

MOZAMBIQUE

# Partnership Menu

## Child-Friendly Initiatives





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# 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—and all of whom comprise the human and social capital on which Mozambique's future prosperity depends.

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 fundamental 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 \$10 a kit of learning materials (school bag, stationary and exercise book) can be provided to a child so he or she can go to school; for \$70 you can buy a complete treatment course for one malnourished child comprising Ready-to-Use Therapeutic Food (RUTF) and essential medicines; and with \$40,000 you can build a school with five furnished classrooms for 500 children and ten teachers.

By supporting Child-Friendly Initiatives, you show your commitment to children. A company that cares about children is a worthy, socially-minded 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

**We look forward to hearing from you!**

# 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 protracted conflict. The economy grew at an average of nine per cent between 1997 and 2003, helping to reduce overall poverty and improve people's living standards. More recently, data from the Millennium Development Goals Monitor show that the proportion of children experiencing two or more deprivations decreased from 59 per cent in 2003 to 48 per cent in 2008.

## 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 in access to safe water and sanitation. Generally speaking, rural people, girls, women and people without formal education 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 per cent of children live below the poverty line. Poverty denies them their rights to basic services 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 well-being for children.

## Children's lives are under threat

Around 341 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 2009, there were close to 150,000 children under fifteen living with HIV and AIDS and an average of 58 children were dying of AIDS-related diseases every day<sup>1</sup>. More than 40 per cent of children under five years are stunted, 18 per cent are underweight and four per cent are wasted. Malnutrition is associated with mortality among children under the age of five.

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<sup>1</sup> New population estimations are being elaborated by INE/CNCS based on the results of INSIDA 2009 and will become available by end of 2010.

## Better quality of education and more schools are needed

Some 660,000 primary school aged girls and boys are missing from classrooms as a result of poverty, poor quality of education and long travelling 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, desks, chairs or electricity. An estimated 70 per cent 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, and in 2008 reached 4.9 million. At the lower primary level, for example, there is an average of one teacher for every 74 learners and only 68 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. Only 43 per cent of the population has access to safe water and 19 per cent 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 are the greatest threats to Mozambique's development. There are 1.6 million people living with HIV/AIDS—58 per cent are women<sup>2</sup>. 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 will have declined to 35.9 years by 2010.

The 2008 Multiple Indicator Cluster Survey<sup>3</sup> found that 12.3 per cent of children surveyed were orphaned (of whom 10.7 were single orphans and 1.7 were double orphans), while another five per cent were considered vulnerable.<sup>4</sup> As adults continue to die, the number of children orphaned by AIDS is predicted to rise to 550,000 in 2010. Orphaned children face a number of vulnerabilities and risks including living in child-headed households,

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<sup>2</sup> New population estimations are being elaborated by INE/CNCS based on the results of INSIDA 2009 and will become available by end of 2010

<sup>3</sup> Instituto Nacional de Estatística. *Inquérito de Indicadores Múltiplos*. 2009

<sup>4</sup> A child was termed 'vulnerable' in the MICS if either one or both of his/her natural parents was dead or if at least one of their parents was chronically ill, or there was an adult death in the household during the previous 12 months after a prolonged illness, or there was a chronically ill adult in the household.

sexual exploitation and abuse, hazardous child labour, early sexual debut and marriage, poor school attendance and performance and poor emotional and mental health.



# Partnering with UNICEF

## About UNICEF

**T**he United Nations Children’s Fund (UNICEF) is the leading global advocate for children’s rights. UNICEF is mandated by the United Nations General Assembly and its work is carried out in 191 countries through country programmes and National Committees, supporting child health and nutrition, good water and sanitation, quality basic education for all boys and girls, and the protection of children from violence, exploitation and AIDS.

As the leading children’s organisation in Mozambique for over 30 years, UNICEF has the most comprehensive programme for children and has been working closely with the Government and civil society organisations through four priority programmes:

- The **child health and nutrition** programme supports interventions to address the underlying causes of the high mortality rate and poor nutritional status of children
- The **water, sanitation and hygiene (WASH)** programme addresses low coverage levels, poor service delivery and weak sustainability of water and sanitation facilities, and supports national efforts to reduce the incidence of diseases such as diarrhoea and cholera
- The **basic education** programme addresses the poor quality of primary education, focussing on girls and orphaned and vulnerable children
- The **child protection** programme works to ensure that children are better protected from violence, exploitation and abuse, and have access to basic services and social protection

## Partnerships and collaborative relationships

UNICEF believes that partnerships and collaborative relationships are critical to deliver results for children and to realise their rights. Since its inception, the organisation has been engaging in a broad range of partnerships (based on a written agreement, which may involve the exchange of resources) and collaborative relationships (based on an informal agreement and not involving the transfer of resources) to achieve such outcomes.

In Mozambique, the main objective of the UNICEF partnerships and collaborative relationships with the private sector is to advocate for child rights, and to leverage increased resources for child rights interventions through the promotion of public-private partnerships.

# UNICEF contributions to partnerships

At a global level, UNICEF is a preferred partner for business actors because of its strong brand and clear mission, its global presence and its technical expertise. The specific benefits UNICEF brings to partnerships and collaborative relationships include:

**Convening power.** UNICEF plays a significant role by convening public and non-public stakeholders around children's issues at global, regional and local levels.

**Global reach and country presence.** UNICEF has a global reach and strong country presence. This capacity enables UNICEF to foster greater alignment between global initiatives and national development strategies, and to act as a conduit between local and national actors and global policymaking processes.

**Technical expertise and efficient procurement.** UNICEF has the capacity to leverage the strategic priorities and resource allocations of global programming funds, donors and governments in favour of child-related outcomes.

**Capacity building.** Civil Society Organisations benefit from UNICEF involvement as this enhances their capacity to advocate for child rights and to achieve results for children.

**Making innovations accessible.** UNICEF plays an important role in identifying and scaling up the delivery of innovative interventions. UNICEF aims to ensure that new technologies are "open source" so they can be locally adapted and customised.

**Catalysing behaviour and policy change.** UNICEF collaborates with business partners to enhance corporate social responsibility relating to children.

## Benefits for the corporate sector

For those companies considering partnering with UNICEF as part of their CSI programme, potential benefits include:

- The opportunity to partner with a well respected development institution, ensuring that resources put towards CSI will be used effectively (both for community projects, and for initiatives within the company, for its own staff)
- Enhanced corporate reputation and brand image
- Improved relations with shareholders, local authorities and communities
- Improved workplace conditions and employee morale
- Improved access to markets and customers
- Enhanced media outreach associated with UNICEF's strong brand and child rights mission, and access to local and global media

With over three decades of child rights based programming in Mozambique, UNICEF is also well positioned to facilitate partnerships between the private sector, Government and civil society groups.





# 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 welfare, 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 961,057 newborn children in 2009, about 86,000 will die before reaching age one and an additional 38,000 will die before reaching age five
- The majority of deaths in children under the age of five are due to common, preventable and treatable conditions, such as malaria, pneumonia, diarrhoea and malnutrition
- Over the last five years, the prevalence of chronic malnutrition in children under five years of age reduced significantly from 48 per cent (DHS 2003<sup>5</sup>) to 44 per cent (MICS 2008). However, the chronic malnutrition rate continues to be in the highest range of the WHO scale

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. Children living in urban areas have a higher probability of being vaccinated than those in rural areas. 74 per cent of children aged 12-23 months in urban areas received all the vaccines in comparison with 55 per cent of children living in rural areas. 11 per cent of children in rural areas received no vaccines compared to four per cent in urban areas (MICS 2008).

## 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. For this, the health system needs to be strengthened, so that it can respond promptly and efficiently to the needs of the population, including through community-based and outreach activities.

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.

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<sup>5</sup> The anthropometric data of the DHS 2003 were recalculated based on the 2006 WHO standard population.

# 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 2010 and beyond. Attention will be focussed on prevention and treatment of the most common childhood illnesses, including malaria, diarrhoea, pneumonia and malnutrition. A key element of community-based programmes is the training of community health workers in prevention, health and nutrition promotion and curative healthcare. 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?

- ✓ **\$350** purchases a bicycle ambulance for health workers to visit communities and transport patients
- ✓ For **\$1,050** a community health post can be established, including essential office furniture (desk, chairs and filing cabinet)
- ✓ For **\$125** a community health worker will be provided with a kit so he or she can perform basic health checks
- ✓ **\$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)
- ✓ Training of 30 health workers in the detection and treatment of severe acute malnutrition costs **\$ 8,000**
- ✓ **\$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 **\$2,500**

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

- ✓ A child can be treated for pneumonia with antibiotics for **\$2** Helping a child recover from diarrhoea with oral rehydration salts and zinc tablets costs **\$0.67** cents
- ✓ Ensuring that the nutrition status of a severely malnourished child is fully restored with the use of Ready-to-Use Therapeutic Food and essential medicines costs **\$70**
- ✓ Ensuring that a child is supplemented with one dose of vitamin A twice yearly costs **\$1.00**
- ✓ A child can be protected from the deadly measles disease with **\$0.20** cents for each dose of measles vaccine
- ✓ The price of a vaccine carrier, enabling health workers to transport sensitive vaccine at the required temperature to reach children in their communities is **\$10**



# HEALTH

HELP CHILDREN GROW



## Malaria

**A**lthough it is a preventable and treatable disease, malaria is among the major causes of death among young 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 2008 the Multi-Indicator Cluster Survey (MICS) showed a decrease in prevalence of malaria to 24 per cent as compared to 27 per cent in 2003.

- The Survey found that 65 per cent of families with children less than five years old owned a mosquito net and 42 per cent of children were sleeping under it consistently—a big increase from 10 per cent in 2003 thanks to improved social mobilisation and health education, particularly rural areas. In fact, increase in use of mosquito nets is higher in rural areas (seven per cent in 2003 to 40 per cent in 2008) than in urban areas (16 per cent in 2003 to 48 per cent in 2008)
- Only 23 per cent of children received anti-malarial drugs within 24 hours, albeit this is a great improvement when compared to eight per cent in 2003

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 antenatal 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?

- ✓ One lifesaving LLIN costs **\$6.50**, with an additional **\$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 **\$1,590**
- ✓ Spreading the message through a three month radio programme using community radio costs **\$2,500**

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

- ✓ For **\$1.55** a child can be fully treated for malaria through a full course of appropriate medication

# 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 2009, an estimated 149,000 pregnant women were living with HIV and AIDS in Mozambique.<sup>6</sup>

- Almost 85 babies are born HIV-positive every day
- There are 147,000 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 more than 150,000 HIV-positive children

While there has been good progress in the last few years, less than half of all HIV-positive pregnant women receive prophylactic treatment to prevent mother-to-child transmission of HIV. In 2009, 45.8 per cent of all HIV-positive pregnant women were benefiting from Prevention of Mother-to-Child Transmission (PMTCT) interventions and only 59 per cent of children born to diagnosed 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 per cent to five per cent.

Prevention is a priority in Mozambique's response to the AIDS pandemic. The Government, with support from UNICEF and other partners, launched a national PMTCT programme in 2002. By end of 2009, there were 832 PMTCT services operating in the country, a significant progress considering that only a few years ago, PMTCT was virtually non-existent in Mozambique.

During 2009, 68,248 pregnant women living with HIV received ARV, which corresponds to 45.8 per cent of the estimated number of pregnant women living with HIV in the country. Out of these, 60,457 received ARV prophylaxis and 7,791 women received anti-retroviral

<sup>6</sup> New population estimations are being elaborated by INE/CNCS based on the results of INSIDA 2009 and will become available by end of 2010

treatment for their own health.

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 her last trimester of pregnancy and labour, and for the baby within 72 hours after birth, psychosocial support, counselling on infant feeding, follow-up of children exposed to HIV, ARV treatment if eligible and treatment for opportunistic diseases. Supportive community services such as Mother Support 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. 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 integrate PMTCT services within ANC costs **\$10,000**
- ✓ It costs **\$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 **\$30,000**
- ✓ Increasing public demand for PMTCT services in one province through social mobilisation campaigns costs **\$25,000**

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

- ✓ **\$9** enables a pregnant woman to receive counselling and testing for HIV at an antenatal care consultation
- ✓ **\$50** enables a woman to receive ARV prophylaxis
- ✓ **\$100** enables an HIV exposed infant to receive screening and care

# 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 if not treated and AIDS-related illnesses are fast emerging as a major cause of mortality among children.

In 2008, 10 per cent of child deaths were as a result of AIDS-related illnesses.

- Every day in Mozambique approximately 85 children are born HIV-positive
- There are 150,000 children under the age of 15 living with HIV and AIDS

The number of children receiving anti-retroviral treatment increased to 13,510 by the end of 2009, compared to 9,393 children in 2008 and 6,210 in 2007. In 2009 there were more than 30,000 new HIV infections among children<sup>7</sup>; a similar number is expected in 2010.

## 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 involves using potent combinations of ARV drugs to suppress the HIV virus from multiplying itself.

Since 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. The number of paediatric treatment sites providing ARVs has increased from 34 in 2005 to 209 by October 2009. Children living with HIV need to receive ART when eligible, along with an integrated package of medical, nutritional and psychosocial support services, including home-based care. The target of the Ministry of Health is to reach 23,000 with such services by the end of 2011.

## Make a difference

The Government is expanding the reach of treatment to thousands of children who

<sup>7</sup> New population estimations are being elaborated by INE/CNCS based on the results of INSIDA 2009 and will become available by end of 2010

urgently need it. Despite significant progress, paediatric treatment sites and community home-based care programmes need to be further 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>8</sup>

- ✓ It costs **\$20,000** to rehabilitate a health centre to accommodate a paediatric treatment site
- ✓ Furnishing and equipping a site and providing toys for children costs **\$15,000**
- ✓ The cost of a training course designed for 40 doctors on paediatric AIDS treatment and care is **\$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 **\$15,000**
- ✓ For **\$500** 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 **\$25,000**

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

- ✓ A three-month supply of nutritional supplements with Ready-to-Use Therapeutic Food can be provided to an HIV-positive child with moderate malnutrition for **\$40**
- ✓ A special attention consultation for an at-risk child costs **\$1.50** per child

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<sup>8</sup> Costs of drugs are not included in the budget because they are covered by Government programmes

# 3

# WATER AND SANITATION

THE SOURCE OF LIFE

## Providing safe drinking water and adequate sanitation

Children and women in Mozambique have some of the lowest levels of access to water supply and basic sanitation in the world. According to the latest available data only 43 per cent of the population has access to safe water and a mere 19 per cent of the population has access to adequate sanitation.

The situation in rural areas is far worse than urban areas with only 30 per cent of the former having access to water and six per cent having access to safe sanitation, in comparison with 70 per cent and 47 per cent in urban areas respectively. Additionally, Mozambique is prone to frequent emergencies due to natural disasters such as flooding and drought, which further exacerbate the poor water and sanitation situation.

## There's a way

Children's lives can be saved through long term water and sanitation development projects. Rural communities will benefit significantly from the drilling of boreholes or digging of a well and installation of a Village Level Operation and Maintenance hand pump. The lives of women and children in these communities can also be drastically changed through the promotion of safe sanitation and the creation of Open Defecation Free (ODF) environments.

The education and learning performance of children can be further enhanced through the installation of basic water and sanitation infrastructure in schools, and communities can be better protected through coordinated emergency preparedness and response activities.

## What does it cost?

**\$10,000** will pay for a village water supply through the contracting of a private sector water specialist firm to drill a borehole and install a hand pump

- ✓ **\$10,000** will pay for the promotion and construction of latrines in a village
- ✓ **\$20** will buy a basic hygiene kit for a family
- ✓ Less than **\$1.00** will buy an emergency chlorination solution dose

# 4

# EDUCATION

GET KIDS TO SCHOOLS

## Child-Friendly Schools

**M**ore children than ever are able to go to school in Mozambique: almost 100 per cent of children were enrolled in primary education in 2008, up from 69 per cent in 2003. 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 68 per cent of teachers are qualified to teach
- More than a quarter of primary school aged children leave school before they complete grade five
- 70 per cent of primary schools do not have a water supply and latrines for boys and girls
- 42 per cent 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 were missing from classrooms all across the country in 2006.

## 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 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, health education and physical education and sport (which were included in 2009).

The Child-Friendly Schools initiative is being implemented in seven districts. These districts are Maganja da Costa in Zambezia province, Búzi in Sofala province, Mossurize in Manica province, Changra in Tete province, Chibuto in Gaza province, Montepuez in Cabo Delgado province and Angoche in Nampula province. To date, the programme reached 370,000 children in all these districts.

## 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 to 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 **\$100,000**, which is allocated as follows:

- ✓ **\$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
- ✓ **\$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
- ✓ **\$40,000** will be used to train all the teachers on child-friendly learning methods; train the school council on participatory monitoring; provide both teachers and students with learning materials including stationery, 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 **\$10** (including transportation) to provide a complete learner's kit (a school bag, stationery, exercise books and two didactic books) for one child

# 5 PROTECTION

KEEP CHILDREN SAFE

## Protecting children from violence

Every year, thousands of children and women are victims of violence and abuse. According to the 2008 Multiple Indicator Cluster Survey data more than one third of girls and women between the age of 15 and 49 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 per cent 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. A study by the Ministry of Education and NGO partners in 2005 shows that eight per cent of school children had suffered physical and sexual abuse within the school environment.

- Since 2002, specialised police centres for women and child victims of violence have reported more than 14,000 cases of violence and abuse against children. The great majority of crimes were committed within the direct family environment
- A 2008 study by the Ministry of Education revealed that eight per cent of children had suffered sexual abuse in school and 35 per cent had experienced sexual harassment.
- An estimated 1,000 women and children are trafficked into South Africa every year for labour and sex work according to a 2002-03 report by the International Organisation on Migration

Widespread poverty and the AIDS pandemic are exposing children to violence and abuse. Four out of ten 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. 12.3 per cent of children in the country are orphans who lost either one or both parents, and an estimated 348,000 children 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 January 2010, the Ministry of Interior with support from UNICEF, has established over 200 *Gabinete de Atendimiento* (Victim Support Centres) for victims of violence in all 11 provinces. The centres are a specialised section of the police for women and children that are victims of 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 can handle cases with sensitivity, confidentiality and respect for women's and children's rights.

To improve this vital service, UNICEF is working with the Ministry of Interior and non-governmental partners to establish model centres<sup>9</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.

Although, services and access to the *Gabinete de Atendimiento* has been steadily improving, the Police still face many logistical and financial constraints such as a simple means of transport, with only seven of the 11 provincial capitals having access to a vehicle and some provinces having as little as two motorcycles. This constraint limits coverage to attend to victims, conduct investigations and lead efforts for prevention of violence. Additionally, there is a need to increase awareness among the general public of the services available, their location and the emergency telephone numbers.

## 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?

- ✓ Motorcycle transportation for staff to provide fast and effective response to victims of violence and to carry out outreach programmes is **\$4,500** per motorbike
- ✓ Vehicle transportation for staff to provide fast and effective response to victims of violence who would otherwise be unable to access facilities is **\$27,000** per vehicle
- ✓ Wallet sized information cards on *Gabinete de Atendimiento* services, with address and phone numbers of the *Gabinetes* are **\$5,000** for 10,000 cards

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<sup>9</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 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.

# 6 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 per cent 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 age 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 per cent 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 the information and knowledge needed to lead healthy and productive lives.

## ■ Through community theatre

In a country such as Mozambique where mass media has limited reach in 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, malaria and cholera prevention, girls' education, gender awareness and hygiene promotion.

Adopting Theatre of the Oppressed methodologies originally developed in Brazil and now used across the world, these theatre performances help people explore their life experiences and find solutions to problems. UNICEF is supporting community theatre groups in eight provinces in Mozambique.

## Make a difference

Corporate partners are invited to help the Community Theatre Network have a wider coverage and greater impact in their work.

## What does it cost?

The Community Theatre Network can be supported to carry out its work on an annual basis. Specific areas of support cost as follows:

- ✓ A regional training of theatre group facilitators in project management, HIV and malaria prevention and promotion of basic education and hygiene and sanitation costs **\$17,000**
- ✓ For **\$20,000** drums and properties can be purchased for 70 theatre groups
- ✓ Supporting theatre groups to perform dramas in 50 per cent of localities from 72 districts (50 per cent of the districts in the country), at least three times per year per locality, costs **\$55,000**

## ■ 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 covering child abuse and violence, HIV and AIDS, hygiene and sanitation, basic health and nutrition in participatory, entertainment-education formats.

UNICEF supports the child-to-child media programmes since 2000, with the support to Radio Mozambique in the production and dissemination of child-to-child radio programmes. More than 30 radio programmes are broadcast in 23 local languages and Portuguese, involving over 300 young radio journalists. The child-to-child radio programme was expanded to include the National Network of Community Radios that integrates 750 young radio journalists, through 50 community radios. In 2004, the project was brought to the television screen. 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 **\$120,000** at least 50 community radio stations can produce and broadcast child-to-child radio programmes in the studio. Specific areas of support cost as follows:

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

- ✓ It costs **\$1,000** for a microphone, mini-disk recorder and a box of mini-disks
- ✓ With **\$2,250** a desktop computer, printer and UPS can be purchased supporting script and programme development
- ✓ Didactic material including books in Portuguese and local languages, and Internet access costs **\$2,000** per radio station, per year

### Production and broadcasting of a Radio Programme

- ✓ Supporting field trips for 350 Radio Mozambique child journalists in all provinces to interview and collect information for radio programmes costs **\$90,000** per year
- ✓ For **\$150,000** weekly child-child radio programmes on health, water, sanitation and hygiene promotion, basic education and HIV prevention can be produced and broadcasted for the whole year in 60 community radio stations across the country
- ✓ Hosting a national and district Children's Songs competition every two years and the production of a national CD and 11 provincial CDs costs **\$50,000**

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

- ✓ It costs **\$10,000** to purchase a video camera and tripod
- ✓ With **\$7,000** sound kits can be purchased for all 11 provinces
- ✓ A pack of video tapes can be bought for each province, at a cost of **\$1,100**

## ■ Through mobile multi-media

Mobile units travel to communities and are used to stimulate community debate on HIV and AIDS, malaria and cholera prevention and girls' education.

A mobile multimedia unit is a vehicle equipped with a video projector, a big screen and a radio and is stocked with information, education and communication materials. Each unit carries tents that are set up as counselling room spaces for group discussions.

A mobile unit team normally stays in a community for two 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 multimedia units work in rural communities with high illiteracy rates and very limited access to electronic media. By the end of 2009, UNICEF-supported mobile units were able to reach 2,150,000 people in Cabo Delgado, Nampula, Zambezia, Tete, Manica, Sofala, Gaza and Maputo provinces with critical information and services.

## Make a difference

With additional resources UNICEF and the Social Communication Institute (ICS) can 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 and video kits including mixer, amplifier, microphone, speakers, DVD player, giant screen, digital camera, and a projector is **\$30,000**
- ✓ For **\$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 costs **\$45,000**
- ✓ **\$8,000** will support the maintenance and fuel required by one mobile unit for one year

### Community mobilisation activities

- ✓ The cost of carrying out multimedia mobile unit activities on the importance of girls' education, good and safe hygiene practices, malaria and HIV prevention, including counselling sessions for one year in one province, is **\$30,000**

# Private Sector in action in the workplace

## 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), supports 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 an employee and his/her family will cost you **\$15**
- Promoting regular HIV awareness sessions in the workplace costs **\$40** per session
- **\$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 **\$1,500**
- Establishing HIV and AIDS policies within the workplace costs **\$400**
- To provide HIV testing will cost **\$10** per person

# 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 and UN programmes that are already ongoing.

**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

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