

MOZAMBIQUE

A collection of life stories



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Zaira Xavier did not have to walk for hours to receive healthcare. A mobile health unit brought a range of health services to her community.

CHILD SURVIVAL

Bringing vaccinations and health services to remote areas

Maganja da Costa (Mozambique) – Standing in a queue with hundreds of other women and children, Zaira Xavier and her four children wait expectantly to be vaccinated under the shade of a mango tree.

It is an important day for Xavier, who concedes she has found it difficult ensuring the survival of her eight children in the remote village of Namaruvua, over 200 kilometres from Quelimane, the capital of the central province of Zambezia.

This time she has not had to trek on foot for hours for healthcare because a mobile unit has brought a range of health services to her community, including vaccinations, vitamin A, weighing and de-worming for children under five years. A nurse and a pharmacist are available with drugs to treat a range of easily identifiable illnesses.

The nurse weighs the children outside, near the tree where the vaccinations take place. She puts the babies one by one in a weighing scale attached to a branch.

Nearby, health activists put on a play about the importance of family planning.



A nurse weighs children to identify cases of malnutrition.

The audience is mostly women who laugh and clap as they see how one of the woman actors is devastated to discover she is pregnant yet again. Many of the women, who have on average six children each, can identify with her sentiments, including Xavier.

“My body is so tired,” she says. “I got married just after my first menstruation and since then I have

given birth almost every year. My eldest boy is 16 years old.”

Xavier has come with four of her eight children for vaccinations and health checks. But she has forgotten all of their health cards at home.

Xavier illustrates many of the challenges facing Mozambique, which has one of the highest under-five mortality rates in the world. Some 152 children out of every 1,000 do not survive to celebrate their fifth birthday.

UNICEF supports the targets set by the Ministry of Health to at least achieve 80 per cent routine vaccination among infants and eliminate neonatal tetanus.

Although much has been achieved since the launch of Mozambique’s Expanded Programme of Immunization (EPI) in 1979, there are still significant numbers of children and women who do not benefit from life saving vaccinations and even basic health care. Over half of the country’s 20 million people still do not have access to health care. Many of those, like Xavier, live in isolated rural areas.

The Government of Mozambique and its partners have therefore worked on a new plan for immunization, called the Global Immunization Vision and Strategies (GIVS) for 2006-2015. The goal is not only to reach more people, but also to introduce new technologies and newly available life-saving vaccines, such as the Haemophilus Influenzae vaccines (HIB) among under five-year-olds as well as to integrate vaccinations with other health services.

UNICEF EPI Officer Bertrand Jacquet explains that UNICEF support will focus on a new government approach called RED (Reach Every District),

especially in remote communities like that of Xavier. Besides offering vaccinations and other health services in fixed posts, health authorities will carry out more outreach services with health mobile units. The units carry with them special cold boxes which keep the vaccines at the right temperature for 24 hours because most of these isolated areas have no electricity.

Jacquet says that the staff of the mobile units must plan ahead with the community to decide which day and time to come. "It must be the community who decides when it is the best for the health team to visit."

Training of health staff is also a major challenge. "We need more quality health care and an improvement in data monitoring and evaluation so that the data can be used as a basis for action," says Jacquet.

The other major challenge explains the Head of the vaccination programme in Zambezia Jose Pondeca is the lack of education among the mothers themselves.

"Most of the mothers now know it is important to vaccinate their children, but some of them still do not understand that they must keep the right calendar for vaccinations." Although Xavier forgot her vaccination cards, she is at least fully aware of the importance of vaccines and what they are for.

"Three of my older children did not get vaccinated because during the war the health brigades could not reach us. All three of them got measles. I thought they were going to die." ■



Women of childbearing age like Zaira Xavier are vaccinated against tetanus.

Learning to feed their babies despite poverty

Beira (Mozambique) – After one week of sleeping at the hospital to care for one-year-old Jorge, a 26-year-old mother has lost her painful battle for the life of her child. Her baby dies. Her anguished cries drown any other noise in the bustling paediatric ward in Beira Central Hospital, in the central province of Sofala.

Nurses try to console the mother, but she is inconsolable. She is led out, crying hysterically. Suddenly, the ward is eerily quiet and deep sorrow hangs in the air.

The routine continues in the ward. Mothers continue to spoon feed their babies and young children. Many of them are still severely malnourished, with swollen or skeletal limbs and thinning hair. Yet there is a sign of hope. Just as Jorge's devastated mother is led away, 22-year-old Gracilda Caetano prepares to leave. Her daughter, two-year-old Deolinda, has recovered from severe malnutrition and is being discharged after one month in hospital.

"Deolinda was very thin when I brought her into the hospital,"



Kina Lopes and her three-year-old daughter Christina.

says Caetano. "She weighed just over seven kilos. I stayed with her in the hospital. My mother looked after my other child because my husband is in Maputo."

Caetano, who left school in grade six when she became pregnant, says that during her stay in the hospital, the nurses taught her about the importance of a balanced diet for her toddler.

"I learnt that it is good to put peanuts into the papa (maize meal porridge) for my baby and to cook greens each day. Before, I used to just give her a lot of papa without peanuts."

Most of the ward's severely malnourished children – 50 a month on average – will recover, says the nurse Maria Jose. She points to eight-year-old, Graca Alfonso, who weighs only 15 kilos. "She was about to lose her life when she first arrived," says the nurse.

For her height, Graca should weigh at least five more kilos. She is suffering from kwashiorkor, a type of severe malnutrition which makes a child retain excess liquid and disturbs the metabolic mechanisms.

Graca is given eight times a day a therapeutic milk called F-100 with added oil, sugar, cereal, vitamins and minerals, which was introduced in Mozambique by UNICEF and is now provided by the Government. Her younger sister, three-year-old Christina, who only weighs 11.5 kilos, is also under treatment at the hospital, but is less seriously ill.



Eight-year-old Graca suffers from kwashiorkor, a type of severe malnutrition. She should weigh at least five more kilos.

Child malnutrition in Mozambique is worsening as the impact of the AIDS epidemic takes its toll. Beira has the highest HIV prevalence rate in the country, with at least 26 per cent of its adult population living with HIV and AIDS. Young children living with

sick parents or orphaned by AIDS are especially vulnerable.

Half of the children who are admitted to the malnutrition ward are HIV-positive, points out UNICEF Health Officer Christiane Rudert.

“Because it is key that children who are living with HIV are well-nourished, UNICEF has supported a nutritional supplement for HIV-positive children at the day hospitals. Plumpynut is a therapeutic food similar to F100 but ready to consume at home. Unlike F100, it does not have to be mixed with water. Children can just eat it out of the packet.”

However, there is a significant number of malnourished children who are HIV-positive. The Director of Beira Hospital, Josefo Ferro, says that some of the families just lack food in the house, especially due to the erratic rainfall. Education is also an issue.

“Many mothers don’t know how to give a balanced diet to their children. They have very strong habits when it comes to feeding practices. It is difficult to change their behaviour, but we need to support these people not just with food but with education.”

In addition, many of the children are brought to the malnutrition ward very late, when their condition is already critical, and it is not always possible to save them.

Graca and Christina’s mother, 27 year-old Kina Lopes, is staying at the hospital to look after both of them. “Christina has improved since we came here but I am very worried about Graca,” says the mother who had just witnessed Jorge’s death. ■

The battle against the main child killer

Xai Xai (Mozambique) – Zaida Alvero tenderly strokes the forehead of her frail five-month-old baby, Julieta, who lays almost lifeless on a hospital bed in intensive care, with a tube inserted in her nose to help her breath.

“My husband does not know Julieta is in hospital,” she says. The mother, who has camped at the hospital for ten days now, explains that Julieta’s father works in South Africa.

Alvero, who left school after only completing grade four, is unemployed and dependent on her husband and his family who all live together in a small reed homestead.

The doctor looking after Julieta is pessimistic, explaining that Julieta’s condition is serious. “We moved her to intensive care because she is not getting any better,” she says.

More children die of malaria in Mozambique than of any other disease. The disease accounts for 60 per cent of the child paediatric hospital admissions and 30 per cent of hospital deaths. It is also one of the main reasons why Mozambique

still has one of the highest child mortality rates in the world.

Malaria is also serious for pregnant women, who run the risk of severe anaemia, which can be fatal. In addition to making the woman ill, malaria contracted during pregnancy can lead to a low birth weight of the child – one of the most important factors in determining a child’s future survivals.

There is no easy way to fight malaria, which is endemic throughout the country. The climate favours year-

round transmission, with peak incidence during the rainy season.

The government, with UNICEF support, carries out free distribution of insecticide treated nets (ITN) to all pregnant women and children under five in many of the provinces. The nets are an effective and cheap method for malaria prevention; they both prevent mosquito bites and kill the mosquito.

“Not only will a pregnant woman benefit from using the net, but so will her child because most new mothers



Five-month-old Julieta, who suffers from malaria, fights for her life in intensive care.



Nurse Victoria makes sure that pregnant women who attend the antenatal clinic understand how to use a bednet.

sleep with their babies for the first few years of life,” points out UNICEF Officer for malaria Timothy Freeman.

According to the World Health Organisation (WHO), ITNs can cut malaria transmission by at least 60 per cent and child deaths by a fifth if the nets are used properly.

However, ITNs must be used along with improved sanitation and hygiene practices. But even then, it is still possible to suffer from malaria. If malarial symptoms develop, prompt treatment as well as complying with the treatment, will reduce the high mortality rate.

The good news is that children slowly gain immunity against malaria,

making it unlikely that they will die of malaria after five years of age except if the malaria is combined with another condition that compromises their immune system, for example HIV/AIDS.

Since 2000, some 1.7 million ITNs have been distributed through the public health systems, with about 66 per cent of these being delivered through UNICEF-supported programmes in about 86 of the 140 districts in the country.

But a significant number of pregnant women are not reached, especially if they do not attend pre natal clinics. ‘I have never used a mosquito net because I didn’t have money to buy one,’ Julieta’s mother says, looking

anxiously at her daughter who still lies motionless.

Nurse Francisco Victoria, at a health centre in the poorer suburbs of Xai Xai, says she makes sure that all pregnant women receive a net. She takes her time with each pregnant woman to explain how to treat and use the net.

“I tell them first and then I get them to explain to me to make sure they have understood well.”

Seventeen-year-old Nelia Machango received her net at the health centre from Nurse Victoria. “I am thankful for the net because I know how bad I felt when I was recently sick with malaria,” says Machango, who is resting at her small home in the suburbs of Xai Xai city. She fell pregnant while still at school and was doing relatively well. “I am relieved to have a net. I cannot afford to get sick with malaria,” she says. ■

Ecological latrine improves family health and food production

Nicoadala (Mozambique) – Fourteen-year-old Nenicha Viega gives a shy laugh when the community activist explains that they can use the family excrement to fertilize the family's cassava plot.

Nenicha is sitting with her father Filipe Viega outside their family home in Murua, a village in Nicoadala district in the central province of Zambezia. The community activist, Antonio do Rico, tells them that the family's excrement will be ready for use within the next month. Both Viega and Nenicha look uncertain. "I don't have the tools to take the excrement out," says Viega.

Then much to their surprise, Antonio do Rico, says "No, you don't need tools; you can use your hands. It will be like powder." He also explains that this is done in a safe and completely hygienic way.

Although they are wary about using the dried excrement for fertilizer, the father of seven children says he will try to make the best use out of it. For now he appreciates that they finally have a latrine for the first time in their lives.



Nenicha and her younger brother in front of their house.

All the family participated in building the latrine, which took three weeks to complete. The father dug the deep hole in the ground, his sons made the reed house for the latrine and Nenicha fetched water to make bricks.

Nenicha and her family also now have access to safe water. A well was built, with UNICEF support, near her school. The family used to collect water from a traditional water well,

which they knew was unsafe. Do Rico, who sometimes walks 25 kilometres to sensitize community members about how to avoid illnesses such as diarrhoea says that gradually people are more aware of the importance of washing hands under running water, and are keen to build latrines.

"Most however cannot afford soap, and the use of ash as a substitute has not caught on in the community," he says.

Despite government efforts, official figures show that 74 per cent of the population in rural areas does not have access to clean water and 71 per cent does not use an improved latrine. In urban areas, the situation is slightly better but still 60 per cent of the population does not have access to clean water and 64 per cent does not have access to improved latrines.

Lucia Novidade, a widow and mother of five children, lives near the Viega family, but she has not yet benefited from a latrine, although she says that she would like one.

The community members have to make bricks for the latrine, but Novidade says she has not been able

to do this, because she has no money. She may have already paid the price of poor sanitation losing her 18-month-old baby to diarrhoea. However, last year UNICEF supported the building of an Afridev pump in the village through a local organization.

“Before, I used the water from a traditional well, but the water was not clean,” says Novidade. “At the time I didn’t understand that it was not for drinking. I didn’t boil it and I regularly suffered problems with my stomach,” she says.

Now she can show off her new 20-litre yellow water container, which she says her brother-in-law bought for her.

“These days I just have to go to the pump twice a day and because it has a top, I can store the water in it. I use the water for everything, drinking, bathing and washing my clothes.”

She usually spends one hour waiting at the well, but she says she enjoys the chance to talk to her neighbours.

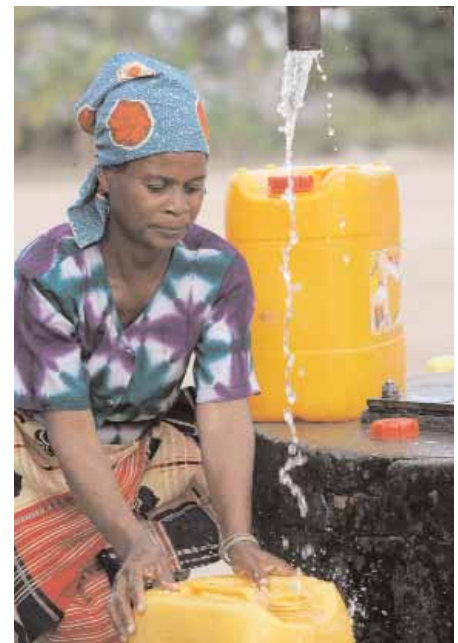
Do Rico explains that the well has a maintenance committee team consisting of three men and four women. To cover the costs of maintenance of the well, each person who uses the well contributes 1,000 Meticaís each month. This requirement is waived for the most disadvantaged community members. At present the committee has collected 500,000 Meticaís, which is kept in the house of one of the

trusted members. Besides the repairs, the committee makes sure the well is kept clean.

“How well the communities organize themselves is key to improving access to clean water and sanitation,” says UNICEF Water and Sanitation Officer Domingos Chiconela. “For a start, it is important that the community members appreciate the importance of having a latrine and also hand washing and that they participate in maintenance of their water supplies.”

Novidade is exempt from the monthly 1,000 Meticaís fee. She only has a small cassava plot which yields just enough for home consumption. Do Rico also says she will receive a latrine dug by the community members.

“It is our job to also identify vulnerable households like hers where the children are orphans,” explains do Rico. ■



Lucia Novidade and her youngest daughter now have access to safe water.



The mobile health units bring health services to women and children living in remote areas.



As member of the School Council, 14-year-old Esperanca contributes to improving the quality of education in her school.

EDUCATION

Students help to make school more friendly

Maganja da Costa (Mozambique) – Fourteen-year-old Esperança looks proud of her school so far, which she and other students, parents and members of her community are taking part in building.

The completed classrooms are small brick rooms with palm reed roofs and no doors. The dust from the playground swirls inside the rooms, which are dimly lit by shafts of daylight through small holes in the walls serving as windows. The students, sometimes 60 in a class, are squashed up on logs or on the dusty floor without desks. The teachers have no tables to put their books on.

The new classrooms will at least give the students more space. Even more development is going on behind the basic façade of the classroom buildings at Namurumo primary school, which is situated in the heart of Maganja da Costa, one of the poorest districts in the central province of Zambézia.

“We can’t remove all the problems in the education system, not in years, but we can assist with some

fundamental changes that can improve the quality of education,” says UNICEF Education Officer Stella Kaabwe.

She explains how UNICEF supports the Education Ministry in creating “child-friendly schools”, which call on all sectors – education, health, water and sanitation, social welfare and communication – to improve students’ retention and performance in schools, even in the poorest ones like that of Esperança.

Each school establishes a School Council, which plays a major role in improving the quality of education and provides strong links with the community. Under the programme, the Council members receive training on leadership, participation and life skills, including HIV and AIDS and gender awareness.

The director of Namurumo school, Fazilom Ofumawe, says that his teachers have also benefitted from training in health issues, and using participatory and child-centred teaching methods.

“We learnt methods to allow more participation of the pupils despite the fact that we have huge classes to

manage,” says the school director. “We use more group work and take advantage of our rural environment. For example, if we have Natural Science we take the pupils outside to directly observe what is there. Before we didn’t do this but we’re trying now.”

As poor nutrition and even hunger is a problem for most of his students, the director says that the school is in the process of arranging a plot of land where they can grow food for the children, and if they have any surplus, they will sell it to assist in school maintenance.

The other major priority, says Ofumawe, is to retain girls and the increasing numbers of orphans –mostly due to HIV and AIDS– in class. The figures show the gender disparity. In grade one there are currently 88 girls and 87 boys, but in grade 5 there are only 28 girls and 42 boys.

To rectify the situation, the school relies heavily on its strong School Council, which has 9 members and 23 activists, to make home visits to children who drop out. In order to have easy access to all children, the Council ensures that its members

represent all groups in the community.

Esperança, dressed in a golden coloured T-shirt, glows with pride when she talks about her role in the School Council.

"I visit seven families regularly. These days one of my visits is to my fellow pupil who is pregnant. She is 16 years and in 5th grade. I tell her she must carry on studying like me."

"Most of the pupils I visit are girls, and most of those are orphans," she adds. "They find it difficult to come to school." Esperanca can empathize easily. She has heavy responsibilities at home, being the eldest child in her single-parent household. "My father died after being sick for one year when the youngest in my family was just a baby."

"It is difficult for orphans, especially the girls; they don't have food and clothes. And they can't do anything to improve their lives. Their mothers can't help as they are so poor," says Esperanca. Without any trace of self-pity, she says that her mother only has a small cassava plot. Although her day is long, Esperanca usually eats one meal a day after school. "I'm often hungry during class," she concedes.

The Council also makes sure that orphans access Poverty Certificates from the district social welfare office, explains Maria Fatima Fanjo, a Council member and a mother of eight children.



The new Afridev pump provides safe water to all the children in the school as well as to the surrounding community.

"We have orphans, most of whom received UNICEF bags, which have school materials, but the number of orphans keeps increasing."

UNICEF has also provided an Afridev water pump in the school grounds, and plans are underway to build separate sex latrines. Esperanca says the well has made a big difference to her life, because it not only gives her safe water while at school, but like many of the people in the surrounding community, she collects her household water from the school well.

"It is only 15 minutes walk from where I live, so at 5 a.m. when the sun rises I can fetch water for my home before I go to class."

Before the well was built, most of the students used the water from the river, which was unsafe.

The latrines are eagerly awaited. Cholera cost the lives of four of Esperança's fellow students last year and three students died this year (2006).

Yet little by little, her school is improving. Esperança has no intention of dropping out. When asked about her future, she says, "I want to stay in school. Maybe in the future I'll be a teacher or a farmer, who knows." She laughs, showing off pronounced dimples. ■



One of the main challenges is to retain girls and the increasing number of orphaned children in school.



Positive Mothers Groups are an important source of support for HIV-positive pregnant women.

HIV and AIDS

HIV-positive mothers encourage their peers to protect their babies from infection

Chimoio (Mozambique) – Regina named her son Musamura, which means “appreciate him, but don’t take him away” in Ndaou, one of the local languages.

After losing two of her children when they were just babies, the 34-year-old mother of four children concedes that she was even more scared of losing Musamura because she tested HIV-positive while pregnant with him.

“My children both died of diarrhoea,” says Regina quietly. “They were not tested for HIV, but I think they may have been positive. They were always sickly.”

Since her tragic loss, not only has Regina put every effort into trying to ensure Musamura’s survival, but she has also helped other HIV-positive pregnant women and young mothers to protect their unborn babies from infection.

Regina has been the head of a Positive Mother’s Group, which is a support and information-sharing group within the government-run Prevention of Mother-to-Child-Transmission” (PMTCT) programme.



PMTCT services include counselling and testing for pregnant women.

Under the programme, an HIV-positive pregnant woman is given a dose of the anti-retroviral drug Nevirapine during labour, and her baby receives the drug in the form of syrup within 72 hours of birth.

Without any PMTCT services, a pregnant woman runs a 30 per cent risk of passing the virus to her child. Besides the risk of infection during pregnancy and delivery, the baby can also be infected through breast milk. It is therefore critical that the mother

receive support in making critical infant feeding decisions to ensure that a baby who has so far escaped infection will remain free of the virus.

The PMTCT National policy, which UNICEF assisted in developing, recommends that pregnant women who are HIV-infected, are counselled on the pros and cons of the different infant feeding options.

At the end of 2006, there were more than 110 sites throughout the country and new ones are being built. Since the beginning of the programme in 2002, about 250,000 pregnant women have received counselling and testing.



Regina managed to adhere successfully to the PMTCT programme and is about to say goodbye to the Positive Mothers Group because Musamura, who is over 18 months old, has tested HIV negative. All mothers on the programme can have their baby tested at 18 months old. Regina says she has attended the group for the last few weeks just to give support to the mothers who are still in the PMTCT programme.

“I tell them about my experience and I try to encourage them, telling them how my child has tested HIV negative,” says Regina. “I also give the mothers advice on feeding, and after they are weaned, what we should give our babies to make sure they grow well.”

UNICEF Representative Leila Pakkala says that this holistic package of support is key to the success of the PMTCT programme, but stigma is a major hurdle. Many of the pregnant women fear to take the test or follow up on the programme because they fear their husbands will find out and abandon them.

“The Positive Mothers Club is proving to be an important source of support for the women,” Pakkala says.

Official data suggest that stigma is a factor leading women to drop out of the programme. In 2005, about 65 per cent of the women attending pre natal clinics were tested for HIV – 10 per cent of them tested positive. However, only 54 per cent of the



pregnant women who tested HIV-positive took the Nevirapine.

Through the PMTCT programme, Regina was referred to a hospital to undergo more tests. She was found to be in need of antiretroviral treatment and has been enrolled in a treatment programme.

Regina persuaded her husband to test for HIV. She also took her other two children, aged 18 and 12 years, to be tested. Her husband tested positive and he is now, like Regina, benefiting from antiretroviral treatment.

“I tell the women in the Positive Mothers Group that they should disclose their status to family members they trust,” says Regina. “In our group they are beginning to open up more.”

She adds that confiding in her husband and her children has been

an important source of support for her. “My children tell me to always take my tablets; and they encourage me with my studies – I have just returned to school, and my life is getting better.” ■



A poster produced by the Ministry of Health to promote PMTCT services.

Children living with HIV have their lives transformed by treatment

Maputo (Mozambique) – Fourteen-year-old Leo* interrupts Nurse Maria Ronga who is talking on the phone. “Please send my greetings to Doctor Paula,” the boy says.

Nurse Ronga passes on Leo’s message before hanging up. She then gives Leo undivided attention, chatting in a sunny waiting room decorated with bright-coloured paintings and full of child-friendly furniture and baskets of toys.

Leo’s happy disposition, good looks and smart clothes give the impression that he is a privileged child. But his present appearance defies his past. Just a few years ago, he was too weak to walk. His mother had to carry him on her back to bring him to hospital where he spent much of his childhood.

However, compared to most other children who are living with HIV in the rest of the country, he is privileged because he is accessing antiretroviral (ARV) treatment, care and psychological support from a loving and highly trained team of staff in the Paediatric Day Hospital, in the capital Maputo. The hospital



Children receive antiretroviral treatment, care and psychological support from a loving and highly trained team of staff at the Maputo Day Hospital.

opened at its present site in 2004 with support from the French Government and UNICEF, but services for children living with HIV and AIDS have been provided at the hospital since 1994.

Countrywide, as many as 100,000 children under 15 years are living with HIV and AIDS. Two-thirds require ARV, but in mid-2006 only about 2,300 children have access to them.

The Paediatric Day Hospital offers outpatient care to children with HIV

and an inpatient ward where very sick children can be treated and monitored. It also has a home-based care programme in the community to enable nurses to care for children too ill to come into the hospital or children in households with social problems, and to follow up on children on ARV if they miss their monthly appointment to collect their drugs.

But chasing up the children is rare. “The children are very adherent to the treatment,” says Dr Paula Vaz,



Artists come to the hospital every week to work with the children.

who heads the Paediatric Day Hospital. She is no stranger to caring for children living with HIV and AIDS. But today, her job is easier than in the past because then there was no ARV treatment for the children and few support services. Now the doctor is seeing her child patients live instead of die.

“Our major success to date is our child survival rate, which is a 95 per cent success rate after two years of ARV drugs, with only a few children on second line ARV drugs (due to resistance or severe side effects),” says Vaz. “We are able to provide an integrated package of medical, psychosocial and nutritional support. It can be achieved, but you need to have a committed team. The main reason why the children on ARVs die

is because their parents brought them in too late.”

And the reason why children are brought in late is due to what Vaz identifies as the major challenge – stigma.

“The children are able to accept their HIV-positive status better than their parents. It is the parents who are often in denial that their children are living with HIV,” she says.

Leo, for example, talks about his HIV status with ease when asked, but he knows it is better to keep it a secret from his friends because of possible discrimination.

Counselling and psychosocial support for the children is a central part of the care at the Paediatric Day Hospital. Artists, who come into the hospital twice a week, work with the children to produce artwork, including paintings and sculpture. “It helps the children express their emotions that they sometimes cannot put into words,” says Vaz.

The psychologist Caterina Mboa Ferão says that her work has become easier now there is treatment. “Before, HIV was associated to death, but now we can talk about life, and we’re seeing our children grow up.”

Yet it is challenging, especially deciding when to tell a child he or she is infected with HIV. She works with the parents to evaluate how prepared the child is, but generally it is better for them to know sooner rather than later.

“We recommend that the parents continually prepare their children and tell them when the children ask,” says Ferão. “It is more difficult for the children when they know we’re hiding something from them.”

Leo appears to have accepted his HIV status and is looking forward to starting school again. He knows why school is now possible. “I started to get better when I took the drugs for HIV; that was on 7 May 2004,” he says decisively without a pause to think.

“I take my tablet twice a day at 9 a.m. and then at 9 p.m. My older brothers and sisters know about my illness and they also always remind me to take my tablets. But actually, I never forget.” ■

** Not his real name.*



Mobile multimedia unit stirs community

Vanduzi (Mozambique) – Dust swirls up from stamping feet of men, women and children who are animatedly dancing to traditional percussion in the evening sunlight. All are united, singing in the local language about how to prevent HIV and AIDS.

After a while 17-year-old Gressi Meia interrupts to deliver more messages about HIV and AIDS prevention. She commands their attention with a microphone, asking the opinions from a crowd of hundreds of people gathered in an open space in the remote locality of Vanduzi, in the central province of Manica.

The crowd needs little encouragement. A mother eagerly grabs Meia's microphone: "Older men are coming to our community to destroy our young girls; they make them leave school, get them pregnant and infect them with HIV." Others in the crowd follow – old and young men and women, local government officials and members of the local community – to express their strong views.

The crowd is swelling in numbers and people jostle for prime viewing.

They heard from the community leaders a few days ago that there will be an action-packed night of activities.

Following the traditional music and dance and community theatre, it is

goes down, three fictional films are projected on a massive white screen with AIDS creatively woven into a gripping plot. Tonight's films cover stigma, prevention and living positively. The audience then has the chance to comment afterwards.



Community activist Gressi Meia speaks to the crowd about HIV prevention.

the films that everyone has been waiting for – a novelty for their community, as many people here do not have electricity. When the sun

The event is organized by GESOM, a local organisation supported by UNICEF, which uses a mobile multimedia unit – a vehicle equipped



The mobile unit consists of a vehicle equipped with a video projector, a big screen and radio equipment as well as a camping tent for private counselling and focal group discussions.

with a video projector, a big screen and radio equipment – to increase awareness on life issues in rural communities with high illiteracy rates and restricted access to electronic media.

Sergio Silva, the coordinator of GESOM, explains that the focus is on HIV and AIDS and education, and that young people are encouraged to visit Youth-Friendly Health Services (YFHS), where they can receive counseling and get tested for HIV.

“We use local methods of communication, such as traditional instruments and dance, street theatre and local languages, fusing it with our modern technologies, such as the lighting, sound, the film and large screen,” says Silva.

The mobile unit comes with camping tents for private counselling on HIV and AIDS, focal-group discussions

and projection of sensitive videos to specific groups. Silva says that the mobile unit and his team normally stays between three to four days in community, and they return to the same community twice more during the year to reinforce their messages.

The huge numbers of people of all ages and both sexes who turn up and enthusiastically participate in the events, encourages him. He adds that the local Voluntary Testing and Counselling (VCT) services and Youth-Friendly Health Services report a major increase in clients after their visits. Young activist Gressi Meia also confirms this. She works as a volunteer in her local YFHS from 8 a.m. to 11.30 a.m. before attending school in the afternoon.

Nineteen-year-old Antonio Moises, a member of the audience, says that it is the second time he has had a chance to participate in this

multimedia event. “I learn a lot from it, especially about what is going on in the world,” he says.

Moises lives with his aunt after his mother was killed by a landmine in 1992. His father died earlier in the war. “I learn about how to prevent HIV/AIDS, and I can also tell my friends who did not get a chance to come along about what I have learnt.”

Moises says that the day after the mobile unit came for the first time, he visited his local VCT services for the first time and got himself tested for HIV. “I had learnt at the event that it was better to know my status.” He also went to the local YFHS soon after. “I wanted to learn more about my health,” he says. ■



Peer educators like Gressi Meia (right) encourage young people to get counseling and testing.

Supporting orphans to live in their communities

Beira/Chokwe (Mozambique) – Ten-year-old Pedro* marches confidently to greet his visitors, taking one of them by the hand to show pictures he has painted at the Mozambique Red Cross transit centre in Beira, in the central province of Sofala.

Pedro then draws another picture of a house with two stick figures inside. “This is a boy and his mother inside the house,” says Pedro smiling.

For now that picture just represents a dream for Pedro because he has not got a home of his own, explains Antonio Vasco, a social worker at the centre.

“After his parents died and Pedro fell sick, his cousin brought him here four years ago, pretending to be his neighbour. He was frightened that he would have to take responsibility for him.”

Although the Red Cross centre in Beira has successfully reintegrated over 100 children, they still have 33 orphans, mostly due to HIV/AIDS, waiting to be reintegrated with family members or into foster homes in their communities.



Pedro (in blue) is waiting to be reunited with his grandmother, after his parents died.

Meanwhile, Pedro is receiving support in the centre. He was very sick when he arrived, covered in sores, malnourished, socially withdrawn and not in school.

The workers at the centre took him regularly to the day hospital where he received treatment for a series of opportunistic infections. Two months ago he started on antiretroviral drugs.

“He is very good at remembering them,” says Vasco. “He doesn’t

understand totally about HIV, but he knows that he has to take them twice a day at the same hour and that he must never stop if he wants to keep well.”

Pedro has gone back to school, but he is behind with his studies and can be disruptive in class. It is thought that an infection left him slightly brain damaged.

His teacher is new, and unlike his previous one who was sympathetic to

his problems, this teacher has not yet been informed about Pedro's condition. "We will go to speak to her because she sometimes sends him home if he makes a noise," says Vasco.

The centre plans to reunite Pedro with his grandmother who they recently discovered is living in the northern province of Tete. They will first visit to find out what sort of support she needs.

Increasingly, it is the grandmothers in Mozambique who are bearing responsibility for the swelling numbers of children orphaned by AIDS, estimated at 350,000 in 2006.

"The Government is mandated with the care of orphaned and vulnerable children," says UNICEF Protection Officer Jeremy Hopkins. "But community level support will continue to play a vital role in ensuring that the rights of their children are met, including support to reintegrate them into school, if they have dropped out, access to quality healthcare, clean water and latrines in their homes, acquisition of birth certificates, psycho-social care and linkages to government welfare schemes."

Various organizations have set up activities to support orphaned and vulnerable children living in communities throughout the country. A UNICEF-supported centre for the rehabilitation of children (CRIC) in the town of Chokwe offers healthcare, play therapy, basic life skills as well

as psychosocial support to orphaned and vulnerable children. The centre also assists in registering their births, which is key for them to have their rights met and also important for inheritance.

The workers encourage sick parents to keep memory boxes in which they can put memorabilia, such as photos and clothes, for the children to remember them when they pass away.

In the remote village of Bomfofo, grandparents looking after their orphaned grandchildren are organized in a local organisation called Vukoxa (meaning old age in the local language). The organisation, supported by Help Age International and UNICEF, works in several communities in Chokwe to protect the interests of older people and represent them at district and provincial level.

Elderly Athaliah Mabunda is one of the members. Although she has not been to school herself, she makes sure that her orphaned grandchild, 13-year-old Eliza, who lives with her following the death of her mother, never misses her lessons.

Eliza, who now regards her grandmother as her mother, says she remembers only a few things about her real mother. "I remember how she would call me to make porridge for her when she was sick."

Vukoxa has helped Eliza with schoolbooks and pencils, blankets,

farming and cooking utensils and clothes. Their tiny traditional mud and stick home has also been reinforced with concrete on the floor and she now has zinc roofing and a latrine close by her home.

The Director of the local school, Estavao Nhatumbo, who works with Vukoxa and joins their regular meetings, says that with the help of Vukoxa's counsellors, they have been able to reintegrate 43 children back into school, most of whom are orphans.

Vukoxa's counsellors also play a major role in child health care, says Silva Chauque, from the local health authorities.

"The counsellors explain that if a child has a fever or diarrhoea, they should take him or her to the health post rather than simply to treat the child with plants from the traditional healer. Before, about six children would die each month at the local health post, but this month, for example, there has been no death because we are taking our children to the health post immediately, instead of waiting for too long when the traditional healer is unable to cure the child." ■

** Not his real name.*



Athalia Mabunda and her grand-daughter Eliza receive support form the organization Vukoxa.

VIOLENCIA CONTRA MULHERES E CRIANCAS
A VIOLAÇÃO DOS DIREITOS HUMANOS

WLSA Moçambique, Moçambique



O QUE É ABUSO SEXUAL DE MENORES?

O abuso sexual de crianças e um fenómeno sobre o qual ninguém gosta de falar. Já que se trata de adultos, conhecidos, familiares directos e futuros, sofrerem actos de violência sexual. Os seus pais, para evitar a publicidade regressiva. As vítimas geralmente se recusam a falar para não significar que vivem num ambiente bastante hostil para as crianças. Quere o sucesso!

"Vidas por Uma Criança Feliz"



Centros de Atendimento provide support and referral services to women and children who are suffering from abuse, violence and exploitation.

CHILD PROTECTION

Overcoming fear to report domestic violence

Maputo (Mozambique) – Maria says that she is feeling safer these days because it is now two months since her husband last beat her and threatened her children.

During 15 years of marriage, her husband has repeatedly beaten her and even threatened to kill both her and the children. Maria shows some of the scars.

“He even hits me in front of my father. My father tries to reason with him, but it doesn’t help. He has no shame. During the night our children have had to run to the neighbours to get help. And the other day he said he would lock the children in our home and burn it down. But he didn’t.”

Would she like to live alone if she had enough money? Her eyes light up. “I would love to have my own home and live alone with my children and not be afraid,” she says. But she concedes that she does not see it as a possibility for now. She is poor. Her only source of money comes from tailoring, but she says there is not much demand in her community.

Women like Maria, and children who are suffering from abuse, violence and exploitation can report to a “Centro de Atendimento”, a

specialized section of the police station. There, they will not only be able to report the crime to specially trained police officers, but they will also be referred for appropriate legal, medical and psychological support. There are centres in all 11 provinces



Police Officer Maria Supinho coordinates the programmes in the southern region of the country.

of the country, and more than 20,000 women and children have benefited from support. The UNICEF-supported centres also play an important role in sensitizing the communities about violence, including child trafficking. Several of the centres offer outreach programmes to ensure that communities are aware of issues related to the prevention of violence, abuse and exploitation.

Maria Supinho, the police officer based in a police station in the capital Maputo coordinates the programme in the southern region of the country.

She concedes that most cases do not come to their attention.

“It is an important step having these centres, but many women are afraid to come to police stations. And if they do report, many of them would still have to go back home. It would help if we could also provide temporary refuge where the women and children could go after reporting the crime.”

Supinho says that more people are coming to the centres than ever before, and that the police force is recording success in bringing the offenders to book. She cites the case of Sara (not her real name), who was only 13 years old when her step father, a traditional healer, began to sexually abuse her.

“He told Sara that if she told anyone, she would die. However Sara did tell her own mother, who refused to believe her until one day she caught her husband having sex with her daughter,” explains Supinho.

The man is now in prison, waiting for his trial for rape of a child.

“Before, the judges, who are usually men, tended to protect the male offender, but these days they are more sensitized to the problem,” adds Supinho. ■



Community theatre invites members of the audience to participate as performers and to explore the problems they face in their communities.

YOUTH PARTICIPATION

The power of play in fighting HIV discrimination

Beira (Mozambique) – Fourteen-year-old Malua falls in love with fifteen-year-old Angelo, a fellow student at her school. He wants to have sex with her but she is able to persuade him to wait and they continue their friendship, supporting each other with their studies.

However, when Malua's father finds out about Angelo, he panics because

he wants his daughter to marry a 40-year-old male friend of his with plenty of money to pay him a handsome lobola, a type of bride price. He tells Malua's mother that their teenage daughter must drop out of school to marry the older man.

The desperate pleas of Malua's mother to let her daughter stay in school fall on deaf ears and even make her husband aggressive. Malua

is devastated but is forced to stop her studies, give up the boy she loves and marry the older man. After some years, her husband dies of AIDS-related illnesses, leaving her also infected with HIV. By chance, Angelo bumps into her. At first he fails to recognize Malua, who has aged considerably, but when he does, he declares his undying love. Malua feels the same but she explains that she has eight children to care for and she is also HIV-positive. Angelo gives her up.

The story of Malua is a play shown to a lively crowd at a market place on Saturday afternoon in Munhava, the most populous suburb in Beira, in the central province of Sofala.

“What would you do if you were Malua? Would you be able to persuade Angelo to stay?” asks one member of the Kurarama theatre group to the captivated audience.

The audience takes it in turns to dress up with a wrap cloth as Malua and to persuade Angelo to stay with her. Both young women and young men in the crowd are eager to participate in the play. They remember the script surprisingly well, acting with



23-year-old Ines Dausse, who volunteered to participate in the play, argues to let Malua continue her studies.



23-year-old Gentilde Silva, who plays Malua, pleads strongly against discrimination.

enthusiasm. Most of them fail to change the plot of the play despite their eager efforts.

Twenty-three-year-old Ines Dausse volunteers to participate in the play. She argues persuasively that it is important to let Malua continue her studies, pointing out the value of education. The member of the theatre group who plays the father looks as if he is changing his mind. However, it is the audience who has to decide whether Ines's arguments were strong enough.

The actor asks the crowd, "Did Ines change the situation?" The crowd is in agreement. "Yes," they shout enthusiastically." The girl is rewarded with a T-shirt.

Dausse, who is married with a baby, says that she has always known that education is important. Although she had to drop out of school earlier than she wanted, at grade eight, she plans

to return to her studies with her husband. "I know lots of girls who marry early and give up their studies, but it is not good."

Lucas Castigo, the director of the theatre group, says that the actors, who are all volunteers, perform about four times a month in the community about many issues, such as HIV and AIDS, girls' education, children's rights, health and hygiene. If the need arises, like during the recent cholera epidemic, they perform twice a week.

This participatory type of drama, founded by the Brazilian theatre producer Augusto Boal is known as "Teatro do Oprimido (theatre of the oppressed) due to its use of people's real life experiences and the way they collectively explore the problems they face.

UNICEF Communication Officer Patricia Portela Souza says that this method is especially effective in

Mozambique, where most people do not easily access electronic media. "It teaches people to search for their own solutions to their problems," she says.

Mozambique's Community Theatre Network, with UNICEF support, has adopted this participatory method. Up until 2006, around 65,000 people in 10 provinces have been reached by 101 theatre groups.

Castigo says that besides the active participation of the community, the commitment of the actors themselves is key to the success. "I take part because I want to improve the lives of my people."

Twenty-three-year-old Gentilde Silva Juliao, who plays Malua, appears to act from the heart too. She is a student, hoping to be a doctor in the future. She feels strongly about what Malua should have done.

"Malua should have persuaded Angelo to stay with her. You shouldn't discriminate against someone because they are HIV-positive," she says

Asked if she would marry a man with eight children who is HIV-positive, she replies without hesitation.

"When you're in love, you can marry someone with HIV even if you're negative. You just must use a condom." ■



Community theater groups involve hundreds of dedicated young people around the country.

FAST FACTS

Population: 20 million

Children under 18: 10 million

Income per capita: US\$ 310

People living below the poverty line: 54%

Under-five mortality rate: 152 /1,000
live births

National HIV and AIDS prevalence: 16.2%

Literacy: 67% for men
38% for women

Life expectancy: 37 years

Source: Childhood Poverty: A Situation and Trends Analysis, UNICEF, 2006

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Cover: painting produced by children during a workshop organized by the Mozambican artist Naguib in 2006 on the theme of quality education and child-friendly schools.