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MOZAMBIQUE’S CHALLENGES By Alina Sandra Silvi Abstract Mozambique, by its official name the Republic of Mozambique is a country in south-eastern Africa which in 1505 was colonized by Portugal. The country became independent in 1975 but in 1977 a civil war started and lasted for 15 years... by the end an estimated one million lives were lost. However, lots of things have changed for Mozambique in a decade; “ from being one of the poorest countries on Earth, it has joined a rare group of success stories" (Vines A., 2004). Today, its economy is booming, absolute poverty has fallen and all is due to increased production in agriculture — the main source through which people sustain their livelihoods. “ The country’s economic performance has been spectacular since 1994, making it one of the greatest recipients of foreign capital inflows in Africa. These inflows and increasing domestic growth enabled government expenditure on social and infrastructure projects to be doubled. Investment has included the two billion dollars BHP — Billiton aluminium smelter — the largest single investment in Mozambique’s history" (Vines A., 2004) Introduction This report will analyze some of the problems that Mozambique is still facing because despite the positive aspects presented, Mozambique is still struggling to achieve the eight Millennium Development Goals. The paper will focus on three inequalities although all of them are interrelated and all need to be achieved equally for a sustainable development of the country. First of all, the eradication of absolute poverty and hunger will be evaluated because half of Mozambique’s population is still living below poverty line. Secondly, the achieving of universal education will be assessed because through education people become more informed and develop skills which can help them to improve their lives; someone once said, “ Give a man a fish and he will eat for a day, teach a man to fish and he will eat for a lifetime" (Madi M. and Wilson E., 2005). In the end, the report will look at the impact of HIV/AIDS and other diseases on people and at how they can be combated. 1. Extreme poverty and hunger Every day we hear on the news or read in the newspapers that more and more people are starving and live in extreme poverty. This is also the case of Mozambique, a rich country due to its natural resources, with an economy considered of huge potential but where people still live in unimaginable conditions and got to bed with their stomachs aching due to the lack of food. Lappé et al (1998) present in their book some of the ‘ causes’ of the hunger and also prove that they are only myths... myths which can be contradicted. For example, one of the myths says that there is not enough food in the world and that is why some people go hungry... but, in fact, the world today produces enough grain itself in order to feed everyone and to provide them with thirty-five hundred calories per day. The American Association for the Advancement of Science found in a study that 78% of all undernourished children under five live in developing countries with food surpluses (Lappé, F. M. et al, 1998). Also countries such as India, Africa and Bangladesh, where hunger is at a high level, export much more in agricultural goods than they import. All these facts led to a single conclusion: that food scarcity is clearly not the cause of hunger. The main conclusion of the book — World hunger: 12 myths (Lappé, F. M. et al, 1998) — is that hunger is driven by poverty because people are too poor to buy readily available food and all this requires political not agrotechnical solutions. Allen, T. and Thomas, A. (2000) stated, “ Chronic hunger is related to poverty and a persistent failure to generate sufficient entitlements in a society". The World Bank measures poverty by the percentage of people living below an income of one US dollar per day. (see appendix 1, fig. 1) The proportion of the population living under the poverty line declined from 69. 4% in 1997 to 54. 1% in 2003. The main factor that led to such an improvement was the economic growth rate which was above 7% for much of the past decade. To continue the strong commitment and leadership proved since the achievement of PARPA I the Government of Mozambique have now implemented PARPA II which will be developed under the “ areas of macro-economy and poverty, governance, economic development, human capital and cross-cutting issues" (Mozambique second MDG report, 2005). 2. Education The second Millenium Development Goal’s — Achieve universal primary education — target is “ to ensure that, by 2015, all boys and girls are able to complete a full course of primary schooling" (Mozambique second MDG report, 2005). In 1975, when the Portuguese left the country, Mozambique’s only university lost most of its teaching staff and was forced to play its role in developing skilled manpower for the socialist experiment. The system of primary education in Mozambique contains two cycles: a lower level of five years (EP1) followed by two years of higher level (EP2). The net enrolment rate (NER) for EP1 increased substantially between 1997 and 2003, from 44% to 69. 4% (Mozambique second MDG report, 2005). Despite this progress Mozambique is still facing a high level of geographical and residential disparities, and also a gender gap — the NER for girls in EP1 was 66. 4% compared to 72. 4% among boys (Mozambique second MDG report, 2005). The completion rates in EP1 also increased from 22% in 1997 to 38. 7% in 2003, however, the country will not achieve the MDG target for 2015 if substantial and financial resources are not invested in the system. The World Bank stated in a report in 1985 that the role of literacy it is very powerful in determining a population’s level of mortality and also suggested that “ this factor carries far more weight than many others, including income growth" (Allen, T. and Thomas, A., 2000) Female education also has an important role in providing good health because an educated woman is capable of creating a healthier environment for her family. This idea has been supported by two of the World Bank’s publications — one in 1983 and the other in ten years later (Allen, T. and Thomas, A., 2000). In order to solve the education problem a first Education Sector Strategic Plan (ESSP I) was implemented for 1999-2003 period. The plan’s goal was to improve the education system in order to promote economic and social development and poverty reduction in Mozambique (Mozambique second MDG report, 2005). In 2005, the second ESSP was approved covering the period 2005-2009; its role is to continue the work of the first ESSP but also to strengthen it. 3. HIV/AIDS and other diseases The death rate of children under five years old in the least developed countries is 40% and the rate for people under 65 is 84% compared with only 0. 7% and 23% respectively in rich countries (Allen, T. and Thomas, A., 2000) . All these deaths are generated by diseases attack, especially the infectious and parasitic ones. The greatest threats for Mozambique’s development are HIV/AIDS. From 1998 to 2004 the HIV/AIDS prevalence among adults has increased from 8. 2% to 16. 2% although it varies greatly between the three regions of the country. (see appendix 1, fig. 2) In 2003 1. 5 million Mozambicans had HIV/AIDS (8% of total population) the majority being represented by women (58%). Among those living with HIV/AIDS 5. 8% were children under 15 years old. An important thing to bear in mind is that just as HIV and AIDS generate poverty and inequalities so do poverty and inequality facilitate the transmission of HIV. This happens because people in poor areas do not have the necessary income in order to buy condoms or an easy access to health facilities and HIV infection programmes. Today, HIV accounts for considerable mortality and morbidity and “ the UN programme UNAIDS recently estimated that by the end of 1996 more than 23 million people worldwide were infected with HIV and more than 6 million people had died with AIDS" (World Bank, 1997). Moreover, HIV/AIDS facilitate the transmission of other infectious diseases such as tuberculosis (TB); the most vulnerable one being again the poor ones who live in overcrowded conditions and have very low incomes. In fact, “ TB is now one of the leading causes of death among adults in many developing countries and it is estimated that it kills about three million people a year. The increase in fatal cases parallels the AIDS epidemic in many countries" (Allen, T. and Thomas, A., 2000). In order to confront this problem, in 2002, a multi-sectoral National AIDS Council (NAC) was created to lead and coordinate the national response to HIV/AIDS. The government also revised its National Strategic Plan to Combat HIV/AIDS and created a second one, for the period 2005-2009, that “ will prioritise the following seven areas: prevention, advocacy, stigma and discrimination, treatment, mitigation, research and investigation and coordination of the national response" (Mozambique second MDG report, 2005). Conclusion This report presented only three of the inequalities facing Mozambique when, in fact, there are much more and all of them are interrelated, creating a vicious cycle that needs to be broken in order to achieve a full and satisfactory development. The Secretary-General has outlined a number of priorities for UN action to sustain the development of all countries in Africa: \* Regional structures must be strengthened; \* Their economies have to be diversified and increase the promotion of ‘ free-market’ and ‘ free-trade’; \* Promotion of a Green-Revolution by financing the development of high-yield food crops etc. (UN Chronicle, 1995) List of references: Allen, T. and Thomas, A. (2000) Poverty and development into the 21st century Lappé, F. M., Collins, J. and Rosset, P. (1998) World hunger: 12 Myths Madi, M. And Wilson, E. (2005) Poverty in Africa. The world today journal, vol. 61, no. 11 Report on the Millenium Development Goals — Mozambique (2005) [online] available from [12 February 2011] Vines, A. (2004) Mozambique: Orderly change. World development journal, vol. 60, no. 12 UN Chronicle (1995) vol. XXXII, no. 4