for every 100,000 live births, the same level it was at in 2003, in spite of the fact that the use of reproductive health services has improved. For example, the percentage of births in health centres increased from 48% in 2003 to 55% in 2011. This fact means that Mozambique will not achieve MDG 5 on maternal mortality.

In primary education, after a rapid expansion of schooling, accompanied by major advances towards gender parity, progress has stagnated in the last five years. The primary net attendance ratio decreased from 81% in 2008 to 77% in 2011. Despite advances, almost a third of children do not yet enrol in first grade at the right age. The gross primary completion rate also suffered a slight decrease from 51% in 2008 to 47% in 2012. The low level of learning is reflected in the reduction in achievement levels (at the end
of primary studies) from about 80% in 2004-2008 to 72% in 2011.

Many children still do not have their right to protection fulfilled, particularly regarding the age of marriage. One in two girls marries before the age of 18 and one in ten before 15. Mozambique has one of the highest rates of early marriage in the world, violating one of the most fundamental protection rights – as well as Mozambican law.

GEOGRAPHICAL INEQUALITIES

Large geographical disparities persist, with most social indicators worse in the rural areas. For example, pregnant women in urban areas are twice as likely to give birth in health facilities as those in rural areas (82% and 45% respectively in 2011). Although there is no difference in the net attendance ratio (NAR) in primary education between urban and rural areas, secondary NAR is four times higher in urban areas (45%) than in rural areas (11%).

There are also large inequalities in water and sanitation. The rural population is four times less likely to use improved sanitation infrastructure and two times less likely to use improved drinking water sources, than in urban areas. In rural areas, half the population (51%) practice open defecation and one in five people (21%) resort to surface water for drinking.

There is as well a marked disparity between North and South in most indicators. For example, under-five mortality is above 100 per 1,000 live births in six provinces in the Centre and North (Zambézia, Tete, Manica, Sofala, Cabo Delgado and Niassa), compared with one province in the South (Gaza). A child who lives in the North is twice as likely to suffer from stunting as one that lives in the South.

There are exceptions to this, however. The prevalence of HIV contrasts substantially with the other indicators of well-being, pointing to a less favourable situation in urban areas, in the southern region of the country, among the richest households and among those with highest level of schooling.

The particularly disadvantaged situation of Zambézia stands out. Since one fifth of the population lives in that province, its weight in the different dimensions of deprivation is large. According to the 2011 DHS, Zambézia has the highest rates of under-5 mortality (142) and of acute malnutrition (9%), as well as some of the lowest rates of institutional deliveries (28%), of vaccination (with only 47% of 1-year old children fully vaccinated) and use of improved drinking water sources (26%).

DETERMINANTS OF CHILD VULNERABILITY

POVERTY AND CHILD VULNERABILITY

More than half of the country’s population (54 %) still live below the poverty line of 18 MT per day. This is a key factor in the deprivations that children suffer. Since the year 2000, poverty appears to be declining more slowly than might be expected in a context of rapid economic growth.

Poverty influences access to services essential to the well-being of children. In education, for example, costs become major barriers particularly at the secondary level, due to high tuition, distance to schools and competition with work, which becomes more important in adolescence. Many social indicators, such as those for water and sanitation, show large disparities according to the level of household wealth, although deprivation is often high even in the richest households.

Basic social protection coverage, which aims to respond to the vulnerability of the poorest, is still low, despite the expansion of the programmes of the National Institute of Social Action. Social transfers still cover only 15% of poor households, and the broader social protection programme, the Basic Welfare Allowance Program (PSSB), benefits only a small minority of the most vulnerable children.

Child vulnerability is also a result of other unfavourable factors such
family environments (reflected, for example, in the high percentage of children — 18% — which don’t live with their biological parents) and the presence of disabilities (which affect between 2% and 6% of the population).

**SUPPLY AND QUALITY OF SOCIAL SERVICES**

**Health.** Shortages of infrastructure, personnel, equipment and drugs affect access to quality services. Only 65% of the population has access to health facilities within 45 minutes walking distance. More than a third (37%) of primary health facilities do not provide maternity services. Serious gaps persist in the availability of health personnel, with major provincial disparities and between urban and rural areas. Treatment protocols are not always respected, often because of regular drug stock-outs. These factors affect access and quality.

**Water and sanitation.** The major investments made in water supply systems highlight the challenge of ensuring their sustainability, especially in rural areas. In 2011, 18% of rural water sources were inoperable (26% in the North). The urgent need for rehabilitation of these sources could compromise the commitment of resources to the construction of more water sources.

**Education.** The shortage of teachers and classrooms requires most schools to operate in two or even three shifts. The fast-track training of teachers, introduced in 2007 to train teachers in a single year, succeeded in increasing the teaching cadre, but at a high cost in terms of teaching quality. Although physical access to EP1 is now possible everywhere in the country, the shortage of schools and teachers is still a barrier to enrolment in EP2 and especially secondary education. Pre-school education remains poorly developed. All these aspects contribute to the poor quality of education, which remains a serious concern.

**Social action.** There is not yet a real system of social welfare services at local level, with adequately trained social workers able to play an effective role in preventing abuse, violence and social exclusion and in referring victims to the services they need. The sector is fragmented, with many non-State actors that are poorly coordinated and dependent on short-term external sources of funds, making it difficult to ensure sustainability and to scale up services.

**SOCIOCULTURAL FACTORS**

Gaps in knowledge, attitudes and practices, rooted in cultural traditions, unequal gender relations and weak access to information, are other key factors that affect the well-being of children. Of particular note is the continuing influence of traditional institutions and practices at community level, including initiation rites, which play an important role in shaping expectations and behaviours about women’s place in society and reproductive practices, especially for adolescent girls in the North and Center of the country. The high incidence of marriage of adolescent girls remains one of the most serious sociocultural problems, despite some improvement in recent years. There are also concerns in some practices around children’s feeding and hygiene issues which may put young children at risk.

The patriarchal culture sustains a wide social acceptance of domestic violence and contributes to the vulnerability of girls in sexual relations, exacerbating the risk of HIV infection.

Illiteracy and poor skills in the official language constrain access to information and knowledge, especially for rural women. Access to the media is still low even in the case of radio, as only 47% of rural households own a radio set.

**NATURAL DISASTERS AND CLIMATE CHANGE**

Mozambique is the third most at risk African country to natural disasters. Floods and cyclones are the most frequent, but droughts affect the greatest number of people. The frequency and impact of these are exacerbated by long-term climate change, which poses a threat to the livelihoods of millions of Mozambicans.
infrastructure and disrupt education and other social services. This is particularly true for families who are already vulnerable, and who have limited ability to prepare against, respond to and recover from environmental shocks. In addition, the low productivity of rain-fed agriculture, practiced by 95% of rural households, annually exposes a considerable part of the rural population to seasonal food insecurity, bringing in its wake an increase in acute malnutrition during the lean period before the harvest.

INSTITUTIONAL FRAMEWORK AND FINANCING

There is already a well-developed enabling environment of laws and policies to support the realization of child rights in Mozambique. Strategic planning was strongly reinforced by sectoral approaches initiated in the late 1990s and in which the country was a pioneer. However, implementation is often weak, due to capacity and resource constraints.

Mozambique has made great strides in the management of public finances in recent years. However, the social sectors receive less priority in the allocation of budgetary resources, in relative terms, despite an increase in spending in absolute terms, made possible by rapid economic growth and public revenue. For example, per capita expenditure on education rose by 72% in real terms between 2008 and 2013, despite a fall in the share of education from 23.3% to 18.5% of total spending.

CONCLUSIONS

Significant advancement has been made in improving the welfare of children, creating a solid foundation for further progress, but more investment is necessary. Investing in children is crucial for the country to realize its potential and to attain higher levels of development. Mozambique has large deficits in physical infrastructure that need to be addressed. But investment in human capital is also essential for equitable and sustainable development and poverty reduction, and that starts with the investment in children. To this end, it is crucial to solve the serious gaps of supply and quality in the social sectors.

As Mozambique moves into a period of rapid development of its mineral resource reserves, with the prospect that these will become significant sources of revenue in the future, it will be increasingly important to give greater priority to the financing of the social sectors, both to ensure the realization of children’s rights and to promote the development of human capital and economic growth in the long term. The advances of the last decade are encouraging, and, with investment in children, the potential for more consistent and rapid advances in the years to come can be guaranteed.
1 – DHS 1997, 2003 and 2011 and MICS 2008 done by the National Statistics Institute (INE), as well as administrative data, studies and official reports produced by the Government of Mozambique, NGOs and external aid agencies

2 – Proportion of students who attend primary education who fall in the correct age range for this level, and the population estimates of this age group

3 – Proportion of children of any age who reach the last grade of primary school and the total 12 year old population
Mozambique has the 8th highest prevalence in the world. 11.5% of 15 to 49-year-olds are HIV positive.

The more than 12 million Mozambican children constitute 52% of the population of the country.

The Cycle of Under-Nutrition
43% of Mozambican children (0-5 years) suffer from chronic under-nutrition.

Child Mortality - 0-5 Years
From 1996 to 2011, under 5 child mortality decreased by half.

Access to Information
19% Access to television
34% Access to radio
15% Access to mobile phones
22% Access to the internet

Gender Differences
Only 51% of women have access to birth registration, compared to 70% of men.

1 in every 2 girls is married before 18
This puts her at risk for abuse. Causes her to drop out of school.
Can result in early pregnancy and high risk of death for both mother and baby.

The Situation in Zambezia
1 in every 5 Mozambican live in this province.

Highest rate of under-5 mortality
Highest incidence of poverty
Lowest rate of birth registration
Lowest level of institutional deliveries and of assistance during births.