



Mozambique

Ausi Petrelius/CARE



Country Snapshot

Population:	22.4 million
Life expectancy at birth:	48 years
Adult literacy rate:	44%
Access to improved water source:	42%
GDP per capita (PPP):	US\$802
Infant mortality rate:	90 per 1,000 live births
Maternal mortality rate:	520 per 100,000 live births
HIV prevalence:	12.5%

Sources: UNICEF State of the World's Children Report 2010, *UNDP Human Development Report 2009

Program Overview CARE began operations in Mozambique in 1986 with emergency assistance and food distribution for people who were affected by the protracted war between government and rebel forces. From 1990 to 1994, CARE expanded its project portfolio to include disaster recovery and development activities. Following the end of the war in 1992, CARE focused on implementing long-term development projects in the areas of agriculture, water, sanitation and hygiene, microcredit and savings, maternal and reproductive health, and HIV/AIDS. CARE is currently working in Nampula, Inhambane, Cabo Delgado, and Maputo focusing on the following sectors: local water management, sanitation and hygiene, natural resource management and food security, health and HIV/AIDS, microfinance, and governance. Through our combined programs and partners we reach approximately 1.5 million people. It is important to note that women are often the most vulnerable to shocks and the most marginalized. Hence, they often suffer the most from natural emergencies and are not able to participate as fully in development efforts unless deliberate, strategic actions are taken. This has long-term implications for overall development and ability to reduce poverty if those most marginalized do not participate in the processes.

Agriculture & Natural Resource Management

Mozambique is one of the more densely forested countries in southern Africa, but serious logging is creating environmental degradation and poor residents in forested areas seldom benefit from revenues generated. Natural disasters have been increasing in frequency and intensity in Mozambique, and there is growing acknowledgment of the effects of climate change and global warming on such phenomena. Shifting rainfall patterns induce changes in soil humidity, drought, erosion, and pest and disease patterns, with serious implications in a subsistence agriculture

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economy. Agricultural production faces numerous constraints ranging from limited farmer knowledge of and access to markets and credit, expensive inputs, limited access to irrigation, as well as post-harvest losses. Through our programs, communities have access to training in conservation agriculture, linking to the market, and natural resource management (including land, forests, water, fisheries). In northern Inhambane 12,613 women and men farmers were trained in conservation agriculture in 2009.

Economic Development

Mozambique has not been exempt from the sharp rises in fuel and food prices all over the world. At the same time, the country faces social and economic risks associated with changing dynamics in the region, including the decrease in formal migrant labor to neighboring countries due to economic issues as well as xenophobic attacks and the economic/political difficulties in Zimbabwe. CARE has therefore facilitated the commercialization of various agricultural products to stabilize livelihoods. In 2009 CARE worked with 809 livestock traders, 226 craft traders, and 1,237 members of village savings and loans.

Water, Sanitation & Hygiene

Access to safe water is affected by both flooding and drought, which increase risk of diarrhea and other water-borne diseases. CARE works with rural and urban communities on building and maintaining water, sanitation and hygiene infrastructure and practices. Approximately 100,000 people benefited from this work in northern Mozambique.

Health & HIV/AIDS

While efforts are being made to improve access to health services, a large majority of the population has limited access to quality health services. In addition, potential increases in hunger and malnutrition could result from drought and extreme weather, so CARE works to reach the most vulnerable to disease. For example, 1,088 orphans

and children have received different types of support in nutrition and health, including training for their parents.

Mozambique is one of the 10 countries most affected by the HIV/AIDS pandemic, resulting one of the lowest life expectancies in the world. An estimated 510,000 children were orphaned due to HIV/AIDS in 2006, with poor youth and women disproportionately affected. In 2009 CARE continued its work in supporting prevention and treatment. A total of 8,294 students were involved in prevention activities, 941 persons living with AIDS started their antiretroviral treatment, 808 women received treatment to prevent the transmission of HIV to their children, and 10,690 women were tested and counselled in HIV.

Governance

Mozambique has made significant progress in democratization and decentralization of power, holding free elections since 1994 and establishing 33 municipalities. However, the public sector is characterized by a dominant party, a weak opposition, generalized lack of trust, weak civil society organizations, corruption, and patronage. CARE has supported the government's decentralization policy by providing training to formal and informal structures that represent the population at the most basic levels through 40 Local Development Councils.

Major Donors

The Royal Netherlands Embassy, the U.S. Government's Center for Disease Control (CDC), the United States Agency for International Development (USAID), The Danish International Development Agency (DANIDA), The Canadian International Development Agency (CIDA), UK Department for International Development (DfID), Australian Agency for International Development (AusAID), Irish Aid, the Sall Foundation, and other private foundations from the U.S. and Europe.

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