

MOZAMBIQUE

## PARTNERSHIP MENU CHILD-FRIENDLY INITIATIVES

crianças mozambique health educação saúde protection igualdade mocambique education equality children mozambique protecção edu  
cação rças mozambique health educação saude protection igualdade mocambique education equality children mozambique protecção  
crianças mozambique health educação saude protection igualdade mocambique education equality educação mozambique crianças  
ren mozambique protecção crianças mozambique health educação saude protection igualdade mocambique education equality children  
mozambique protecção crianças mozambique health saude protection igualdade mocambique education equality children mozambique  
protecção crianças mozambique health educação saude protection igualdade mocambique education equality children mozambique  
saude crianças mozambique health educação saude protection mocambique education equality children mozambique protecção crianças  
mozambique health educação saude protection igualdade mocambique education equality children mozambique protecção crianças  
health educação saude protection igualdade mocambique education equality children mozambique educação protecção health igualdade



unite for  
children

unicef 

# Contents

## ① Health

- Accelerating child survival and development
- Malaria

## ② HIV and AIDS

- Preventing mother-to-child transmission of HIV
- Paediatric AIDS

## ③ Education

- Child-friendly schools

## ④ Protection

- Protecting children from violence

## ⑤ Spreading the message

- Through community theatre
- Through child-to-child media
- Through multi-media mobile unit

United Nations Children's Fund  
Mozambique Country Office  
1440, Zimbabwe Ave.  
P.O. Box 4713  
Maputo, Mozambique

Telephone 258-21 481 100  
Facsimile 258-21 491 679

[www.unicef.org/mozambique](http://www.unicef.org/mozambique)

# Support Child-Friendly Initiatives

In Mozambique, where the need for sustainable development is great, the private sector can make a real difference to the lives of children, many of whom are living in poverty and deprivation.

Ensuring that a child goes to school, has access to quality healthcare, is fed with nutritious meals and is protected from abuse and exploitation is key to creating a healthier, more literate and ultimately more productive society.

UNICEF works closely with the Government of Mozambique, other United Nations agencies, international agencies, civil society, the private sector, communities and donors to develop innovative solutions to major challenges confronting children.

We support initiatives that are led by our national partners and have a positive impact on the lives of children. We help create a better world for children by continuously bringing home the message that children need more care, more support and more protection.

This partnership menu offers corporate partners an opportunity to make Mozambique a better place for children. You will find a variety of child-focused initiatives that you can support with a range of contributions. With as little as USD\$3.20 a kit of learning material (school bag, stationary and exercise book) can be provided to a child so he or she can go to school, for USD\$54 you can buy a complete treatment of nutritional supplements for one malnourished HIV-positive child to fully recover and with USD\$12,000 you can build a class room benefiting 150 children.

By supporting Child-Friendly Initiatives, you show your commitment to children. A company that cares about children is a worthy social corporate citizen. A company that invests in children is part of a global movement creating a world fit for children.

If you are interested in supporting a Child-Friendly Initiative, UNICEF can assist you with:

- Further information on child-friendly projects.
- Expert advice on where your support can have the maximum impact.
- Facilitating a partnership with the Government and other organisations involved in child-friendly programmes.



Leila Gharagozloo-Pakkala  
UNICEF Representative

# Why invest in Mozambique's children?

**M**ozambique is one of Africa's most successful examples of a nation that has managed to rebuild itself after a long civil war. The economy grew at an average of nine percent between 1997 and 2003, helping to reduce overall poverty and improve people's living standards. The Government is determined to make further inroads into poverty reduction and has set a national goal of reducing the incidence of poverty from 54 percent of the population in 2004 to 45 percent in 2009.

## Poverty is still a challenge

Poverty reduction and other social advances have however not benefited everyone equally. There are great disparities in income, education, health and nutritional status as well as access to safe water and sanitation. Generally speaking, rural people, girls, women and uneducated people are worse off than those living in urban areas, boys and men and those that have been to school.

Mozambique is a youthful country. Half of its population is under the age of 18. Around 58 percent of children live below the poverty line. Poverty denies them of their rights to basic services and participation and causes countless children to go hungry, miss school or be exploited in hazardous child labour.

One of Mozambique's main challenges will be to translate its economic gains into improved wellbeing for children.

## Children's lives are under threat

Around 320 children under the age of five die every day in Mozambique, mostly of easily preventable and treatable diseases. Malaria and acute respiratory illnesses such as pneumonia are the two immediate causes of mortality among young children. One in four deaths among children under the age of five is due to malaria. AIDS-related illnesses are also fast emerging as major child killers. In 2006, there were close to 100,000 children under fifteen living with HIV and AIDS and an average of 55 children were dying of AIDS-related diseases every day.

## Better quality of education and more schools are needed

Some 650,000 primary school aged girls and boys are missing from classrooms as a result of poverty, poor quality of education and long traveling distances to school. There is a chronic shortage of primary and secondary schools and many of the existing school buildings are in disrepair, without roofs, windows, desk, chairs or electricity. An estimated 70 percent of schools do not have a water supply and latrines.

And although the primary school system has expanded rapidly since 1992, investments in the quality of education have not been able to match the growing school population, which in 2005 numbered 3.8 million children. In the lower primary level, for example, there is an average of one teacher for every 74 learners and only 58 per cent of teachers are qualified to teach. More than half of primary school aged children leave school before they complete grade five.

## The basics of life are not yet there for everyone

Mozambique is also among the countries with the lowest coverage for drinking water and sanitation in eastern and southern Africa. Two thirds of the population does not have access to safe water and only 54 percent have access to adequate sanitation. Water-borne diseases such as cholera and diarrhoea pose a significant threat to child survival. In districts affected by recurrent drought, children suffer from a higher incidence of diarrhoea because of the reliance on unsafe water sources.

## The AIDS epidemic delivers a blow to families and children

HIV and AIDS is the greatest threat to Mozambique's development. There are 1.6 million people living with HIV and AIDS – 58 percent are women. Girls aged 15–19 are three times more likely to be infected than boys in the same age group because of biological and social factors. Projections of the impact of the epidemic suggest that life expectancy at birth (presently 37.1 years) will decline to 35.9 years by 2010.

Out of the country's 1.6 million orphaned children, more than 380,000 have lost their parents to AIDS-related illnesses. As adults continue to die, the number of children orphaned by AIDS is predicted to rise to 626,000 in 2010. Orphaned children face a number of vulnerabilities and risks including living in child-headed households, sexual exploitation and abuse, hazardous child labour, early sexual debut and marriage, poor school attendance and performance and poor emotional and mental health.





# HEALTH

HELP CHILDREN GROW



## Accelerating child survival and development

**C**hildren and women in Mozambique stand a better chance of surviving than they did more than a decade ago. Gains in child and maternal well-being, however, have not been even across the country, and large numbers of children and women, especially those living in rural areas, remain at risk.

- Of an estimated 715,000 new born children every year, about 89,000 will die before reaching age one and an additional 39,000 will die before reaching age five.
- The majority of deaths in children under the age of five years are due to common, preventable and treatable conditions, such as malaria, pneumonia, diarrhoea and malnutrition
- Chronic malnutrition has not improved in Mozambique in the past few years – 41 per cent of children are stunted

Children in rural areas are more likely to die before the age of five than children in urban areas because of inadequate access to health facilities. The proportion of children under five who have never been immunised against any diseases or young children, who have recently had a severe episode of acute respiratory infection but have not received treatment, is four times higher among children from the poorest households than children in the better-off households.

## There's a way

Children's lives can be saved if communities know how to protect children's health and well-being. When children fall ill, it is critical that families bring them to health facilities in time and that they receive proper treatment.

The Ministry of Health, with support from UNICEF and other partners, works to address the underlying causes of the high mortality and poor nutritional status of children. Interventions are implemented nationwide while particular activities such as malaria prevention and immunisation are focused on areas where coverage of services is low and children are most vulnerable to disease.

## Make a difference

By supporting the health sector, private/public partnerships can make a positive contribution to community based treatment, which is a priority of the sector for 2007 and beyond. Attention will be focussed on prevention and treatment of the most common childhood illnesses, including malaria, diarrhoea, pneumonia and acute malnutrition. A key element of community-based programmes is the training of community health workers in prevention, health promotion and curative health care. To assist their work, community health workers also receive basic health kits from the Ministry of Health containing medicines, nutrition supplements and first aid supplies.

With a high coverage of basic health services, particularly through community based treatment, it is estimated that 30 per cent of all child deaths could be prevented in Mozambique.

## What does it cost?

- ✓ **US \$350** to purchase a bicycle-ambulance for health workers to visit communities and transport patients.
- ✓ For **US \$1,050**, a community health post can be established, containing office furniture (desk, chairs and filing cabinet).
- ✓ For **US \$125** a community health worker will be provided with a kit so he or she can perform basic health checks.
- ✓ **US \$1,850** will provide six months of training for a community health worker and a multi-skilled community health worker (who does preventative, health promotion and curative work).
- ✓ **US \$40** purchases a package for the community health worker including caps, T-shirts, notebooks, stationary and a backpack.
- ✓ A three month radio programme broadcast on community radio costs **US \$2,500**.

### ...and what does it cost to buy drugs for one child?

- ✓ A child can be treated for pneumonia with antibiotics for **\$0.20** cents
- ✓ Helping a child recover from diarrhoea with oral rehydration therapy and zinc tablets costs **\$0.67** cents
- ✓ Ensuring that the nutrition status of an acutely malnourished child is fully restored with the use of Plumpy'nut costs **\$54**



# HEALTH

HELP CHILDREN GROW



## Malaria

**A**lthough it is a preventable and treatable disease, malaria is among the major cause of death among children. For pregnant women, malaria is also a serious danger. Malaria infection during pregnancy can have adverse effects on both the mother and the unborn child, including maternal anaemia, foetal loss, premature delivery and low birth weight babies.

Malaria accounts for 40 per cent of all out-patient consultations and up to 60 per cent of in-patients in paediatric wards

- In 2003, the Demographic Health Survey (DHS) found that 18 per cent of
- women with children owned a mosquito net but only 13 per cent of women and 10 per cent of children were using it at night
- Only 15 per cent of children are treated for malaria and eight per cent are given drugs within 24 hours

Malaria also contributes to maternal mortality when combined with other diseases and conditions such as tuberculosis, HIV infection, malnutrition and iron deficiency.

## There's a way

One of the most effective and low-cost methods of preventing malaria is to sleep under an Insecticide-Treated Net (ITN) or the newer Long Lasting Insecticidal Nets (LLIN) which do not need re-treatment and can last for over five years if well taken care of.

The Ministry of Health, with support from UNICEF and other partners, works to prevent and control the incidence of malaria through focusing on the most vulnerable. Vulnerable groups include pregnant women, children under five years and people living with or affected by HIV and AIDS.

In order to reduce the health risk associated with malaria in pregnant women, the Ministry of Health introduced intermittent preventative treatment (IPT) in 2006. IPT involves providing pregnant women with two or more doses of anti-malaria drugs during routine ante-natal visits regardless of whether the women have symptoms of malaria or not.

## Make a difference

Through private sector partnerships, companies can join efforts with the Government, UNICEF and Civil Society Organisations to procure and promote the use of ITNs and LLINs through social mobilisation campaigns. Nets are distributed free of charge to pregnant women through antenatal services and to children under the age of five through mobile teams, where other health services such as de-worming, polio immunisation, vitamin A supplementation and treatment of common diseases can also take place.

## What does it cost?

- ✓ Spreading the message through a three month radio programme using community radio costs US \$2,500
- ✓ One life saving LLIN costs US \$6.50, with an additional US \$2.00 for distribution to remote locations.
- ✓ To produce, print and distribute 65,000 malaria pamphlets as part of a community awareness raising campaign costs US \$1,590.

### **...and what does it cost per child?**

- ✓ For **\$1.55** a child can be fully treated from malaria through a course of a combination of anti-malarial tablets

## 2

# HIV / AIDS

CHILDREN NEED PREVENTION,  
TREATMENT AND CARE

## Preventing mother-to-child transmission

**C**hildren can be infected with HIV during pregnancy, delivery or through breastfeeding. Around three in every ten HIV-positive pregnant women will transmit the virus to their baby in the absence of preventative measures. An HIV-positive child does not live long. Without treatment, more than half of all babies born with HIV will die before their first birthday.

In 2006, an estimated 146,000 pregnant women were living with HIV and AIDS in Mozambique.

- Almost 100 babies are born HIV-positive every day.
- There are 99,000 children under the age of 15 living with HIV and AIDS, with the majority having contracted the virus through their mothers.
- By 2010, Mozambique will have 121,000 HIV-positive children.

Very few HIV-positive pregnant women receive prophylactic treatment to prevent mother-to-child transmission of HIV. In 2005, only 5.5 percent of all HIV-positive pregnant women were benefiting from Prevention of Mother-to-Child Transmission (PMTCT) interventions and only 4.4 percent of children born to HIV-positive mothers had received antiretroviral drugs (ARV) to lower their chances of becoming infected.

## There's a way

Saving newborns from HIV infection is possible. If a pregnant woman benefits from a package of services designed to lower the risk of mother-to-child infection, the risk of transmission can be reduced from about 30 percent to five percent.

Prevention is a priority in Mozambique's response to the AIDS pandemic. The Government, with support from UNICEF and other partners, launched a national Prevention of Mother-to-Child Transmission (PMTCT) programme in 2002. By August 2006, there were 142 PMTCT services operating in the country, a significant progress considering that only five years ago, PMTCT was virtually non-existent in Mozambique.

HIV-positive pregnant women are encouraged to give birth in a hospital or health clinic with a PMTCT service.

There, they receive a range of interventions to reduce the risk of transmission. These include counselling and testing for HIV, safe delivery, ARV prophylaxis for the mother during labour and the baby within 72 hours after birth, psychosocial support, counselling on infant feeding, follow-up of children exposed to HIV, and ARV treatment and prophylaxis and treatment for opportunistic diseases for qualifying mothers, their partners and babies. Supportive community services such as *Positive Mothers* groups and child-friendly home-based care complement the centre-based programme.

## Make a difference

PMTCT services need to be expanded further in order to save children's lives. The Ministry of Health has plans to incorporate PMTCT in all public health facilities with antenatal care—almost 800 facilities in total. Corporate companies can join hands with the Government, UNICEF and other key partners to bring PMTCT closer to many more women and children:

## What does it cost?

- ✓ Rehabilitation of a health centre to accommodate a PMTCT site costs **US \$10,000**.
- ✓ It costs **US \$5,000** to furnish and equip a site to ensure the provision of good quality PMTCT services.
- ✓ The cost of a training course designed for 24 health workers on PMTCT, including training material is **US \$13,000**.
- ✓ Increasing public demand for PMTCT services in one province, through social mobilisation campaigns costs **US \$20,000**.

### ...and what does it cost per child?

- ✓ **US \$3.50** enables a pregnant woman to receive counselling and testing for HIV at an ante-natal care consultation

## 2

# HIV / AIDS

CHILDREN NEED PREVENTION,  
TREATMENT AND CARE

## Paediatric AIDS

**W**ithout treatment, care and support, HIV multiplies and rapidly destroys a child's fragile immune system. Severe malnutrition and opportunistic infections such as pneumonia are life-threatening AIDS-related complications. More than half of children with HIV infection die in their first year of life and AIDS-related illnesses are fast emerging as a major cause of mortality among children.

In 2006, 17 percent of child deaths were as a result of AIDS-related illnesses.

- Every day in Mozambique approximately 100 children are born HIV-positive.
- There are 99,000 children under the age of 15 living with HIV and AIDS.
- 3,000 children out of 73,000 children in need of ARV treatment were receiving it as of October 2006.

The number of new infections among children has been steadily increasing over the years. In 2000, there were around 23,400 new infections. Six years later, 37,300 new infections were recorded.

## There's a way

Children on treatment can expect to live longer and healthier lives in an age of highly active antiretroviral therapy. Treating HIV-positive young children is a complex task of using potent combinations of ARV syrups to suppress the HIV virus from multiplying itself.

In 2005, paediatric AIDS treatment received an enormous boost in Mozambique when the Government announced that one of its key priorities in the national response to the AIDS epidemic would be to scale up treatment for HIV-positive children. A target of providing treatment to 34 percent of eligible children by year 2009 was established as a national goal. This represents about 34,000 children under treatment. The number of paediatric treatment sites providing ARVs is planned to increase from 34 in 2005 to 150 in 2009, with a particular focus on disadvantaged provinces in the centre and north of the country.

UNICEF has been supporting children living with HIV and AIDS since 2002. With UNICEF's help, the Government was able to set up a specialist Paediatric Day Hospital in Maputo's Central Hospital in 2004, train paediatricians and other doctors in the treatment and care of children living with HIV and AIDS and provide drugs to treat HIV infection and opportunistic diseases, and nutritional supplements to rehabilitate malnourished children with HIV.

## Make a difference

The Government is planning to expand the reach of treatment to thousands of children who urgently need it. Paediatric treatment sites and community home-based care programmes need to be scaled up to reach more children, and to extend and improve children's lives. Corporate companies can make this happen by helping establish treatment centres that provide quality service and through supporting communities to look after children at home.

## What does it cost?<sup>1</sup>

- ✓ It costs **US \$20,000** to rehabilitate a health centre to accommodate a paediatric treatment site.
- ✓ Furnishing and equipping a site and providing toys for children costs **US \$10,000**.
- ✓ The cost of a training course designed for 40 doctors on paediatric AIDS treatment and care is **US \$25,000**.
- ✓ The cost of a training course designed for 40 community activists to support and follow up HIV-positive children and their parents/caregivers amounts to **US \$10,000**.
- ✓ For **US \$460** one community activist can be supported with a kit of supplies and a bicycle for transport to provide home-based care.
- ✓ Increasing public awareness of paediatric AIDS treatments in one province, through social mobilisation campaigns can be achieved with **US \$20,000**.
- ✓ The day to day costs of running a provincial day hospital providing paediatric AIDS services is **US \$8,400**.

### ...and what does it cost per child?

- ✓ A year's supply of nutritional supplements can be provided to an HIV-positive child for **US \$150**.
- ✓ A special attention consultation for the child at-risk costs **US \$1.50** per child

---

<sup>1</sup> Costs of drugs are not included in the budget because they are covered by Government programmes

# 3

# EDUCATION

GET KIDS TO SCHOOLS

## Child-friendly Schools

**M**ore children than ever are able to go to school in Mozambique: 83 percent of children are enrolled in primary education, up from 32 percent in 1992. However, what, where and how they learn is a challenge:

- In the lower primary level, there is one teacher for every 74 learners and only 58 percent of teachers are qualified to teach.
- More than half of primary school aged children leave school before they complete grade five.
- 70 percent of primary schools do not have a water supply and latrines for boys and girls.
- 42 percent of school children are deficient in iodine, thwarting brain development and reducing intellectual ability.

Poverty and HIV and AIDS are depriving children of education. Children living in the poorest families, orphaned children and girls are especially at risk of dropping out of school or not going to school at all. More than 650,000 primary school-aged children are missing from classrooms all across the country.

## There's a way

Children can be kept in school or encouraged to go back to class. The key is to make schools attractive, effective and relevant to children's lives.

The Ministry of Education and Culture is implementing the Child-Friendly Schools initiative with UNICEF's support. The Child-Friendly School initiative is a package of integrated interventions that helps improve the quality of education and has been successfully adopted by several other African countries.

The initiative includes a range of activities such as teacher training, school health programmes, provision of teaching and learning material and installation of safe water and toilets. Providing several services at once can stimulate demand for education, a critical factor in attracting out-of-school children and ensuring that children complete their primary education with competencies in literacy, numeracy, life skills and self-development.

Another important function played by Child-Friendly Schools is the care and support of children who have lost their parents or been made vulnerable by poverty, HIV and AIDS and other difficult circumstances. Besides being centres of academic learning, child-friendly schools provide boys and girls with psychosocial support, life skills such as HIV prevention and health education.

The Child-Friendly School initiative has already started in all primary schools in Maganja da Costa district, Zambezia province. In 2006, it reached 50,000 children in 128 schools. From 2007 to 2009, the programme will be introduced in six more districts in Manica, Sofala, Tete, Gaza, Cabo Delgado and Nampula provinces.

## Make a difference

The ultimate goal is to make all primary schools in Mozambique much more child-friendly. As schools become more child-friendly, they attract more pupils, encourage them stay in school and help them achieve better learning outcomes. Companies can contribute towards a minimum quality package of child-friendly interventions, which includes construction of classrooms, rehabilitation of water and sanitation facilities, teacher training, school health activities, care and support of orphaned and vulnerable children and social mobilisation:

## What does it cost?

The minimum quality package for a Child-Friendly School costs **US \$100,000**, which is allocated as follows:

- ✓ **US \$40,000** for the construction of a school with five furnished classrooms for 500 children and ten teachers, two houses for teachers and one administration block.
- ✓ **US \$20,000** for the construction of water facilities in school (borehole and hand pump) providing safe and affordable water and (ten) latrines to over 500 children.
- ✓ **US \$40,000** will be used to train all the teachers on child-friendly learning methods, train the school council on participative monitoring, provide both teachers and students with learning materials including stationary, exercise books, two didactic books and a school bag, train at least two teachers on school health and train 20 social activists to assess the needs of orphaned and vulnerable children in communities surrounding the school.

### ...and what does it cost per child?

- ✓ It costs US\$7.50 to provide a complete learners kit (a school bag, stationary, exercise books and two didactic books) for one child

# 4

# PROTECTION

KEEP CHILDREN SAFE

# 4

## Protecting children from violence

**E**very year, thousands of children and women are victims of violence and abuse. According to the 2003 Demographic and Health Survey, more than half of women interviewed said that men had the right to beat women under certain circumstances such as refusing sexual relations. A significant percentage of men thought that it was acceptable to hit a woman.

As many as 34 percent of women reported to have been beaten by a husband, close relative or friend, according to a 2004 study by the Ministry of Women and Social Action.

- Since 2002, specialised police centres for women and children victims of violence have reported approximately 23,000 cases of violence and abuse of which 6,000 involved children. The great majority of crimes were committed within the direct family environment.
- A 2005 study by Save the Children and others revealed that eight percent of children had suffered sexual abuse in school and a 35 percent had experienced sexual harassment.
- Around 1,000 women and children are trafficked into South Africa every year for labour and sex work according to a 2002/2003 report by the International Organisation on Migration.

Widespread poverty and the AIDS pandemic are exposing children to violence and abuse. Four out of 10 children under the age of 18 are thought to be vulnerable to a host of dangers including destitution, child labour, sexual exploitation and HIV infection. The country has an estimated 1.6 million orphaned children of which 380,000 have lost their parents to AIDS-related diseases. Without adults to protect and shelter them, orphaned children are especially susceptible to mistreatment and exploitation.

## There's a way

Vulnerable children need protection. The communities they live in have to be empowered to take action against violence and abuse. This means breaking the culture of silence and reporting abuse to the police or local authorities. Links between police and social services need to be strengthened so that children and women victims of violence are given immediate help and referred to supportive services. It is necessary to create a network of services for children and strengthen institutions that are orientated to protecting children.

As of 2006, the Ministry of Interior with support from UNICEF, has established over 150 *Centros de Atendimiento* (Centres of Assistance) for victims of violence in all 11 provinces. The centres are a specialised section of the police for women and children that have suffered from violence, abuse and exploitation. These centres provide services to help report crimes, support relevant procedures and provide protection. They also provide reporting and referral services for victims and through an outreach programme, are responsible for raising community awareness on violence and mobilising local action to stop it. Police officers receive special training so that they handle cases with sensitivity, confidentiality and respect for women and children's rights.

To improve this vital service, UNICEF is working with the Ministry of Interior and non-governmental partners to establish 18 model centres<sup>2</sup> in each provincial capital and seven districts. The goal is to provide women and children with comprehensive support and assistance in reporting abuses, legal aid, medical and psychosocial rehabilitation and to create community demand for the services offered by the centre.

## Make a difference

To help victims of violence heal and reclaim their lives, UNICEF is providing corporate partners with a unique opportunity to make it happen! Companies can get involved by contributing towards a minimum quality package of interventions for a *Centro de Atendimiento*:

## What does it cost?

- ✓ The construction of a furnished *Centro de Atendimiento* costs **US \$45,000**.
- ✓ The annual running costs and supplies for each *Centro de Atendimiento* and communal areas is **US \$2,500**.
- ✓ Transport for staff providing support and outreach programmes within communities is **US \$2,700/Centre** per year.
- ✓ Training cost for six police officers to keep a centre open 24 hours a day, seven days a week is **US \$840/Centre**.

### ...and what does it cost per child

- ✓ It costs **US\$55** to support one child in a *Centro de Atendimiento* based in Maputo City.

---

<sup>2</sup> The model centre should on one hand ensure that women and children have access to comprehensive support and assistance and on the other hand ensure that communities are aware of issues related to the protection and prevention of violence, abuse and exploitation and of the services centres provide. Ideally, centres should where possible be located outside police stations to make them more easily accessible to women and children, reducing fears of stigmatisation and harassment. Centres should further include separate and private rooms for triage and reporting, a room for women and children to recover in privacy, as well as to take overnight refuge if necessary and include basic cooking and storage facilities. Each centre should in addition be staffed 24 hours a day by a team of police officers, working in shifts and adequately trained on children and women's rights and on appropriate procedures for providing support to women and children victims of violence.

# 5

# SPREADING THE MESSAGE

HELP YOUNG PEOPLE ADVANCE MOZAMBIQUE

## Young and vulnerable

Young people in Mozambique are up against many odds – poverty, HIV and AIDS, lack of educational opportunities, limited access to information and cultural practices that discriminate against girls and young women.

- 58 percent of Mozambican children under the age of 18 live below the poverty line.
- Access to secondary education is extremely limited and remains the privilege of mostly children from wealthy homes and those living in urban areas.
- By the age of 14, a third of Mozambican children are sexually active but few use condoms.
- Girls between the ages of 15 and 19 are three times more likely to become infected with HIV than boys within the same age group. Young girls are more vulnerable to HIV infection due to the immaturity of their reproductive systems and their likelier exposure to survival and transactional sex and vulnerability to sexual abuse.
- 18 percent of girls aged 20–24 have been married before the age of 15. Early marriage is closely associated with teenage pregnancy and school dropout.

At the same time, young people hunger for knowledge, skills and the opportunity to contribute to society, no matter how difficult their lives may be. When given a chance to voice their opinions and actively participate in community life, young people can become a social force to be reckoned with. They can inspire others to live healthy and constructive lives. They can start income-generating schemes and uplift their communities. They can grow into productive adults and build a better Mozambique.

## There's a way

Young people in Mozambique need platforms where they can make a meaningful impact on the world they live in. Programmes that engage youth work best when designed in partnership with young people and are aimed at changing their lives in positive ways.

In support of the Government and civil society, UNICEF has been promoting youth participation and community development through community theatre and media programmes. Young people are working hand in hand with peers, professionals and ordinary community members to empower citizens with information and knowledge needed to lead healthy and productive lives.

## ■ Through community theatre

In a country such as Mozambique where the electronic press has not reached rural areas, community theatre has proved to be a successful way of encouraging community debate, creating conditions for reflection and motivating people to make improvements in their lives.

The Community Theatre Network, a collective of 100 theatre groups that works all over the country, invites members of the audience to actively participate in their plays as performers. Through these lively performances where everyone has a chance to get involved, awareness is raised and positive behaviour promoted in the areas of HIV prevention, basic health and immunisation, girls' education, gender awareness and hygiene education.

The drama style was originally developed in Brazil and is now used across the world to help people explore their life experiences and find solutions to problems. UNICEF is supporting community theatre groups in 8 provinces in Mozambique.

## Make a difference

Corporate partners are invited to help the Community Theatre Network RETEC-GTO (Grupo de Teatro do Oprimido) have a wider coverage and greater impact in their work:

## What does it cost?

For **US \$125,000** the entire Community Theatre Network can be supported to carry out its work for one year. Specific areas of support could cost as follows:

- ✓ Training 50 theatre groups in project management, HIV prevention and promotion of basic education and hygiene and sanitation costs **US \$22,500**.
- ✓ It costs **US \$5,000** for five day training on theatre techniques for behaviour change involving HIV and AIDS focal points within companies.
- ✓ For **US \$11,250** costumes and sets can be purchased for 50 theatre groups.
- ✓ Supporting 50 theatre groups to perform dramas in communities in all regions of Mozambique costs **US \$17,500**.

## ■ Through child-to-child media

The Child-to-Child Media Network is the voice and face of Mozambican children in the local media. The network involves children and young people in the development, production and presentation of TV and radio programmes. Child abuse and violence, HIV and AIDS, hygiene and sanitation, basic health and nutrition, education and entertainment provide content for programming.

UNICEF has been supporting child-to-child radio programmes since 2000 in partnership with young people, Radio Mozambique, TVM, the Community Radio Network and UNESCO. More than 30 programmes are broadcast on national and community radio in 16 local languages and Portuguese in all 11 provinces and involve 350 young radio journalists. In 2004, the project was brought to the television screen with UNICEF support. The Roda Viva television programme is presented by three young people from Maputo, with the involvement of young people from the provinces.

## Make a difference

Corporate partners have an opportunity to join this exciting initiative. You can support the Child-to-Child Media Network by contributing towards a range of options:

## What does it cost?

For **US \$145,000** at least 33 child-to-child radio programmes on one national radio station (Radio Mozambique central and provincial programmes) and ten community radio stations can be produced and broadcasted. Specific areas of support could cost as follows:

### Equipment kits to support the work of a radio club

- ✓ It costs **US \$1,000** for a microphone, mini-disk recorder and a box of mini-disks.
- ✓ With **US \$2,250** a desktop computer, printer and UPS can be purchased.
- ✓ Didactic material including books in Portuguese and local language, and Internet access costs **US \$1,425**.

### Production and broadcasting of a Radio Programme

- ✓ Supporting district-level field trips for 350 child journalists to all provinces to interview and collect information for radio programmes costs **US \$30,000**.
- ✓ For **US \$15,000** child-child radio programmes on health, water, sanitation and hygiene promotion, basic education and HIV prevention can be produced and broadcasted in all provinces.
- ✓ Hosting a national and district Children Songs competition every two years and the production of a national CD and 11 provincial CDs costs **US \$20,000**.

### Equipment kits to support the Roda Viva television programme

- ✓ It costs **US \$5,225** to purchase a video camera and tripod.
- ✓ With **US \$7,865** sound kits can be purchased for all 11 provinces.
- ✓ A pack of video camera tapes can be bought for each province, at a cost of **US \$1,100**.

## ■ Through mobile multi-media

Mobile units travel to communities and are used to stimulate community debate on HIV and AIDS, reproductive and sexual health and girls' education. The social mobilisation activities also include information and discussions on preventable diseases, nutrition and immunisation. A mobile multi-media unit is a vehicle equipped with a video projector, a big screen, and a radio and is stocked with information, education and communication material. Each unit carries tents, which can be set up as counseling rooms or spaces for group discussions.

A mobile unit team normally stays in a community for four days, showing a film on the big screen followed by a play or other cultural activities. Depending on the nature of the topic that is addressed through the film or drama performance, the audience is invited to discuss the issue openly or if it is sensitive, privacy is provided through group discussions in tents. Young people are also encouraged to visit the Health Counselling and Testing (HCT) service where they can get tested for HIV and obtain information on preventative services such as PMTCT and youth-friendly health services (YFHS).

Mobile multi-media units work in rural communities with high illiteracy rates and very limited access to electronic media. By the end of 2006, UNICEF-supported mobile units were able to reach 260,000 people in Manica, Sofala, Zambezia, Tete, Nampula, Gaza and Maputo provinces with critical information and services.

## Make a difference

The Social Communications Institute (ICS), a governmental organisation that is one of UNICEF's main partners in the project, is looking for corporate sponsorship to expand the mobile multi-media project. Companies can get involved by contributing towards equipment and activities.

## What does it cost?

### Equipment kits to support social mobilisation activities in one province:

- ✓ The cost of a sound kit including mixer, amplifier, cassette and CD players, microphone and speaker is **US \$13,800**.
- ✓ A video kit consisting of video players, TV monitors, screens and digital cameras can be purchased for **US \$8,500**.

- ✓ A multimedia kit with two multimedia projectors costs **US \$21,000**.
- ✓ An accessories kit with video and audio tapes can be purchased for **US \$3,000**.
- ✓ For **US \$3,500** a camping kit consisting of tents and sleeping bags can be purchased.

#### **Mobile unit**

- ✓ A pick-up truck (mobile unit) for carrying out communication activities **US \$45,000**.
- ✓ **US \$8,000** will support the maintenance and fuel required a one mobile unit for one year.

#### **Community mobilisation activities**

- ✓ The cost of carrying out community screenings on the importance of girls education, HIV prevention and good and safe hygiene practices, including counselling sessions for one year is **US \$20,000**.

#### **...and what does it cost per child?**

- ✓ It costs **US \$2,825** to support the participation of a child or young person in the Child to Child Radio programme for one year.
- ✓ The participation of one child to produce and broadcast community radio programmes costs **US \$7,950** per year.

# Private Sector in action

## Caring for us!

**T**he growing sense of social responsibility within the private sector in Mozambique has led to companies creating initiatives to support their own staff members and the wider community within which they work.

In the workplace, EcoSIDA (Business Network against AIDS), is supporting programmes that:

- Increase knowledge and skills to reduce HIV infection through promoting regular HIV awareness sessions in the workplace, providing access to voluntary testing and counselling and training peer-group educators.
- Care for employees living with HIV/AIDS in order to improve their health and nutritional status through providing nutrition programmes, ensuring access to treatment and developing training programmes for family members caring for relatives.
- Facilitate access to medical treatment so that people living with HIV/AIDS and their dependents can remain healthy and productive through providing information on how to prevent vertical transmission, providing access to anti-retroviral treatment and information on living positively.
- Focus on orphaned and vulnerable children (OVCs), ensuring care and support for children of employees and providing access to a basic package including education on HIV/AIDS prevention and healthy living.
- Establish HIV and AIDS policies within the workplace.

In addition to HIV and AIDS prevention programmes, the private sector is also promoting community based programmes in other areas such as water and sanitation, education, health and community development.

### **You can do more for your workers.**

Join the network of companies that care for their workers. A simple intervention can improve the life of one of your workers, their colleagues, their family and their community.

- Purchasing two mosquito nets for your workers and his/her family will cost you less than **US \$20**.
- Promoting regular HIV awareness sessions in the workplace costs **US \$35** per session.
- **US \$7.50** will buy basic learning material for the children of your workers or children in the community in which you operate.
- Training of 15 to 20 trainers in issues related to HIV and AIDS costs **US \$1,500**.
- Establishing HIV and AIDS policies within the workplace costs **US \$350**.

# Taking it forward

**W**e all have a responsibility in building a brighter future for Mozambique's children. By supporting a child-friendly initiative, corporate partners can bring resources and valuable expertise to add more momentum to those Government, Civil Society, NGO and UN programmes which are already ongoing. Without you, the picture is not complete.

**If you are interested in supporting a child-friendly initiative, UNICEF can assist you with:**

- Further information on child-friendly projects which require funding.
- Expert advice on where your support can have the maximum impact.
- Facilitating a partnership with the Government and other organisations involved in child-friendly programmes.
- Providing advice on how to implement initiatives in your own workplace.

## Contact us.

**Leila Gharagozloo-Pakkala**  
**Representative**

Telephone: 21 481 103

[lpakkala@unicef.org](mailto:lpakkala@unicef.org)

**Ombretta Baggio**  
**Programme Communication Specialist**

Telephone: 21 481 129

[obaggio@unicef.org](mailto:obaggio@unicef.org)

**Emidio Machiana**  
**Communication Officer**

Telephone: 21 481 180

[emachiana@unicef.org](mailto:emachiana@unicef.org)

United Nations Children's Fund  
Mozambique Country Office  
1440. Zimbabwe Ave.  
P.O. Box 4713  
Maputo, Mozambique

Telephone 258-21 481 100  
Facsimile 258-21 491 679

[www.unicef.org/mozambique](http://www.unicef.org/mozambique)