**Country Report Installment 1: Mozambique**

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**Mozambique**

In 1983, SNE (The National System Education was introduced and was the first system created by the Mozambicans after gaining their independence. However, before 1975, the Mozambique education system was comprised of private schools, missionary schools, and private schools (Lucrezi et al., 2019). Notably, the pre-independence education system was selective; for instance, the public schools mainly catered for the well-off “assimilados,” and Portuguese, the post-independence education system has retained the characteristics. Moreover, the SNE consists of five sub-systems: general education, higher education, teacher vocational, technical training, and adult schooling. It is worth noting that the Mozambique education system is arranged into three categories: primary, secondary, and higher education.

Out of 188 nations, Mozambique has been ranked 181st in the 2015 UNDP Human Development Index. Furthermore, out of 159 nations, Mozambique has been ranked 139th in the UNDP Gender Inequality Index. Among the factors that have enormously resulted in the perilous status of girls and women in the nation are HIV/AIDS epidemic and extreme poverty (Magee et al., 2019). For example, few girls complete primary school, which is around 46 percent, and fewer complete secondary education (about 22 percent). At least 56 percent of women are functionally illiterate, particularly around 70 percent of the women living in the rural areas.

A paradise for holidaymakers, Mozambique still faces numerous challenges of infrastructural concerns, which results in the spread of disease in the issue of Health care system. Furthermore, Mozambique's healthcare system is limited and fundamental (Lucrezi et al., 2019). The citizens are not insured to public healthcare hence relying on remarkably few private healthcare systems, and Majority are situated in Maputo. Notably, wealthy citizens chose to travel to South Africa for complex procedures.

The public health services in Mozambique are strained to be the expected standards by numerous ex-pats. Public hospital facilities have very few primary resources and are mainly managed by staffed medical technicians, Cos, and nurses (Lesutis, 2019). In few rural areas, they are minor public health services, resulting in the locals traveling for long hours to acquire the nearest government health services. Emigrants in Mozambique must invest enormously in full-scale international health entities to cater to the bills of private hospitalization and anticipated medical evacuation to South Africa.

In 2020, the Mozambique unemployment rate was at a 3.4 percent level compared to the previous year at 3.2 percent. Furthermore, from 1991 to 2020, Mozambique’s unemployment rate was at 2.59 percent in 1991, and in its maximum in 2015 at 3.43 percent, and the current value at 3.4 percent.

In Mozambique, the primary industry that has created job opportunities for the majority is agriculture (Zavale, 2018). Agriculture has employed around 80 percent of the labor market and provides income to the enormous individuals of around 23 million inhabitants. Notably, agriculture has created major industries in Mozambique, for example, tobacco, food, chemicals (fertilizers), and textiles, although the manufacturing sector has around 6 percent of the Mozambican labor force employed.

According to statistics, approximately 37.07 percent of Mozambique's population stays in urban cities and areas. Comparing Mozambique proportions of the urban and rural population, with 28 million citizens, 68 percent of the individuals live in rural areas. Around 60 percent of the individuals live on the coastline because numerous livelihoods in Mozambique solemnly rely on natural resources, for example, rain-fed fishing and agriculture (Muadica et al., 2021).

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