



**Republic of Mozambique**



# **Country Programme Action Plan 2007 - 2009**

**Between  
The Government of Mozambique  
And  
The United Nations Children's Fund**

**Addendum 1  
Country Programme Action Plan Extension  
2010 - 2011**

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## **Introduction**

As requested by the Government of Mozambique, hereinafter referred to as “the Government” and the United Nations Children’s Fund, hereinafter referred to as “UNICEF”, the Country Programme of Cooperation between the Government and UNICEF, hereinafter referred to as “the Country Programme” has been extended for two years (2010 – 2011). The extension of the Country Programme will ensure its continued alignment with the national priorities as outlined in the next *Plano Quinquenal* and related operational documents. The UNICEF Country Programme will also remain fully harmonised with the United Nations Development Framework (UNDAF) both in terms of the content and time period, as the UNDAF has also been extended by two years (2010 – 2011).

The strategies and priorities of the Country Programme during the two-year extension period (2010 – 2011) will remain consistent with the first three years of the Country Programme (2007 – 2009). This document extends the Country Programme Action Plan (CPAP) for the period 2010 to 2011. It provides a brief update to the relevant sections of the CPAP (2007 –2009) and therefore uses consistent reference numbers for headings below.

### **Part I. Basis of Relationship**

The Basic Cooperation Agreement (BCA) concluded between the Government and UNICEF on 2 May 1996 provides the basis of the relationship between the Government and UNICEF. The Country Programme Action Plan for the extension period of the Country Programme 2010 to 2011 is to be interpreted and implemented in conformity with the BCA. The programme and its components described here and in the CPAP (2007 – 2009) have been agreed jointly by the Government and UNICEF.

### **Part II. Situation Analysis**

- 2.1 The economy continues to grow at a strong pace, averaging over seven per cent per year since the early 2000s. Despite this impressive progress, significant challenges remain. More than half of Mozambican children continue to live below the poverty line. According to the 2008 Human Development Index, the country was ranked 175 out of 179 countries in the world.
- 2.2 The country’s positive record related to post-war recovery and reconciliation, as well as the Government’s commitment to reform, has attracted substantial support from the donor community. As a result, Mozambique is among Africa’s largest recipients of international development assistance. International assistance is particularly concentrated in sectors key to child development, and therefore the efficiency and effectiveness of this assistance has a direct bearing on the pace of progress for children. External aid is progressively being channelled through General Budget Support and common funds, ensuring greater alignment with government policy and strategy and also resulted in improved coordination between development partners. The overall level of public resources allocated to key social sectors, however, remains limited, with key sectors including water and also social protection requiring additional public resources in order to continue the current positive trends.
- 2.3 The impact of the global financial crisis, in addition to having a potential detrimental impact on the economy due to a lower demand for exports, may also lead to a reduction in the level of international development assistance. Such a decrease may have a negative impact on child development as international aid continues to provide a significant proportion of the budgeted resources in key social sectors.
- 2.4 The fight against poverty is at the top of the Government’s agenda and is central to the *Plano Quinquenal* and to the second poverty reduction strategy paper (PARPA II), which is currently being evaluated. Ongoing legal and policy reform initiatives, including the approval by the Parliament of

the Children's Act and the Juvenile Justice Act in 2008, have contributed to an enabling environment that is conducive to the realisation of child rights.

- 2.5 Improvements in social indicators have been observed in recent data collection exercises, including the Census 2007 and also the Multiple Indicators Cluster Survey (2008). The 2008 national MDG Progress Report estimated that Mozambique has the potential to achieve 12 of the 21 MDG targets – among them are those relating to poverty, under-five mortality, maternal mortality, malaria and the establishment of an open trading and financial system. The significant increase in the enrolment of children in primary school registered in recent years has continued, with the net enrolment ratio in grade 1-7 estimated to have reached 99.2 per cent in 2008 (96.2 per cent for girls)<sup>1</sup>. Completion rates, however, remain low (72.6 per cent in grade 1-5 and 46.0 per cent in grade 6-7)<sup>2</sup>. The quality of education continues to be a matter of concern as the augmented inflow of learners, without a corresponding increase in the capacity of the system in terms of additional classrooms and teachers, has a negative effect on the quality of the learning environment as testified by the increasing pupil-classroom (50:1) and pupil-teacher ratio (73:1)<sup>3</sup>.
- 2.6 According to the most recent estimates, based on projections from 2003 survey data, the under-five mortality rate decreased to 138 per 1,000 live births, which represents a significant decline since 1990, when the rate was 235 per 1,000 live births<sup>4</sup>. If this trend is confirmed by the recently conducted MICS data, Mozambique has the potential to achieve the MDG target on child mortality<sup>5</sup>. Nevertheless, there is the potential that this impressive reduction in child mortality in Mozambique will slow down as the impact of HIV/AIDS becomes more apparent<sup>6</sup>.
- 2.7 The HIV pandemic continues to be the most serious challenge to Mozambique's development. Data from the 2007 epidemiological surveillance indicated that the HIV prevalence among people 15 to 49 years of age was 16 per cent. HIV prevalence has remained stable in the northern and central regions, while it has increased in the southern region. It is estimated that approximately 142,000 Mozambican children under the age of 15 are living with HIV or AIDS, 8,679 of which are receiving anti-retroviral treatment (19 per cent of children eligible to receive treatment)<sup>7</sup>.
- 2.8 The number of orphans in Mozambique is estimated to have increased to 1.8 million, of whom 420,000 are estimated to have been orphaned due to AIDS<sup>8</sup>. In 2008 the Government cash transfer scheme increased the number of beneficiaries by 30 per cent, reaching a total of 129,000 families, many of whom are families caring for vulnerable children.
- 2.9 Humanitarian emergencies as a result of natural disasters, including floods, cyclones and droughts, continue to be frequent in the country and have affected hundreds of thousands of people in recent years. Mozambique's response is coordinated by the National Disaster Management Institute (INGC), with proactive support from national and international partners. The IASC Humanitarian Cluster Approach was adopted in 2007 and has resulted in greater coordination and collaboration of the humanitarian agencies in emergency preparedness and response.

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<sup>1</sup> Ministry of Education and Culture, *2008 Annual School Survey*, 2008.

<sup>2</sup> *Idem.*

<sup>3</sup> *Idem.*

<sup>4</sup> UNICEF, *State of the World's Children*, 2008 – estimates for the year 2006.

<sup>5</sup> The recently completed Multiple Indicator Cluster Survey, managed by INE, will provide information on an extension range of indicators related to the situation of children including the rate of child mortality.

<sup>6</sup> The slowdown in the reduction of child mortality reduction is expected to be confirmed by the 2009 SOWC, which will report higher level of infant and child mortality. 2009 SOWC estimates have been calculated on the basis of computer modelling.

<sup>7</sup> National Institute of Statistics, *Demographic Impact of HIV/AIDS in Mozambique*, 2008 – preliminary data.

<sup>8</sup> National Institute of Statistics, *Demographic Impact of HIV/AIDS in Mozambique*, 2008 – preliminary data.

### **Part III. Lessons Learned**

- 3.1 Lessons learned during the implementation of the first three years of the Country Programme (2007-2009) remain relevant for the extension period. These include (i) continued involvement in General and Direct Budget Support aid modalities; (ii) participation in sector-wide approaches (SWAs); (iii) focus on the most vulnerable and marginalised children; (iv) emphasis on integrated and multi-sectoral programmes (e.g. Child Friendly Schools initiatives) and cross-cutting issues (e.g. HIV and AIDS); and (v) recognition of the importance of the systematic dissemination of evaluations and studies.
- 3.2 Building on the key strategies of the Country Programme, including gender mainstreaming and the human rights based approach, greater focus will also be placed on innovative approaches such as related to promoting knowledge management and adopting a risk management approach. This will contribute to continued progress in planning, programming and reporting.
- 3.3 This extension period will also be guided by the analysis of results achieved and trends highlighted in recent data collection exercises. This analysis will also support evidence-based advocacy and policy dialogue. Ensuring a constructive balance between policy engagement and providing technical support to the scale-up of quality basic services will continue to be prioritised in the management of the programme. Efforts will also be directed to ensuring support to large-scale outreach programmes in health, water and sanitation, education and child protection, particularly through accelerated expansion of access to quality social services targeting the most vulnerable and marginalised children. Accelerated scale-up of cost-effective, sustainable interventions, to mitigate the increasing impact of the HIV and AIDS pandemic in the country will continue to be key priorities of the Country Programme.
- 3.4 To enhance institutional capacity development, UNICEF will continue to engage and partner extensively with civil society organisations, UN agencies, bilateral and multilateral agencies, the private sector and the media, building on the core and central partnerships that are ongoing with Government line ministries and national, provincial and district level authorities. Particular focus will continue to be directed towards strengthening effective capacity building interventions for decentralised planning, implementation, monitoring and evaluation by Government and partners.

### **Part IV. Proposed Programme**

#### **Programme outcomes and strategies**

- 4.1 The Country Programme in the extension period (2010 – 2011) builds on and maintains the programmatic orientation and strategic focus of the first three years of the Country Programme (2007 – 2009). It aims at contributing to the reduction of disparities in the well-being of children by ensuring that vulnerable children in the most disadvantaged families and communities progressively realise their rights to survival, development, protection and participation.
- 4.2 The results expected to be achieved at the end of the Country Programme extension period are summarised in Annex I ‘Expanded results and resources matrix for the period 2010 – 2011.’ The Country Programme Action Plan extension matrix reflects both the continuation of the strategic framework and expansion of selected key targets of the CPAP (2007 – 2009).
- 4.3 The extended Country Programme remains aligned with national planning cycles and multi-sectoral priorities. It is also fully harmonised with the United Nations system within the framework of the extension UNDAF. Guided by human rights instruments and international development goals, the

entire cycle of the Country Programme (2007-2011) will continue to contribute to all focus areas of UNICEF Medium-Term Strategic Plan (MTSP).

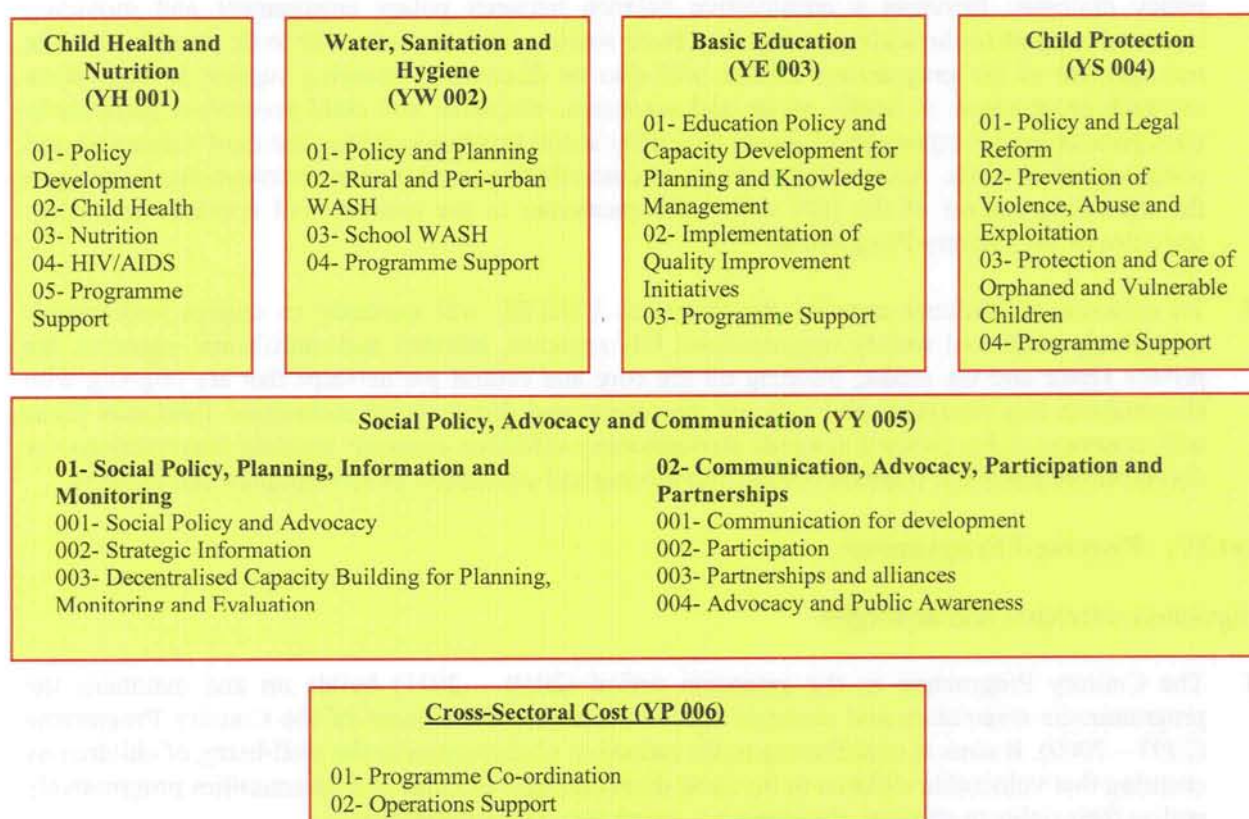
- 4.4 In order to achieve the goal and results expected, the human rights-based approach to programming and the following interrelated strategies will guide the design, implementation, monitoring and evaluation of all programmes: (i) focus on the most vulnerable and marginalised children; (ii) institutional capacity development; (iii) evidence-based advocacy for child rights; and (iv) mainstreaming of HIV/AIDS and gender in each programme component.

### Programme geographical coverage

The Country Programme geographical coverage in the extension period remains the same as in the 2007 – 2009 cycle. For an overview of the Country Programme geographical coverage, please refer to the CPAP 2007 – 2009.

### Programme structure

The Country Programme structure in the extension period remains the same as in the 2007 – 2009 cycle, with additional emphasis placed on ensuring collaboration and synergy between the various components of the Communication, Advocacy, Participation and Partnerships Programme.



## Programme components

The Country Programme components during the extension period remain the same as in the 2007 – 2009 cycle. They encompass (i) Child Health & Nutrition; (ii) Water, Sanitation and Hygiene; (iii) Basic Education; (iv) Child Protection; and (v) Social Policy, Advocacy and Communication. (For an overview of the Country Programme components and respective programmatic focus, please refer to the CPAP 2007 – 2009).

## Summary Budget Table (2010 – 2011)

Country Programme Components	Funding Source	2010	2011	Total
Child Health and Nutrition	RR	3,700,000	3,700,000	7,400,000
	OR	16,000,000	16,000,000	32,000,000
	<b>Subtotal</b>	<b>19,700,000</b>	<b>19,700,000</b>	<b>39,400,000</b>
WASH	RR	2,500,000	2,500,000	5,000,000
	OR	11,400,000	11,400,000	22,800,000
	<b>Subtotal</b>	<b>13,900,000</b>	<b>13,900,000</b>	<b>27,800,000</b>
Basic Education	RR	2,700,000	2,700,000	5,400,000
	OR	7,000,000	7,000,000	14,000,000
	<b>Subtotal</b>	<b>9,700,000</b>	<b>9,700,000</b>	<b>19,400,000</b>
Child Protection	RR	2,000,000	2,000,000	4,000,000
	OR	8,200,000	8,200,000	16,400,000
	<b>Subtotal</b>	<b>10,200,000</b>	<b>10,200,000</b>	<b>20,400,000</b>
SPAC	RR	3,400,000	3,400,000	6,800,000
	OR	2,400,000	2,400,000	4,800,000
	<b>Subtotal</b>	<b>5,800,000</b>	<b>5,800,000</b>	<b>11,600,000</b>
Cross-sectoral	RR	1,709,000	1,709,000	3,418,000
	OR	1,500,000	1,500,000	3,000,000
	<b>Subtotal</b>	<b>3,209,000</b>	<b>3,209,000</b>	<b>6,418,000</b>
Total Country Programme	RR	16,009,000	16,009,000	32,018,000
	OR	46,500,000	46,500,000	93,000,000
	<b>Grand Total</b>	<b>62,509,000</b>	<b>62,509,000</b>	<b>125,018,000</b>

## Part V. Partnership Strategy

The Country Programme partnership strategy in the extension period remains the same as in the 2007 – 2009 cycle. It encompasses Government partners at national and sub-national levels, UN agencies, bilateral and multilateral agencies, and civil society organisations (For an overview of the Country Programme partnership strategy, please refer to the CPAP 2007 – 2009).

## Part VI. Programme Management

The Country Programme management structure in the extension period remains the same as in the 2007 – 2009 cycle. The Harmonised Approach to Cash Transfers (HACT) will continue guiding the management of transferring of resources between Implementing Partners and UNICEF (for an overview of the Country Programme management, please refer to the CPAP 2007 – 2009).

## Part VII. Monitoring, Evaluation and Assurance

The Country Programme monitoring, evaluation and assurance framework in the extension period remains the same as in the 2007 – 2009 cycle (For an overview of the Country Programme monitoring, evaluation and assurance framework, please refer to the CPAP 2007 – 2009).

## Part VIII. Commitments of UNICEF

- 8.1 The UNICEF Executive Board has approved a total commitment not exceeding the equivalent of US\$ 32,018,000 from UNICEF Regular Resources, subject to availability of funds, to support the activities detailed in this Country Programme Action Plan extension document, for the period beginning 1 January 2010 and ending 31 December 2011.
- 8.2 The UNICEF Executive Board has also authorised UNICEF to seek additional funding to support the programmes specified in the CPAP extension, referred therein as Other Resources, to an amount equivalent to US\$ 93,000,000.
- 8.3 UNICEF commitments outlined in the Country Programme Action Plan 2007 – 2009 remain valid during the extension period of the Country Programme (for an overview of commitments of UNICEF in the Country Programme, please refer to the CPAP 2007 – 2009).

## Part IX. Commitments of the Government

The Government will honour its commitments in accordance with the provisions of the Basic Cooperation Agreement (BCA) of 2 May 1996. The Government commitments outlined in the Country Programme Action Plan 2007 – 2009 remain valid during the extension period of the Country Programme (for an overview of commitments of the Government in the Country Programme, please refer to the CPAP 2007 – 2009).

## Part X. Other Provisions

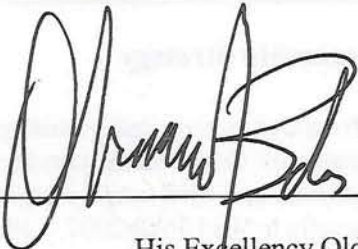
This Country Programme Action Plan and the Expanded Results and Resources Matrix for the period 2010 – 2011 annexed hereto complement the signed CPAP (2007 – 2009) and become effective upon signature. The Country Programme Action Plan will be understood to cover the Country Programme activities to be implemented during the extension period from 1 January 2010 to 31 December 2011. All other provisions outlined in the CPAP (2007 – 2009) remain valid during the extension period of the Country Programme.

*IN WITNESS THEREOF the undersigned, being duly authorised, have signed this  
Country Programme Action Plan*

*in Maputo, Mozambique.*

**For the Government of Mozambique**

**Date:** 17 September 2009



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His Excellency Oldermiro Baloi  
Minister of Foreign Affairs and Cooperation

**For the United Nations Children's Fund**

**Date:** 17 September 2009



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Ms. Leila Gharagozloo-Pakkala  
Representative, UNICEF Mozambique