This fact sheet is part of a project focusing on data produced by the national statistical offices monitoring the Millennium Development Goals (MDGs). These pages bring a snapshot of available data. The complete set of available data, with definitions, classifications and sources can be found in a data base located at **http://www.ssb.no/english/int/.** At the same web-page there is also a comprehensive metadata report for all the countries that are included in the project.

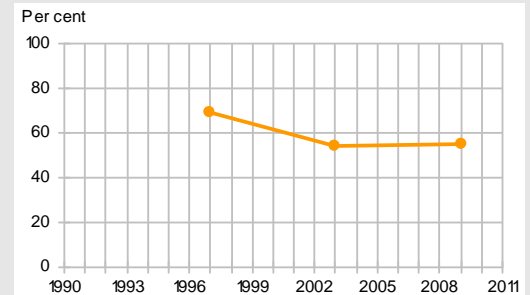## Goal 1: Eradicate extreme poverty and hunger

The first millennium target is to halve poverty by 2015. The *national poverty line* measures if a household can afford a minimum level of food and other goods. It is based on data on consumption collected in household surveys. According to the national poverty line in Mozambique poverty was reduced from 69 percent of the population in 1997 to 54 percent in 2003. In 2009 it was still 55 percent.

The *international* poverty line should be used for comparing poverty between countries and is defined as those living on 1.25 US dollar purchasing power parity or less per day. National poverty lines are measured differently from country to country and should not be compared.

Poverty gap is a measure of how poor the people under the poverty line are. The higher the poverty gap, the poorer the poor are. If the poverty gap is close to zero, the poor are just below the poverty line. The poverty gap ratio decreased from 29 percent in 1997 to 21 per cent in 2003 and remained the same in 2009 according to figures from Instituto Nacional de Estatística (INE), the national statistical office in Mozambique. Figures from the UN, based on estimates from the World Bank, show the same trend, but at a higher level.
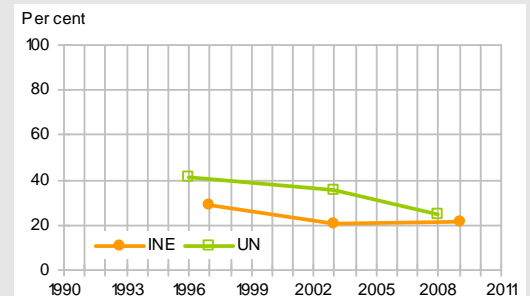
Prevalence of underweight children is an indicator used to measure hunger. This indicator measures the percentage of children under five years of age who is less than two standard deviations below the median weight for their age compared to an international reference population. 26 percent of the children were underweight in 1997, falling to 18 percent in 2008 and further to 14 per cent in 2011 according to survey data from INE.

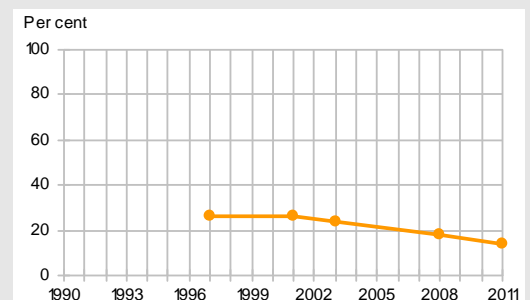**Indicator 1.1b: Rate of population below the national poverty line**

Source: Ministério de Planificação e Desenvolvimento (MPD): Pobreza e Bem-Estar em Moçambique (2010)

Indicator 1.2: Poverty gap

Source: INE: Inquérito aos Agregados Familiares (IAF) 1996/97, 2002/03; Inquérito ao Orçamento Familiar (IOF) 2008/09

Indicator 1.8: Prevalence of underweight children

Source: INE: Inquérito Demográfico e de Saúde (IDS) 1997, 2003, 2011; Questionário de Indicadores de Bem-Estar (QUIBB) 2003; Multiple Indicator Cluster Survey (MICS) 2008.

Disseminating Millennium Development Goal statistics

The Millennium Development Goals (MDGs) were launched by the UN in 2000. The 8 goals are divided into 21 targets and 60 indicators. The agreed upon indicators are supposed to be produced by the national statistical offices in each relevant country. This is not always the case. Much of the data is estimated and disseminated by international organisations. Statistics Norway's MDG project aims at disseminating figures from national sources (such as censuses, surveys and administrative data) together with the international ones (United Nations and World Bank). The main purpose of the project is to make the national data and relevant documentation easily accessible to the users, both in Norway and in the partner countries. This fact sheet contains some of the available statistics, but the main tool for dissemination is the database to be found at www.ssb.no/english/int

The project is a cooperation between Statistics Norway and the National Statistical Offices in seven countries: Bangladesh, Malawi, Mozambique, Nepal, Tanzania, Uganda and Zambia. The national data in the database is delivered by the national statistical offices, while the international data is derived from the UNSTAT MDG database.

Goal 2: Achieve universal primary education

Enrolment is the absolute number of pupils who are enrolled in a school. This information is recorded by the schools for administrative purposes and submitted to the Ministry of Education.

Attendance is whether the child attended school during the school year. This measurement is used in surveys by asking the question directly to the household the child belongs to.

Net enrolment/attendance rate in primary education is the number of children of official primary school age who are enrolled in/who attend primary education as a percentage of the total number of children of the official school age population. *Gross enrolment/attendance rate* includes the pupils who are out of school-age in the numerator, which is why the rate in countries with many pupils older that official primary school age can exceed 100 percent.

Official primary school age in Mozambique is from 6 to 12 years of age. In 2008, 81 percent of the children in that age group attended primary school according to survey data. 72 percent of the children were enrolled in 2008 according to administrative data. From 2009 and up to the most recent available figures from 2011, the numbers have converged and there are no longer huge differences between the two sources. In 2011 both sources show that around three quarters of the children in Mozambique are enrolled in/attend primary school. Both the administrative numbers and the survey data show the same underlying trend; from the 1990s to 2011 the net enrolment/attendance rate has nearly doubled.
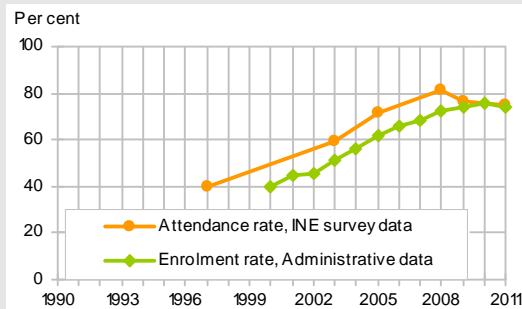
Goal 3: Promote gender equality and empower women

The *Gender Parity Index* shows the number of girls in school to the number of boys. If the ratio is 1, it means there are an equal number of girls to boys. Below 1 means more boys than girls are in school and above 1 means more girls than boys. INE in Mozambique uses net attendance rate to measure the Gender Parity Index. Based on the INE figures Mozambique reached the target of eliminating gender disparity for primary education in 2008 and has upheld this level since then, whereas the UN figures still show a higher number of boys than girls. Although both the INE and the UN figures show an increasing parity between boys and girls, the figures from the UN have consequently reported a higher number of boys.

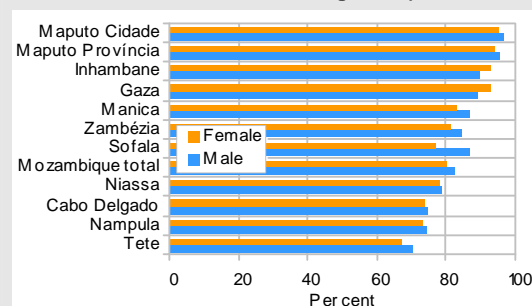### Surveys, censuses and administrative data
Surveys and censuses: Instituto Nacional de Estatística (INE) is in charge of national surveys. In a survey the information is typically collected from a sample of the population. The results from the sample are then used to estimate the situation in the whole population. INE is also in charge of population censuses where the whole population is enumerated. Mozambique's last population census was carried out in 2007. *Administrative data:* is usually collected by the relevant ministries and is most often based on register data. For instance the full number of children vaccinated, recorded by health stations and submitted to the Ministry of Health. The rates are found by dividing the recorded number by the number of people in the target group. This denominator is normally drawn from the population census, but sometimes other sources are used.

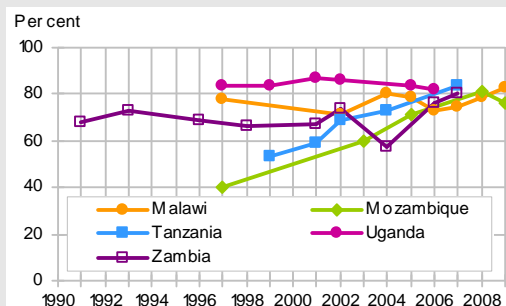**Indicator 2.1: Net enrolment and attendance rate in primary education**

Source: INE: Recenseamento Geral da População e Habitação (RGPH) 1997; IDS 2003, 2011; QUIBB 2005; MICS 2008
Adm: Ministério da Educação (MINED)

Indicator 2.1: Net attendance rate in primary education 2008 by province (sorted by total in descending order)
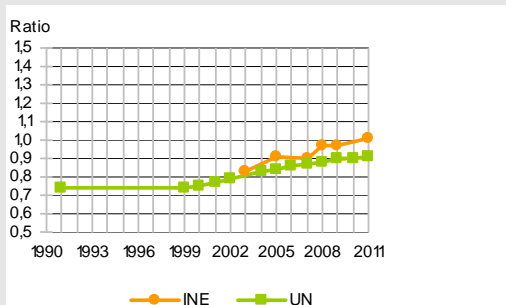

Source: INE: MICS Relatório Final 2008

Indicator 2.1: Net attendance rate in primary education

Source: Survey data from Malawi:National Statistical Office, Mozambique: Instituto Nacional de Estatística, Tanzania: National Bureau of Statistics, Uganda: Uganda Bureau of Statistics, Zambia: Central Statistics Office

Indicator 3.1: Gender Parity Index in Primary Education

Source: INE: IDS 2003, 2011; QUIBB 2005; RGPH 2007; MICS 2008; UNSD 2012

Goal 4: Reduce child mortality

The target for goal number four is to reduce the *under-five mortality rate* by two-thirds between 1990 and 2015. Mortality rate is expressed as the number of deaths per 1000 live births. The under-five mortality rate in Mozambique has decreased from 219 in 1997 to 97 in 2011. Based on these figures Mozambique is well on target to reach this goal. Also the infant (less than 12 months) mortality rate is decreasing and is down from 162 in 1990 to 64 in 2010.

It is generally recommended for children to be immunised against measles at the age of nine months, although some countries recommend later immunisation. *The proportion of 1 year olds immunised against measles* is found through surveys by using information provided by head of households on immunisation status for children between 12 and 23 months of age. Administrative data are recordings of immunisations by health personnel divided by the target group.

The survey data shows an increase in the immunisation level from 58 percent in 1997 to 77 percent in 2003 and a further increase to 82 percent in 2011. The administrative data are consequently on a higher level than the INE-survey data, whereas the UN data are a little lower for the last years.
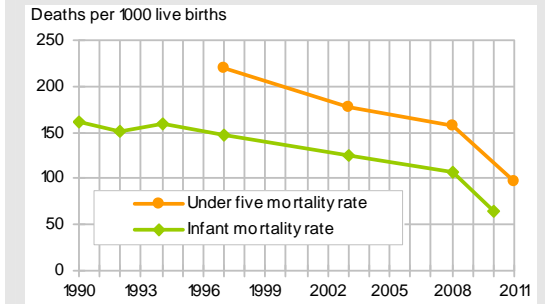
Using survey data, Malawi, Mozambique, Tanzania, Uganda and Zambia, the five African countries currently covered by this database, have a fairly similar level of immunisation against measles.

Goal 5: Improve maternal health

Maternal mortality rate is the annual number of women who die from any cause related to or aggravated by pregnancy or its management, expressed per 100,000 live births. The millennium target is to reduce the maternal mortality rate by three quarters between 1990 and 2015. Data on maternal mortality is in most countries collected through surveys only. As the surveys often only are carried out every five year and the sample size is rather small for this purpose, it is difficult to assess to what degree the goal is/will be reached. The data existing for Mozambique does suggest a decrease in maternal mortality rate from 692 in 1997 to 500 in 2007. The lowest rate was actually registered in 2003 with 408 maternal deaths per 100,000 live births.
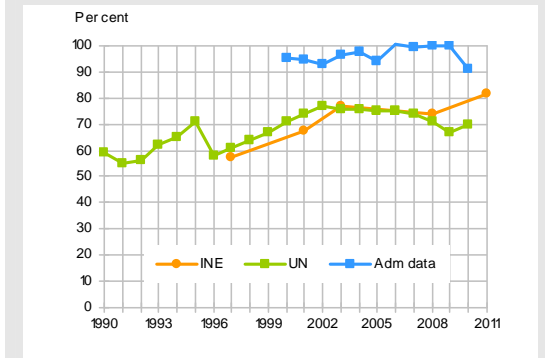
Proportion of births attended by skilled personnel is the percentage of deliveries attended by trained doctors, nurses or midwives. Traditional birth attendants, even if they receive a short training course, are not included. Access to skilled personnel is much higher in urban than rural areas and also varies between provinces. For the country as a whole the proportion of births attended by skilled personnel increased from 44 to 54 percent between 1997 and 2011. The proportion is larger in urban areas compared to rural areas. There are also substantial differences between provinces, ranging from 92 in Maputo Cidade to 33 percent in Tete (2008 figures).

Indicator 5.2:   Proportion of births attended by skilled health personnel. 2008 (sorted in descending order)

Source: INE: MICS 2008.

Indicator 4.1 and 4.2: Infant and child mortality rates
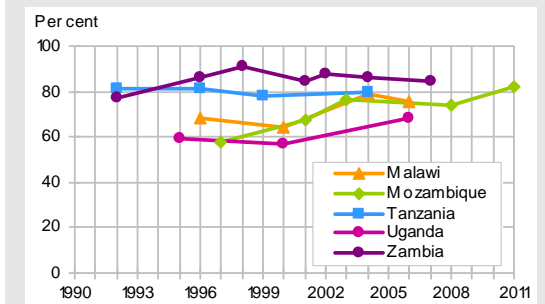
Deaths per 1000 live births

Source: INE: Inquérito aos Agregados Familiares (IAF) 1989, 1996-97, IDS 1997, 2003, 2011, MICS 2008.

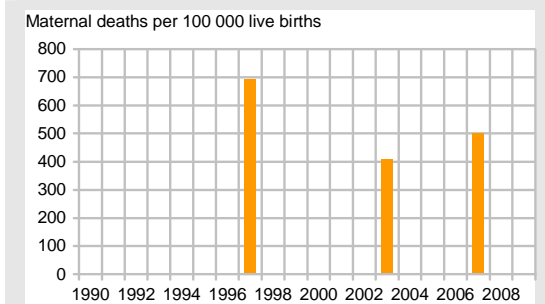**Indicator 4.3:   Proportion of one-year olds immunised against measles**

Per cent

Source: INE: IDS 1997,2003, 2011; QUIBB 2000-01; MICS 2008

Indicator 4.3:   Proportion of 1 year-old children immunised against measles. Survey data
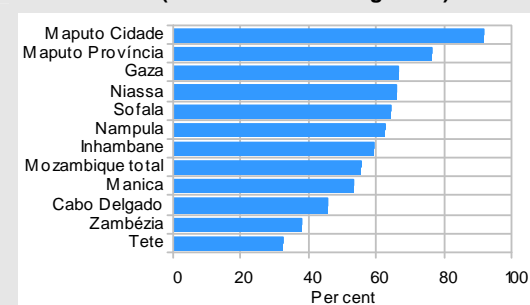
Per cent

Source: Survey data from Malawi: National Statistical Office, Mozambique: INE. Tanzania: National Bureau of Statistics, Uganda: Uganda Bureau of Statistics, Zambia: Central Statistics Office

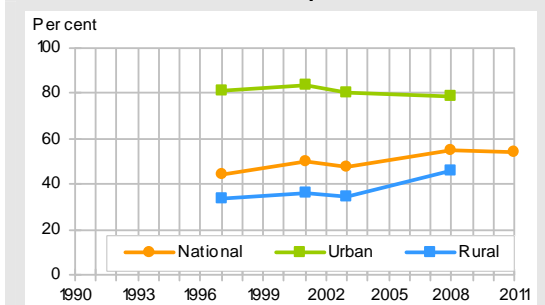**Indicator 5.1:   Maternal Mortality Rate**

Maternal deaths per 100 000 live births

Source: INE: IDS 1997 and 2003; RGPH 2007

Indicator 5.2:   Proportion of births attended by skilled health personnel

Per cent

Source: INE: IDS 1997,2003, 2011; QUIBB 2000-01; MICS 2008

Goal 6: Combat HIV/AIDS, malaria and other diseases

Target 6A is to have halted by 2015 and begun reversing the spread of HIV/AIDS. The HIV infection rate is mainly monitored by international agencies. *Condom use during last high-risk sex* is the percentage of young men and women aged 15-24 that had more than one partner in the past 12 months reporting the use of a condom during their last sexual intercourse. This is measured through surveys by INE.

Target 6C is to have halted by 2015 and begun to reverse the incidence of malaria and other major diseases. *Proportion of children under 5 sleeping under insecticide-treated bed nets* is the percentage of children aged 0 – 59 months who slept under an insecticide-treated bed net the night prior to the survey. According to survey data, the percentage increased from 10 in 2003 to a peak of 23 in 2008, in 2011 the proportion decreased to 18 percent.
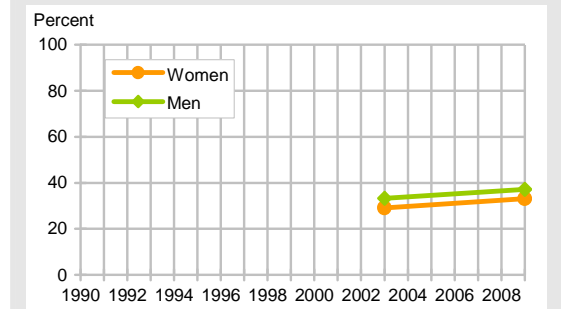
Goal 7: Ensure environmental sustainability

There are ten indicators measuring progress towards this goal, ranging from CO_2 emissions to how many people are living in slums. The only ones so far disseminated by INE are obtained from household surveys: Access to improved drinking water and sanitation facilities. The proportion of households using an improved drinking water source has increased for Mozambique from 37 percent in 2001 to 51 percent in 2011. The rural areas are however lagging behind the urban areas: 30 to 70 percent (2008 figures).

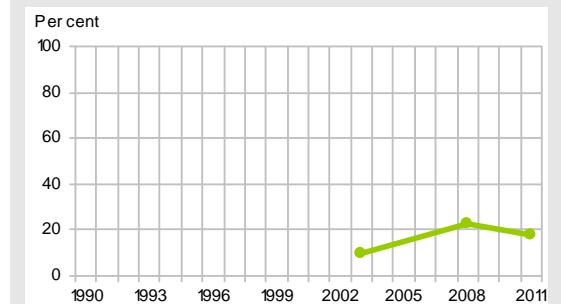## Goal 8: Develop a global partnership for development

The last of the millennium goals is measured by 16 different indicators. Eight of the indicators measure the amount of official development assistance (ODA) and debt relief the country receives, while four relate to market access. These eight indicators are collected internationally. One indicator is access to medical drugs. The last three relate to phone lines/internet.

International versus national data

The UN is in charge of collecting the MDG data, and is therefore the main international source for MDG indicators. Indicator 4.1 is collected by UNICEF, and the UN data for this indicator is estimated. UN estimates in cases where corresponding country data on a specific year or set of years is not available, or when multiple sources exist, or where there are concerns regarding data quality. These estimates are based on national data, such as surveys or administrative records. The national data for this indicator is collected by INE in Demographic and Health Surveys in 1997 and 2003 and the Multiple Indicator Cluster Survey in 2008 and the IDS in 2011.

The data from the UN covers a longer time span, and the graph shows that the trends for the UN and the INE figures are fairly similar. For the latest year, 2011, we see a sharp decline in the INE figures, whereas the UN has not yet updated for 2011. For the UN figures there is no documentation on how the estimates are made and which national data that constitutes the basis for the estimates.

Indicator 4.1: Under-five mortality rate

Deaths per 1000 live births

National data: INE: IDS 1997, 2003, 2011   MICS 2008.
International data: UN MDG database: http://mdgs.un.org/unsd/mdg/Data.aspx

Indicator 6.2:   Condom use at last high risk sex, 15-24 year-olds
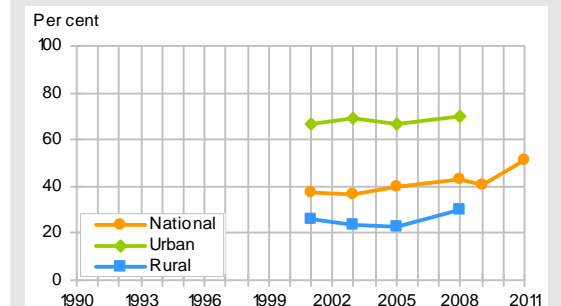
Percent

Source: INE: IDS 2003; Impacto Demográfico do HIV/SIDA (INSIDA) 2009

Indicator 6.7:   Proportion of children under 5 sleeping under insecticide-treated bed nets
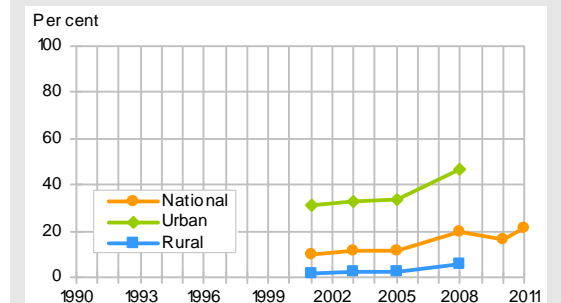
Per cent

Source: INE: IDS 2003, 2011; MICS 2008;

Indicator 7.8:   Proportion of population using an improved drinking water source

Per cent

Source: INE: QUIBB 2000/01, 2005; IDS 2003, 2011; MICS 2008

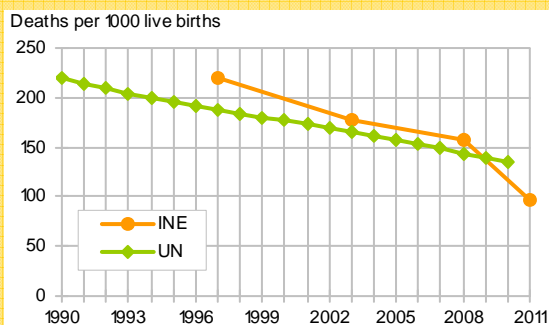**Indicator 7.9:   Proportion of population using an improved sanitation facility**

Per cent

Source: INE: QUIBB 2000/01, 2005; IAF 2003, MICS 2008; IDS 2011