

MOZAMBIQUE

For every child



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PROGRESS

A country's progress is judged by
the well-being of its children

A NATION IN PROGRESS

Mozambique is a country of great potential and many contrasts. Located in southern Africa, it has borders with six other countries and more than 2,500 km of Indian Ocean coastline. Its population is strikingly young, with 10 million children accounting for half of the total population of 20 million.

Around 70 per cent of Mozambicans live in rural areas, where the majority eke a living from subsistence farming. Recurrent drought in the country's interior, however, has led people to migrate to urban and coastal areas with adverse environmental consequences, such as desertification and pollution of surface water.

While Mozambique's income per capita is US\$ 310, well below the sub-Saharan average of US\$ 754, the country has emerged as one of Africa's most successful examples of post conflict reconstruction and economic recovery. Since the end of a 16-year civil war in 1992, Mozambique's economy has grown at a strong pace. Between 1997 and 2003, economic growth averaged about nine per cent, well above the continent's average, and continues to grow. During the same period, the proportion of Mozambicans living below the poverty line fell from 69 per cent to 54 per cent, exceeding the goals set out in the Government's first Poverty Reduction Strategy, known as PARPA.

National policies and legislation have been developed with key global priorities for children and women in mind. Mozambique shows promise of meeting several of the Millennium Development Goals (MDGs) targets related to poverty reduction, child mortality and maternal health. The MDGs – which range from halving extreme poverty to halting the spread of HIV and AIDS, all by the target date of 2015, form a global blueprint to meet the needs of the world's poorest people.

The country has successfully been to the polls three times since the end of the war. The most recent presidential elections in 2004 have reaffirmed the country's commitment to political stability, democratic governance and national reconciliation.



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

The country has also attracted strong donor support and high inflows of foreign direct investment. Foreign aid represents 15 per cent of Mozambique's Gross Domestic Product, compared to 6–8 per cent for the rest of Sub-Saharan Africa. In 2006, 80 per cent of external development assistance to Mozambique was provided by a group of 18 bilateral and multi-lateral donors.

CHALLENGES AHEAD

Despite the impressive economic recovery, Mozambique is among the world's 20 poorest countries, ranking 168 out of 177 countries on the 2005 Human Development Index. About half of the adult population lives in poverty. Child poverty is a pervasive and deep rooted problem, with about 58 per cent of children living below the poverty line. One of



Mozambique's biggest challenges will be to translate its economic gains into improved child and maternal health and well-being over the medium and longer term.

Poverty reduction efforts and other social advances have not benefited everyone equally. Disparities in

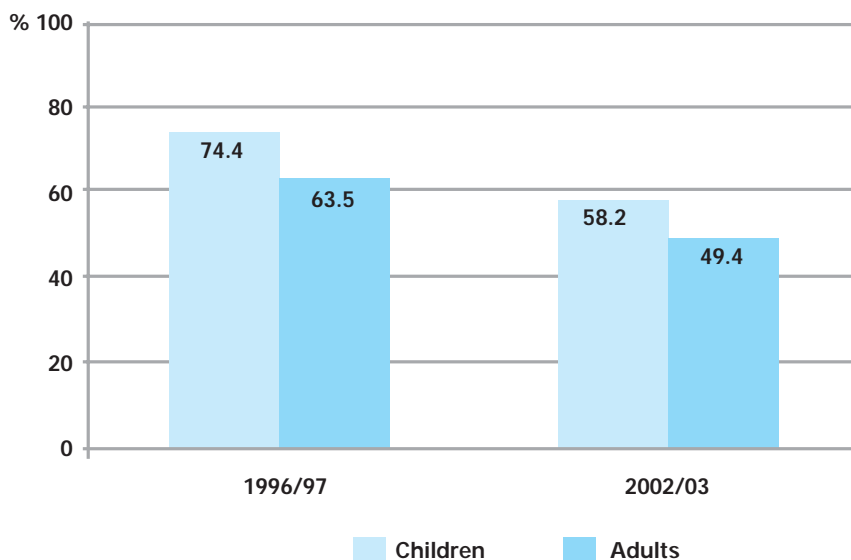
income, education, health and nutritional status as well as access to safe water and sanitation exist between those living in rural areas and urban areas; between men and women, boys and girls and between those that are educated and those that are not.

For those who are poor and vulnerable, life is aggravated by periodic drought and floods. Poverty means that families cannot recover from the blow of natural disasters and debilitating illness. When combined with HIV and AIDS and drought, poverty strikes at the most vulnerable. Pockets of high malnutrition, affecting especially orphaned children, can be found in areas with severe food insecurity and high HIV prevalence.

HIV and AIDS is the greatest threat to Mozambique's development. There are about 1.7 million people living with HIV and AIDS – 58 per cent are women. Out of the country's 1.6 million orphans in 2006, more than 380,000 have lost their parents to AIDS-related illnesses. As parents continue to die, the number of orphaned children is predicted to rise to 626,000 in 2010. Life expectancy is also expected to fall from 37.1 years in 2006 to 35.9 years by 2010.

The Government and its partners have scaled up their response to halt the spread of HIV and AIDS. This effort needs to be sustained and strengthened as the impact on those who have been infected and affected increases.

Children and adults living below the poverty line



Source: DHS, 2003



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.



CHILDREN

Equitable and sustainable human development begins with children

THE EARLY YEARS

A young child's survival depends on the mother's health and education as well as the conditions in which the child is born. In Mozambique, improved access to family planning and antenatal care, especially in rural areas, is helping save women's lives and that of their children. Maternal mortality has dropped to 408 per 100,000 live births and infant mortality to 124 per 1,000 live births.

Many women and children continue to be vulnerable. Only 48 per cent of births are attended by a skilled health worker and 70 per cent of pregnant women are anaemic, a condition associated with low birth-weight babies. Women make up 58 per cent of Mozambicans living with HIV and AIDS and a tiny fraction of HIV-positive pregnant women are receiving antiretroviral drugs to



reduce the risk of passing the virus to their babies.

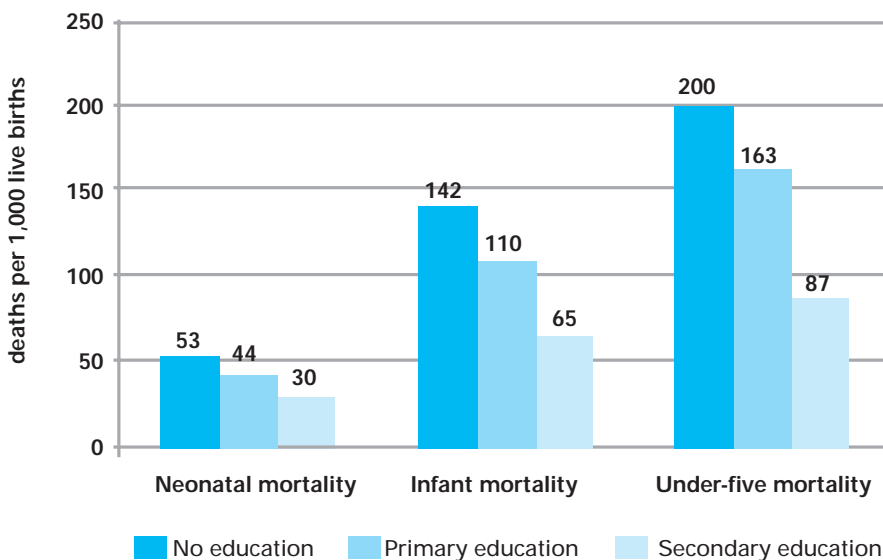
Today, Mozambican children are more likely to live beyond their fifth birthday than twenty years ago but mortality rates remain high. Every day, 320 children under five are lost to preventable and treatable

diseases, such as malaria, respiratory infections and diarrhea. AIDS-related illnesses are quickly catching up.

A child's chance of surviving disease is strongly correlated with a mother's level of education. For example, 97 per cent of children whose mothers have secondary or higher education are given oral rehydration therapy – an effective means of treating dehydration resulting from diarrhoea – compared to 65 per cent of children whose mother did not go to school. Diarrhoea is a major cause of child mortality and a result of the population's poor access to safe and clean water and adequate sanitation.

Malnutrition is a major underlying cause of child mortality. Around 41 per cent of children are chronically malnourished. Two-thirds of children aged 6–59 months are vitamin A deficient, a condition that makes them more susceptible to infectious diseases.

Mortality level among children by level of education of the mothers



Source: DHS, 2003

SCHOOL DAYS

In Mozambique, children now have a much better opportunity to learn than before. Today, 83 per cent of the children are enrolled in primary school, up from 32 per cent in 1992. The number of primary and secondary schools has tripled and 3,500 new teachers have been recruited every year since 1992. School fees were abolished in 2004, and a programme of direct support to schools has been introduced.



However, investments in the quality of education have not been able to keep up with the expanding school system. Many schools are still not child-friendly. In the lower primary level, there is an average of one teacher for every 74 learners and only 58 per cent of teachers at this level have teacher training.

Around 70 per cent of the schools do not have water and separate latrines for boys and girls. More than half of primary school aged children leave school before they complete grade five.

Inequalities persist in terms of access to education, based on where a child lives, whether the child is a boy or girl, and on the level of household poverty. In the poorest families, for example, only 39 per cent of girls compared to 52 per cent of boys attend school. More than 650,000 children who should be in school are not.

The limited number of female teachers – in the upper primary level, only 23 per cent of teachers are women – means that girls often lack role models who could encourage them to continue and complete their studies.

A TIME TO EXPLORE

There are more than 4.2 million teenagers in Mozambique. For many, poverty, HIV/AIDS and limited education opportunities have made adolescence a particularly challenging period. Yet, an increasing number of them are getting involved in finding solutions to their own problems and in creating new opportunities to voice their concerns through media programmes, youth groups or community theater.

However, access to secondary school is limited and remains the privilege

of mostly urban children. Only eight per cent of children of secondary school age attend high school. There are not enough secondary schools in the country and most are located in towns. To cope with overcrowding, schools have introduced morning, afternoon and evening shifts in both secondary and primary schools. It is not uncommon to see students in class at 10 pm.

Pressure to leave school, especially for girls, comes from different fronts. Girls often have to drop out to take care of younger siblings or sick family members. Many also drop out when they get married at an early age – around 18 per cent of 20 to 24 year-old women have been married before the age of 15.

Adolescence also carries other risks. By the age of 14, a third of Mozambican children have become sexually active but knowledge of HIV prevention methods is low. Twelve per cent of young women and 27 per cent of young men aged 15–24 reported using condoms during their last sexual relation. Girls and young women are three times more likely to be HIV-positive than boys and young men.



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.



SYNERGY

Meeting the challenge through
partnerships

A STRONGER PARTNERSHIP

Mozambique has made an inspiring recovery from a difficult past. Yet its development continues to be mired by HIV and AIDS, poverty and natural disasters. The need to overcome these challenges and continue improving the quality of life for all Mozambicans is prompting development partners to work together in new and productive ways.

Development assistance in Mozambique is becoming more effective as partners harmonise and align their goals and activities around national development priorities. Funding mechanisms such as common fund pools and direct budget support have been put into place to make the allocation of resources flexible and more relevant to the needs of the country.

Within this framework, the sector wide approaches (known as SWAps) functioning in various sectors allow development partners, including UNICEF, to work together in a comprehensive and coordinated manner in support of government-led programmes for a particular sector.

Together with other partners, UNICEF advocates for greater attention to be paid to the rights of children in poverty reduction plans. The country's second national Poverty Reduction Strategy Paper 2006–2009 (PARPA II) sets clear and time-bound targets for the realisation of child

rights, in line with the Millennium Development Goals and the Convention on the Rights of the Child.

THE COUNTRY PROGRAMME

The 2007-2009 Country Programme of Cooperation between the Government of Mozambique and UNICEF aims to reduce disparities in the well-being of children. One in five children in Mozambique suffer from multiple deprivations in education, health, nutrition, shelter and other areas critical to their survival and development.



The programme supports national efforts to improve service delivery in child health and nutrition; basic education, water, sanitation and

hygiene, child protection and social policy, advocacy and communication. With the worsening HIV and AIDS crisis, interventions to support infected and affected children and women cut across all aspects of the programme. Emergency activities to support chronically vulnerable children and women are also integrated into the different components of the Country Programme.

The Country Programme is based on a human-rights approach to programming and uses the following strategies for implementation and monitoring and evaluation:

- Reaching the most vulnerable and marginalised children, especially children who have been orphaned and those living in remote rural areas.
- Capacity development of duty bearers and service providers. Children, young people and communities participate in their own development.
- Advocacy for child rights within policy development so that children are at the centre of debate and programmes for poverty reduction and human development.
- Mainstreaming HIV and AIDS, gender and emergency preparedness in all aspects of the programmes.

The Country Programme was developed under the leadership of the Government and in consultation with UN agencies, line ministries,

PARTNERS WITH ALL

Meeting the demands of development in Mozambique requires strong partnerships with a multiplicity of actors. UNICEF works with partners at all levels of society to ensure that Mozambican children and women are given the best chance for survival, development and protection.

With national and international development partners, UNICEF forges alliances to improve the mechanisms of development assistance and leverages resources for the benefit of children and women.

At the national level, UNICEF supports the Government in developing national policies, programmes and plans of action that are child-focused and gender-responsive.

UNICEF works with provincial and district authorities by strengthening their capacity to provide quality services for children and women.

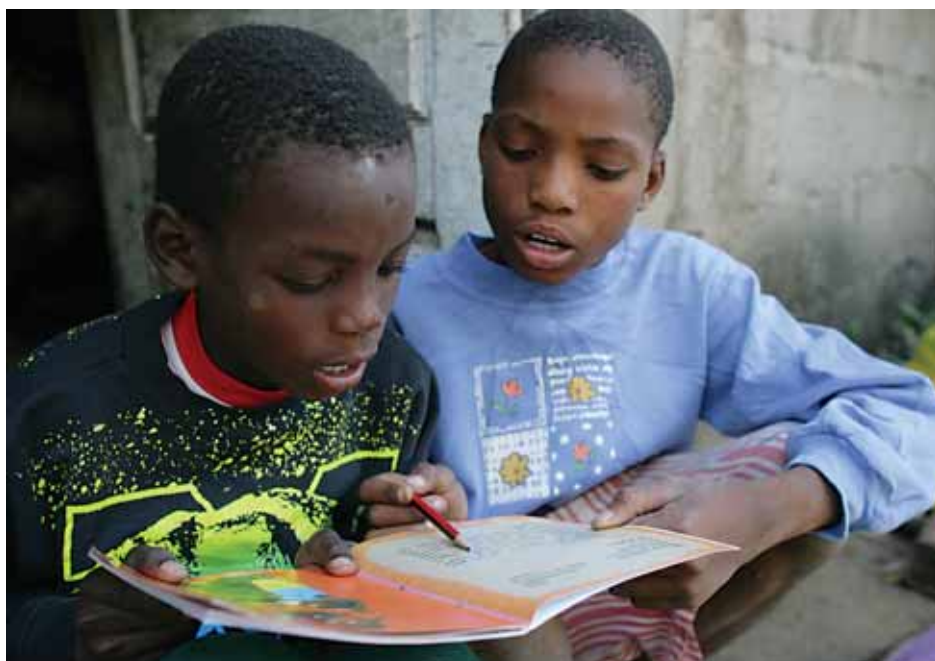
At the grassroots, UNICEF partners with young people, associations of people living with HIV and AIDS, families and community leaders, facilitating their empowerment and ability to take charge of their own development.

civil society, bilateral and other multi-lateral partners. It is fully aligned with the United Nations Development Assistance Framework (UNDAF), – which guides the UN system in designing common country programmes – and with the Poverty Reduction Strategy and national HIV and AIDS targets.

UNICEF in Mozambique is also guided by the UNICEF Medium Term Strategic Plan for 2006–2009 (MTSP). The MTSP is how UNICEF organizes

its work globally to contribute to one or more of the Millennium Development Goals.

In the coming four years, from 2006 to 2009, UNICEF has put priority on five MTSP areas at the global level: Young Child Survival and Development, Basic Education and Gender Parity, HIV and AIDS and Children, Child Protection and Policy, Advocacy and Partnerships for Children's Rights.



THE UNICEF COUNTRY PROGRAMME, THE UNDAF AND THE MILLENNIUM DEVELOPMENT GOALS

UNICEF Country Programme	UNDAF	PARPA II	MDG	MTSP
Child Health & Nutrition	Human Capital, HIV and AIDS	Reduce child mortality, malnutrition & micronutrient deficiencies;	Goal 1: Eradicate extreme poverty & hunger	Young Child Survival & Development
		Prevent mother-to-child transmission of HIV	Goal 4: Reduce child mortality	HIV and AIDS & Children
		Provide treatment for HIV positive children	Goal 3: Improve maternal health	
			Goal 6: Combat HIV and AIDS, malaria and other diseases	
Water, Sanitation & Hygiene Promotion	Human Capital	Increase water supply coverage	Goal 6: Combat HIV and AIDS, malaria and other diseases	Young Child Survival & Development
		Increase sanitation coverage	Goal 7: Ensure environmental sustainability	
Basic Education	Human Capital	Increase primary school attendance	Goal 2: Achieve universal primary education	Basic Education & Gender Equality
			Goal 3: Promote gender equality & empower women	HIV and AIDS & Children
Child Protection	Human Capital, HIV and AIDS, Governance	Create social safety nets for the most disadvantaged citizens, including orphaned children	Goal 6: Combat HIV and AIDS, malaria and other diseases	HIV and AIDS & Children
			Protect the vulnerable (Millennium Declaration Section IV)	Child protection from violence, exploitation and abuse
Social Policy, Advocacy & Communication	Human Capital, HIV and AIDS, Governance		MDG goals 1 to 8	HIV and AIDS & Children Policy, Advocacy and Partnerships for Children's Rights



CHILD SURVIVAL

Children live and thrive if they are fully immunised, have access to safe water and sanitation, are properly nourished and are kept healthy through a quality primary healthcare system.

CHILD HEALTH AND NUTRITION

Child survival under threat

Children and women in Mozambique stand a better chance of surviving than they did more than a decade ago. Over the past two decades, the under-five mortality rate decreased from 219 to 152 per 1,000 live births and the maternal mortality ratio dropped from a high of 1,000 maternal to 408 per 100,000 live births. The proportion of one-year old children fully immunised against the six main vaccine preventable diseases has increased substantially over the past decade.

Gains in child and maternal well-being, however, have not been even across the country, and large numbers of children and women, especially those living in remote rural areas, remain at risk.

Mozambique has the world's 23rd highest under-five mortality rate. The leading causes of child mortality are preventable and treatable diseases such as malaria, respiratory illnesses, diarrhoea and vaccine-preventable diseases. AIDS-related illnesses are quickly becoming major threats to child and maternal survival.

Malnutrition is a compounding factor in child mortality. Children that are malnourished are more susceptible to illness and are less likely to recover from a bout of sickness. Chronic malnutrition has not improved in Mozambique in the past

few years – 41 per cent of children are stunted, which is considered very high by international norms.

Saving children's lives

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.

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 children receive proper treatment.

The Government works towards this goal by increasing public awareness of and demand for child and maternal health services and improving the quality of services in health centres and communities.

UNICEF works with other partners to provide technical and financial assistance to the Ministry of Health in conducting training for primary healthcare workers and community health workers in the integrated management of childhood illnesses, emergency obstetric care and neonatal care, distributing insecticide treated mosquito nets to households looking after vulnerable children and immunising children against vaccine-preventable diseases.

As malnutrition is a major underlying cause of child mortality, UNICEF and other partners support the Government in implementing a Basic Nutrition Package to prevent children from becoming malnourished at different stages of their life cycle. The package is carried out in primary health care centres and in communities. It comprises activities on infant and young child feeding, maternal nutrition, micronutrient supplementation, de-worming and growth monitoring. Families and other child care givers are taught good childcare practices and ways of improving children's nutrition.

To address acute malnutrition found in children living in areas of drought, food insecurity and high HIV prevalence rates, therapeutic and supplementary feeding interventions

are being scaled up to help save the lives of chronically vulnerable children and women.

IMMUNISATION

Coverage improving but still low

The national Expanded Programme of Immunisation has made good progress in recent years.

Immunisation services have been expanded, the capacity of health workers has been improved and there has been a major increase in the availability of vaccines and equipment. As a result, the proportion of one-year old children immunised against the six main vaccine-preventable diseases – polio, measles, tuberculosis, diphtheria, pertussis and tetanus – has increased from 47 per cent in 1997 to 63 per cent in 2003.

Overall immunisation coverage, however, remains low and is unequal, with 81 per cent of children immunised against all six diseases in towns and cities compared to 56 per cent in rural areas. Disparities also exist between households, with 45 per cent of children from the poorest households immunised compared to 90 per cent of children from better-off households.

Out of the six main vaccine-preventable illnesses, measles poses a particular threat. Measles attacks children's immune systems and exposes them to a host of diseases. A large measles epidemic affected

45,000 children in 2002/2004. The Ministry of Health carried out the country's largest ever nationwide vaccination campaign in 2005, which also included polio vaccination. Coverage rates for both measles and polio were increased to 95 per cent.

Reaching the vulnerable

The Ministry of Health, supported by UNICEF and other partners, strives to prevent and control the outbreak of vaccine-preventable epidemics. Vulnerable children living in remote areas with low immunisation

support for polio eradication, measles control and neonatal tetanus elimination and support for funding applications for the Global Alliance for Vaccines and Immunisation (GAVI). GAVI is a global alliance dedicated to providing all children with access to vaccines.

At the central level, UNICEF supports the Ministry of Health in the management of the national EPI programme as well as in the development of policy guidelines and national implementation plans. Provincial and district health



coverage rates are the main focus of interventions.

UNICEF's involvement revolves around helping the Government strengthen routine immunisation services as well as mass vaccination campaigns. This is achieved through government capacity building for improved service delivery, provision of technical expertise and financial

authorities and health centre staff receive training in financial and programme management of EPI activities at local level. The cold chain system is supported with training of technicians and supplies such as refrigerators and cold boxes.

Monthly Health Days – where mobile health teams conduct outreach activities – are supported to reach

vulnerable children who do not have access to health clinics. De-worming is integrated into Monthly Health Days to prevent children aged 12–59 months from becoming anaemic as a result of intestinal worm infestation.

UNICEF and other partners also support the Ministry of Health to implement the Reach Every District Approach (RED), a major strategy for improving routine immunisation in hard-to-reach and under-served areas. RED also provides an entry point for other health interventions, such as nutrition or malaria prevention.

MALARIA

A major killer

Although it is a preventable and treatable disease, malaria is the major cause of death among children in the country, particularly in rural areas. The Ministry of Health has assigned high priority to malaria control and progress has been made in terms of treatment, control, prevention and social mobilization.

In countries such as Mozambique where malaria is endemic, it is crucial that any fever in a child be treated as if it were malaria and the child be given a full course of anti-malarial tablets within 24 hours of the start of symptoms. Although fever in children is very common, only 15 per cent are treated for malaria and eight per cent are given drugs within 24 hours. For those children that are not given anti-malaria drugs, the risk of death is increased dramatically.

For pregnant women, malaria is also a serious danger. Malaria infection during pregnancy can have adverse effects on both mother and foetus, including maternal anaemia, foetal loss, premature delivery, and delivery of low birth-weight babies. Malaria contributes to maternal mortality when it combines with other diseases and conditions such as tuberculosis, HIV infection, malnutrition and iron deficiency.

To improve treatment, Artemisinin Combination Therapy (ACT) has recently been introduced as first line treatment and it is expected that it will be gradually expanded throughout the country. For the control and prevention of malaria, the National Malaria Control Programme is rapidly scaling up the use of Indoor Residual house Spraying (IRS) and Insecticide Treated Nets (ITN) or the more recent Long Lasting Insecticidal Net (LLIN) programme.

Action and impact

The Ministry of Health, with support from UNICEF and other partners, works to prevent and control the incidence of malaria and provide treatment for vulnerable people. All children under five and pregnant women living in provinces that are remote and have high levels of poverty and HIV prevalence are reached by several programmes.

UNICEF leverages funds for the procurement of ITNs and LLINs and anti-malaria drugs and helps promote the use of nets 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 the intervention is combined with others, such as de-worming, polio immunisation, vitamin A supplementation and treatment of common diseases.



WATER AND SANITATION

A critical area for development

While considerable progress has been made over the past years to bring water supply and sanitation to more people, water and sanitation remains one of Mozambique's most under-developed areas.

Just over a third of the population has access to safe water and 45 per cent to adequate sanitation. It is estimated that more than 300,000 children would need access to an improve water supply and sanitation every year in order to reach the MDG target for water and sanitation in 2015.

Massive disparities exist in the sector, especially between urban and rural areas. For example, only 23 per cent of Mozambicans living in rural areas and 66 per cent living in urban areas use an improved water source.

The poor and uneven access to safe drinking water and adequate sanitation is responsible for regular outbreaks of cholera, and diarrhoea is a major cause of child illness and death. A higher prevalence of diarrhoea is also found in drought-affected areas. Here children are more likely to fall sick from water-borne diseases when they start to rely on unsafe water sources such as rivers.

The lack of access to safe water and sanitation also infringes upon

children's right to education and protection. More than two-thirds of primary schools do not have water and sanitation facilities, a situation that negatively impact school attendance, especially girls. Girls are likely to miss school when they fetch water for their families. Travelling long distances to the nearest water source also exposes them to the danger of abuse.

Improving the basics of life

The Ministries of Public Works and Housing and Health, with support from UNICEF and other partners, work to increase water and sanitation coverage, improve service delivery and reduce the incidence of water-borne diseases such as cholera and diarrhoea in rural and urban parts of the country with low coverage and high incidence of water-borne illnesses and HIV and AIDS.

An important strategy involves reinforcing government capacity to better manage the water and sanitation sector. UNICEF provides technical assistance to improve programme planning and implementation and monitoring and evaluation systems. Partnerships are built with research institutions, development partners, NGOs and the private sector to develop innovative water and sanitation technologies. Civil society organisations, the private sector and community members are integrated into the implementation of projects where they provide the know-how and manpower to install boreholes, water

pumps, water reservoirs and latrines. Through UNICEF advocacy, gender and child centred approaches are used to promote youth participation and ensure that the needs of girls and young women are central in project implementation.

UNICEF and partners support the sector to rehabilitate or construct low-cost water and sanitation facilities in communities and health facilities. Community facilitators and activists are trained in community awareness-raising on safe hygiene and the importance of clean water and sanitation to fight off opportunistic diseases related to HIV infection.

Provincial authorities and NGOs, with UNICEF technical guidance and financial support, install or rehabilitate school water supply systems and separate latrines for girls and boys under the Child-Friendly Schools Initiative. Improved access to water and sanitation has a positive impact on school enrolment, retention and performance, especially for girls and orphaned children.

UNICEF supports the Government to develop pro-poor sectoral policies that focus on equity as well as decentralised planning, monitoring and evaluation mechanisms. The aim is to create a conducive environment for the sustainable management of the water and sanitation sector.



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.



EDUCATION

Education enhances lives. It lifts children and their future families out of poverty and provides the basis for sustainable development.

AN EXPANDED SYSTEM WITH ROOM FOR IMPROVEMENT

Mozambican children now have a much better opportunity to learn than before. Today, 83 per cent of children are enrolled in primary school, up from 32 per cent in 1992. The number of children in the secondary system increased from about 45,000 to 245,000 during the same period.

Despite enormous progress to expand the education system in Mozambique over the past decade, there have not been corresponding investments in the quality of education. About half of lower primary school teachers do not have formal teacher training, and double or triple-shift teaching has been introduced to cope with the shortage of classrooms and teachers. There are also more than 650,000 primary school age children out of school.

Many children do not complete their education and drop out of school as a result of the poor quality of teaching, overcrowded classrooms and the inability to afford uniforms, books and other school related costs. In 2004, only 28 per cent of girls and 40 per cent of boys completed primary school.

There are also significant disparities in children's access to education. Access is compromised by poverty, gender, residence and level of education of the head of household. In families with an uneducated head

of household for example, 38 per cent of children have never been to school compared to only four per cent in families where the head has secondary education or higher.

CHILD-FOCUSED EDUCATION

The Ministry of Education and Culture, with support from UNICEF and other partners, works to increase access and improve the quality of primary education, especially for girls and vulnerable children, and provide life skills education to all children.

UNICEF advocates for child-friendly, gender sensitive and responsive school approaches focusing on girls, orphaned and other vulnerable children to be incorporated into national policies. The capacity of



education authorities and civil society organisations is reinforced in the areas of policy analysis, planning and budgeting.

The Government is implementing an innovative package of school interventions to improve access and quality, known as the Child-Friendly School (CFS) initiative. The programme works on improving different aspects of a school to create a teaching and learning environment that is inclusive, child friendly, gender-responsive and protective.

CFS includes learning and teaching material, extracurricular life skills programmes on HIV and AIDS prevention and girls' empowerment, safe water and sanitation, school-based health and nutrition and access to social services for orphaned and vulnerable children. Community mobilisation and awareness-raising on the importance of basic education, especially girls' education, reinforce the CFS approach.

Schools provide an entry point for life skills development and mobilisation of young people in the movement to halt the spread of HIV and AIDS. Children aged 10 to 14 present a window of opportunity for the prevention of HIV and AIDS. Many are not yet sexually active at this age and if equipped with the right knowledge and skills, they can avoid getting infected with HIV.

UNICEF and other partners support the Ministry of Education and Culture to strengthen the professional development of teachers in interactive teaching approaches. Training is also provided to school directors in supervision and school management and to school councils in basic governance.

Schools located in districts prone to drought, floods, earthquakes and famine are assisted in preparing for humanitarian emergencies. Education authorities are supported in developing and updating education contingency plans, and materials are pre-positioned to ensure minimum disruption of schooling during natural disasters.





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.



HIV & AIDS

Children are the missing face of AIDS; yet they offer the greatest hope of defeating the epidemic.

ON THE RISE

An increasing proportion of Mozambicans are getting infected with HIV, with most new infections occurring in young people. In 2000, the national HIV prevalence among adults in their prime years of life – between 15 and 49 years of age – was estimated to be 12.2 per cent and by 2006 it had risen to 16.2 per cent.

Around 58 per cent of Mozambicans infected with HIV are women. Girls aged 15–19 are three times more likely to be infected than boys in the same age group. Adolescents are more at risk of contracting HIV because of their lack of knowledge on how to prevent infection, peer pressure and risk-taking behaviour.

Mozambique is seeing an increasing number of HIV-positive children. In 2006, about 99,000 children under the age of 15 were living with HIV or AIDS; the majority were below the age of five. It is estimated that by 2010, the number will increase to 121,000. Most children have been infected through mother-to-child transmission of HIV and many do not live for long without treatment.

The AIDS pandemic is also compounding the orphan crisis in the country: out of 1.6 million orphaned children, a fifth have lost their parents to AIDS. Children orphaned by HIV and AIDS are especially vulnerable to abuse and exploitation because of stigma and the lack of adult care and supervision.

In 2005, UNICEF and other partners launched a global campaign on children and AIDS focussed on four result areas, known as the 'Four Ps':

1. Preventing mother-to-child transmission
2. Providing paediatric treatment
3. Preventing infection among adolescents and young people
4. Protecting and supporting children affected by HIV and AIDS

Mozambique was among the first countries to champion the initiative, under the Patronage of the First Lady. Today, a wide range of partners are joining forces at the policy, advocacy and technical levels to support the scale-up of the national response for children infected and affected by HIV and AIDS.

HIV and AIDS interventions cut across all UNICEF programmes in the areas of child health and nutrition, basic education, water and environmental sanitation, child protection and emergency response.



PREVENTION OF MOTHER-TO-CHILD TRANSMISSION

Vulnerable mothers and babies

Almost 100 babies are born HIV-positive every day in Mozambique. Pregnant women can transmit the virus to their babies during pregnancy, delivery or through breastfeeding.

An infected woman in developing countries runs a 35 per cent risk of passing HIV to her baby if nothing is done to prevent transmission. However, if she benefits from a package of services designed specifically to lower the risk, the likelihood of infection is halved.

A national Prevention of Mother-to-Child Transmission (PMTCT) programme was launched in 2002. By the end of 2006, more than 110 PMTCT sites were operating in Mozambique. However, coverage remains low and highly unequal. A tiny fraction of HIV-positive women are using PMTCT services. The level of knowledge about the risk of a HIV-positive mother infecting her child is low, and more so in rural areas and among poor women and women with no formal education. PMTCT services are also concentrated in and around provincial capitals, limiting access to women living in remote villages.

Diminishing the likelihood of infection

The Ministry of Health is assisted by a wide range of partners, including UNICEF, other UN agencies, donors, civil society and communities, to scale up the national PMTCT programme, improve the quality of services and provide community support to HIV-positive children and women. Interventions are concentrated in provinces with the highest prevalence rates.

UNICEF works within the framework of the Global Campaign on Children and AIDS and focuses strategically on supporting the Government in creating public demand for PMTCT services while providing support for national and community capacity building in order to implement a comprehensive package of PMTCT services as part of antenatal care programmes.

The Ministry of Health aims to expand PMTCT services in all health facilities with antenatal care and maternity wards. UNICEF and partners are supporting the establishment of new centre-based PMTCT sites in provinces with the highest HIV prevalence rates. A comprehensive package of PMTCT services and interventions helps women stay negative, lowers the risk of HIV transmission to children and supports positive mothers and babies. On-the-job training is provided to nurses and doctors on updated PMTCT and paediatric AIDS treatment protocols, counselling and infant feeding among other topics.

UNICEF helps the Government to increase male participation in PMTCT and counteract stigma by supporting community information campaigns.

UNICEF also supports community organisations that provide home-based care for mothers and children living with HIV and AIDS. Positive Mothers support groups encourage women to deliver in health facilities



rather than at home and help pregnant HIV-positive women adhere to the PMTCT programme. Insecticide treated bed nets, nutritional supplements for infants and adult multivitamins are given to the most vulnerable women and children.

PAEDIATRIC AIDS

The young at risk

Around 99,000 children under the age of 15 were living with HIV and AIDS in 2006. Most of them are younger than five. By 2010, there will be an expected 121,000 HIV-positive children in Mozambique. While most infections are a result of mother-to-child transmission, Maputo Central Hospital also reports that some children are getting infected through blood transfusions, contaminated injections and sexual abuse.

More than half of children living with HIV and AIDS die in their first year of life if they don't receive treatment, and AIDS-related diseases are fast emerging as a major cause of mortality among children. In 2006, 17 per cent of child deaths were as a result of HIV-related illnesses.

Three quarters of children living with HIV and AIDS need ARVs but only three per cent of the eligible children were receiving treatment in 2006. Out of those taking ARVs, 55 per cent alone are children living in the capital Maputo, an indication of the highly inequitable availability and access to treatment.

Expanding services for HIV-positive children

The Ministry of Health, with support from UNICEF and other partners, works on expanding treatment, care and support for HIV-positive children across the country. Emphasis is placed on capacity building of health personnel and communities, stronger

delivery of services in the districts, child-focussed national policy development and community mobilisation.

The Ministry of Health is taking a public health approach to paediatric treatment, promoted through linkages to other child survival interventions such as vitamin A supplementation, immunisation, safe infant and young child feeding practises and insecticide-treated mosquito nets. New and existing ARV treatment sites are being scaled up and reinforced through a package of integrated services for children including screening, voluntary testing and counselling, treatment for opportunistic diseases, nutritional support and home-based care.

On a national and provincial level, UNICEF provides the Ministry of Health with technical support to revise paediatric treatment protocols and update the skills of health workers. At the community level, various communications strategies

are used to raise awareness on paediatric AIDS and create demand for services. Households caring for HIV infected children also benefit from home-based care and referral to primary healthcare services.

PREVENTING INFECTION AMONG YOUNG PEOPLE

Exposure at a young age

Young people, particularly girls, are disproportionately affected by the AIDS pandemic. In 2006, HIV prevalence in girls aged 15-19 was 8.9 per cent compared to 2.9 per cent in boys of the same age group. Girls are more at risk of infection because of biological factors as well as social expectations which prevent them from negotiating safer sexual practices.

Young Mozambicans become sexually active at an early age, and most sexual encounters are

unprotected. Only six per cent of girls aged 15-19 report ever having used a condom.

Young people are also at risk of infection because they do not know enough about HIV transmission and prevention. Only 47 per cent of young women and 63 per cent of young men between 15 and 24 years of age know that using condoms and having sex with one faithful and uninfected partner are the two main methods of prevention.

Becoming agents of change

The National AIDS Council, with support from UNICEF, UN agencies, media partners, civil society, communities and young people, runs a national HIV and AIDS programme that includes preventing HIV infection in adolescents and young people and counteracting discrimination and stigma. Community mobilisation and youth participation are the two main strategies of achieving this.

UNICEF and partners support the Government to raise public awareness and mobilise community action around HIV and AIDS. Community theatre, multimedia mobile units and community radio networks are used to reach young vulnerable people living in remote areas with messages on how to prevent HIV infection, live positively and care for friends and neighbours already infected. Members of communities are encouraged to go for voluntary counselling and testing and women are informed how to access PMTCT services.



YOUNG PEOPLE TAKE THE LEAD

It is vital for young people to get involved. When they are appreciated as sources of energy, imagination and competence, young people flourish and so do the communities they live in. The participation of young people in development programmes is not only an effective strategy for social development but their fundamental human right.

Young people in Mozambique are up against a number of odds – poverty, HIV and AIDS, lack of educational opportunities, limited access to information and cultural practices that discriminate against girls and young women. It is therefore more urgent than ever to provide them with platforms where they can make a meaningful impact on the world they live in.

Young people in Mozambique work to empower their peers, families and the wider community with information and knowledge that helps save lives and improves the well-being of all. They are supported by UNICEF and other partners to achieve this goal through a number of community communications vehicles:

Community theatre network: drama performances that invite members of the audience to actively participate as performers. In Mozambique, this approach is used by the UNICEF-supported theatre group called 'Grupo de Teatro do Oprimido' (Theatre of the Oppressed – a style of drama developed in Brazil as a tool of exploring real life experiences). Through their lively performances, they raise awareness and promote positive attitudes and behaviour in the areas of girls' education, gender awareness and HIV and AIDS prevention.

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

Mobile units: a mobile unit is a vehicle equipped with a video projector, a big screen, a radio and is stocked with information, education and communication material. Each unit also carries tents which can be set up as counselling rooms or spaces for focal group discussion. Mobile units travel to communities and are used to stimulate debate and information-sharing on girls' education, HIV and AIDS and youth friendly health services.

Encouraging young people to participate actively in the national response to HIV and AIDS is critical to stopping the spread of the pandemic. This is being done by creating opportunities for children and young people to voice their concerns and to stimulate dialogue between children and service providers. UNICEF promotes child-to-child media, provides equipment and helps train young people in radio and TV production. Child-to-child radio programmes on topics such as HIV and AIDS, girls' education and prevention of child abuse and gender-based violence are broadcast in every province and reach thousands of young people every week. Youth groups develop and carry out their own peer education programmes on HIV and AIDS in seven provinces with the highest HIV infection rates.



PROTECTING ORPHANED AND VULNERABLE CHILDREN

Growing numbers

With 500 Mozambicans getting infected every day, it is evident that the number of adults living with HIV and AIDS or dying from AIDS-related diseases will continue to rise. In the next decade, an increasing number of children will be living with chronically sick parents or will become orphaned. In 2006, there were already more than 380,000 children who have lost parents to HIV-related illnesses.

Orphaned children face a number of vulnerabilities and risks, such as sexual exploitation and abuse, hazardous child labour, early sexual debut and marriage, poor school attendance and performance and psychosocial problems. Orphaned children, especially those that have lost their mother, are also more likely to be malnourished and unhealthy. Children living in child-headed households are the most at risk.

Creating a protective environment

The Government, national institutions and civil society are supported by UNICEF and other partners to increase access to basic services and social protection for orphaned and other vulnerable children in provinces most affected by HIV and AIDS. Building government capacity, mobilising

communities to support orphaned and vulnerable children and delivery of essential services are the main strategies used for this objective.

Institutional capacity building is a pre-condition to improving the lives of vulnerable children. UNICEF and partners support the Ministry for



Women and Social Action in implementing the Plan of Action for Orphaned and Vulnerable Children. The plan aims to reach an estimated 1.3 million children with basic social services such as education, health, nutrition, psychosocial support and social protection.

The Government, UNICEF and other partners have developed a Basic Package of household items, including mosquito nets, clothes, soap, blankets and cooking utensils to the most destitute families with orphans.

Working with the community is the most effective way of getting essential services to the people that need them most. UNICEF works with local government authorities to strengthen the capacity of civil society organisations and community social activists so that they can reach households headed by children, women and the elderly with psychosocial, educational, health and nutritional support as well as assistance with birth registration. Vulnerable families are helped to set up income-generation projects to enhance their economic independence.

The Government is looking at ways of expanding social protection for orphaned and vulnerable children. UNICEF and other key partners are supporting the Government to develop a long-term strategy for this critical area. Social protection includes mechanisms such as food subsidies or cash transfers that lift vulnerable families above the poverty line and give them the opportunity to look for work and become self-reliant.



CHILD PROTECTION

Building a protective environment for children is key to protecting their rights to survival, growth and development.

THREATS TO CHILDREN

Information on the level of child rights violations such as hazardous child labour, trafficking or sexual exploitation is scanty due to the sensitive nature of such trends. However, the available evidence, gathered through various surveys and studies, paints a worrying picture.

As many as 35 per cent of women who participated in a 2004 Ministry for Women and Social Action study reported having been beaten, mostly by their husbands and male relatives. The study concluded that the cultural acceptance of gender-based violence was a major cause of domestic violence.

Case studies suggest that there are high levels of sexual harassment and exploitation in the school system. In a 2004 Youth Profile commissioned by the Ministry of Youth and Sports and UNICEF, 20 per cent of girls reported that sexual abuse was a problem in schools.

A Save the Children (Norway) study in 2003 revealed that at least 25 per cent of all prison inmates in Nampula, Sofala and Maputo provinces were under 18. The prison system does not afford child detainees with protection in line with international standards for juvenile justice and protection of child rights. Many children in conflict with the law are extremely vulnerable to abuse and violence.

Protection of children that have been orphaned is another critical area. There are around 1.6 million orphans in Mozambique and their ranks are growing as a result of HIV and AIDS. Among children who was lost both parents, 60 per cent have lost them to the AIDS pandemic. Many of the children that have been orphaned and made vulnerable by HIV and AIDS are the ones most likely to be stigmatised, to work in exploitative situation and to be at risk of child trafficking and exploitation, violence, abuse and neglect.

In Mozambique, only six per cent of children under five have a birth certificate and millions of children remain at risk because they do not have social protection. Birth registration contributes to reducing children's vulnerability. The proof of age afforded by a birth certificate offers a degree of protection to a child from a range of age-related abuses such as early marriage, child sexual exploitation, hazardous child labour and military recruitment.

EXPANDING THE PROTECTIVE ENVIRONMENT

Significant progress has been made in developing a comprehensive legal framework for the protection of children, such as the Children's Act and a national Plan of Action for Orphaned and Vulnerable Children. However, the reach of services for children that are at risk of violence, abuse and exploitation is limited.

The Government is being supported by UNICEF and other partners to test different models of protection and service delivery for the most vulnerable children and to scale up successful interventions.

UNICEF and other partners also support the implementation of the Children's Act and the establishment of a national coordinating body that will oversee the implementation of the Act. Separate children's sections in provincial courts are being set up.

Community-based surveillance systems that monitor, report and help prevent child abuse and gender-based violence are being expanded. UNICEF supports these mechanisms, which include a number of activities such as forming reference groups at school level comprised of provincial and district authorities, parents, educators, learners, community leaders and civil society representatives. Complementary to surveillance systems, a community awareness raising programme on the prevention of violence, abuse and exploitation is carried out through the use of community theatre.

Women and children have recourse to Centros de Atendimento (help centres) across the country that help rehabilitate victims of violence and abuse. A comprehensive centre will be set up in each province with centre-based and outreach programmes.

A key strategy in improving the protection and care of children

orphaned and made vulnerable by HIV and AIDS is to ensure that the national Plan of Action for Orphaned and Vulnerable Children is implemented. UNICEF is helping reinforce the capacity of the Ministry for Women and Social Action to

better plan, deliver and monitor services for vulnerable children, their families and communities under the framework of the plan of action. Tested models of service delivery and social protection, including birth registration, are being used to

expand and reinforce a national child protection programme that prevents children from falling prey to harmful child labour, trafficking, child marriage and other forms of abuse and exploitation.



HUMANITARIAN ACTION

A vicious spiral

Mozambique is prone to natural disasters, including cyclones, floods, persistent drought and earthquakes. These events have a dramatic impact on the lives of children and women, many of whom already suffer from chronic vulnerability due to food insecurity, HIV and AIDS, health epidemics and inadequate access to social services.

Rapid onset emergencies such as cyclones or floods damage schools, health clinics, roads, bridges and homes, further limiting people's access to basic services and in some cases causing displacement.

Every year, hundreds of thousands children, women and men, especially those living in the drought-affected areas of southern and central Mozambique, are affected by food insecurity, which leads to increased hunger and malnutrition.

Traditional coping mechanisms of relying on extended family during times of drought have been stretched by the AIDS pandemic, creating a vicious spiral of illness, destitution and food insecurity. Girls and young women risk becoming involved in commercial sex work to survive, which exposes them to sexually transmitted illnesses such as HIV infection.

During times of drought, susceptibility to other infectious diseases such as cholera and diarrhoea is increased when wells dry up and people resort to drinking contaminated water. For those living with HIV and AIDS, this can spell disaster as people's fragile immune systems collapse and the progression towards death hastens.

Responding to disaster

UNICEF emergency response activities are integrated into the different components of the Country Programme to address the needs of chronically vulnerable children and women

particularly affected by persistent drought conditions. These include support to the Government and other partners in addressing chronic and acute malnutrition, malaria, water borne diseases, cholera outbreaks, emergency education activities, among others.

UNICEF has an internal Emergency Preparedness and Response plan which focuses on preparedness and response strategies for rapid onset emergencies; these planning scenarios include the possibility of earthquakes, cyclones and floods.

UNICEF forms part of the Mozambique United Nations Disaster Management Team which works with the Government of Mozambique to strengthen national capacity to prepare for, respond to and mitigate the damage of both rapid onset emergency situations and slow onset chronic emergency needs.

In the same spirit, UNICEF and other partners support the government's National Strategic Plan for Natural Disasters Prevention and Mitigation and works with the National Institute for Disaster Management to strengthen

national capacity to prepare for, respond to and mitigate the impact of natural disasters.

Mechanisms like the Vulnerability Assessment Committee and the Food Security and Household Nutrition Survey help to identify chronically vulnerable populations who will be particularly affected when natural disaster conditions worsen, allowing the Government and its partners to adequately plan, prepare and respond to the needs of these populations.

At provincial, district and community levels, the capacity of authorities and communities is strengthened to deliver emergency relief when another natural disaster exacerbates already tenuous development conditions.



