Executive Summary

The year 2013 has been one of achievements and transitions in Mozambique. Reaching the mid-point of a four-year programme cycle, UNICEF conducted a Strategic Reflection with partners to assess where we are and where we are going in the coming two years. Mozambique is experiencing important changes, with a constant high growth rate, future income from the extractive industries and high potential, at the same time it is still amongst the poorest countries in the world, rated third-worst on HDI, and ODA still accounts for more than 35 per cent of the state budget, but with increasing donor concerns about transparency and corruption. UNICEF is at a crossroads, with a large role still in service delivery, but also poised to play a pivotal role in policy advocacy, leveraging of resources and in the development of workable options for the survival, development and protection of Mozambican children.

The Country Office has continued to support scaling-up key interventions of the essential package of services, commodities or knowledge for children. Progress was made particularly in the area of child survival, with two national health weeks and support for the distribution of LLINs, but also with a landmark commitment by the Government to scaling-up community health workers (CHWs) nationwide; in child protection, through integration of birth registration in child health weeks, and scale up of call centres and police support to victims of violence; in media coverage for awareness and demand creation and C4D for essential services, violence and CWD; and for improved access to water and sanitation.

Meanwhile, the CO has continued to strengthen its capacity for advocacy, upstream policymaking and leveraging of donor or Government resources for equitable and inclusive development, in close partnership with other UN agencies, in the area of social protection, violence, early pregnancy and child marriage, extractive industries and HIV, and through sector-wide approaches (SWAs) in Health, Education and WASH.

A combination of weak leadership and persisting problems in public financial management made disbursement of donor funds unpredictable for the health and education SWAs. UNICEF was at the forefront of political and technical negotiations between donors and the Government to overcome obstacles in public financial management. Furthermore, the impact of the seasonal floods showed the lack of preparedness and resilience, in spite of strong donor response. Finally, the renewed political frictions between the Government and RENAMO are affecting both the investment climate and programme implementation.

Based on the updated SITAN and the MTR, in 2014 and beyond the CO will continue its shift from service delivery to more upstream support and scaling up, while keeping a strong focus on the most vulnerable children, targeting the two worst-off provinces of Zambezia and Tete. At the same time, UNICEF will rally new efforts around specific and critical outputs in five programmatic priorities, and strengthen its foundations in five cross-cutting areas, including action to address the social norms that underpin positive development for children.

Country Situation as Affecting Children & Women

Mozambique continues to rank amongst the ten fastest growing economies in the world, and high growth is projected to continue. Yet, despite strong economic performance and two decades of peace and political stability, Mozambique remains a very poor country, ranking 185 of 187 in the 2012 HDI, and very little change has been recorded in poverty incidence and chronic malnutrition prevalence.

The country has made progress in child mortality, primary education and birth registration. There has also been progress in access to improved drinking water sources and sanitation, albeit from a low base, in testing and treatment of HIV/AIDS (and PMTCT) and social protection. Several other services critical for the protection of children are also being developed but are limited by deficient national capacity.

Maternal (408/100,000) and neonatal (30/1,000) mortality remain a major challenge, as does chronic under-nutrition (43 per cent), with little or no progress over the last decade. Since 2008 there has been a slight reversal in the use of reproductive health services and very little progress on skilled attendance at birth. The high levels of stunting and orphanhood pose a serious challenge not only for child survival and development,
but also for Mozambique’s human capital, long-term productivity, socioeconomic development and poverty reduction.

While primary school enrolment and completion have improved, despite levelling off since 2008, learning is a big challenge. Falling pass rates and studies on learning achievement show that primary pupils are learning very little in terms of core literacy and numeracy skills, due to core structural problems.

Large geographic inequities persist, with poverty, human development and child outcomes worse in rural areas and in the north and centre of the country, compared with urban areas and the south – the main exception being HIV prevalence, which shows the opposite pattern. Some of these disparities are very wide with, for example, under-five (U5) mortality in Zambézia more than twice as high as in the provinces where this indicator is lowest. But even within provinces, large disparities exist between districts.

Poverty is a key driver of child deprivation. Data show the importance of cost and distance on lack of access to basic social services. Inter-quintile disparities are large for many indicators, although in some cases deprivations are high even in the wealthier quintiles. Since the early 2000s, poverty has been declining only slightly, if at all, despite high economic growth, although the last household budget survey took place in 2008/09. Social protection coverage, as a response to this vulnerability, is still low despite the recent expansion of programmes.

There is a synergy between poverty, climate change, the risks of natural disasters and the seasonal fluctuations in food insecurity – all factors affecting child well-being. The frequency and impact of natural disasters seem to be exacerbated by long-term climate change, putting many Mozambicans at risk of livelihood losses and increases in vulnerability. A mapping of disaster risks shows some convergence with other vulnerability factors. Children are directly affected in multiple ways, as access to food, safe water, education and adequate care, among other crucial developmental factors, become major problems during disasters.

Deficiencies in knowledge, attitudes and practices, rooted in cultural traditions, social norms and gender relations, are another key factor in influencing child outcomes. One of the most serious consequences, despite some modest improvement in the last few years, is the still very high incidence of child marriage among girls, which is affected by early sexual activity and a huge problem of adolescent pregnancy, with knock-on effects on child and maternal mortality, education and poverty. Social norms are also critical factors in the lack of progress in reducing stunting, improving hygiene and sanitation and reducing HIV incidence.

Despite major advances in recent years, supply problems persist in the social sectors and there are serious concerns about the quality of services. There still are large shortfalls in geographical coverage as well. Distance is still cited in surveys as the main reason for non-utilisation of health services. In education, the availability of schools and teachers remains a constraint on upper primary education and especially secondary education in rural areas. Health service treatment protocols are not fully respected, often due to regular drug stock-outs, which require a fundamental reform of the pharmaceutical procurement and distribution system. There are still large shortfalls in health personnel, relative to global norms for ratios to population. In primary education, the introduction of fast-track teacher training succeeded in increasing the number of teachers but at the cost of undermining quality.

Despite absolute increases at current prices, there has been a decline in the relative share of the social sectors in Government expenditure and stagnation in real per capita expenditure. Although analysis of sector expenditure trends is hampered by the partial nature of publically available data, there is little doubt that health, education, social welfare and WASH have been receiving less priority in resource allocation and are largely dependent on external financing.

As Mozambique moves into a period of rapid development of its large gas and mineral deposits, and to a certain extent into external investments in extensive agricultural production, with prospects of generating large additional fiscal resources for the state, a high priority should be given to reducing impacts of these mega-projects on children as well as using the opportunity of increased fiscal space for financing of the social sector.
Country Programme Analytical Overview

UNICEF Mozambique is a part of UN Delivering as One, under an UNDAP and in a context of donor coordination. The UNDAF will be assessed in early 2014, in a strategic mid-term review. During 2013 UNICEF implemented a light mid-term review of programme aim and focus, as a complement to this wider UN effort. This served as a “Strategic Reflection” to assess the programme design as a whole (are we doing the right things?) and where necessary adjust emphasis and priorities (are we doing things right?).

The Strategic Reflection included a review of the national context through an updated Situation Analysis on Women and Children, using the latest DHS and other data, a series of interviews with ministers, opinion leaders and children themselves on the realities facing children and young people, and a programme review by each sector. The result was 10 programme priorities around key, achievable and critical outputs for the next two-to-three years, where UNICEF can make a difference. These include five sectoral programme areas: (1) Improved Child survival through community based interventions; (2) Reduced Chronic under-nutrition through access to essential services and knowledge; (3) Improved Quality Education; (4) Expanded Social Protection and Child Protection through community based case management; and (5) Scaled-up Total Sanitation. Each of these priority areas has a defined set of outputs that will be programmatic imperatives through the rest of the programme period. Five cross-cutting outcomes will support these results: eliminate MTCT, accelerate paediatric AIDS control and prevent HIV amongst adolescents; address Social norms that underlie and impact outcomes for children, enhance child participation, increase investment in children, and reduce impact from natural disasters.

The UNICEF programme was designed with an integral equity focus, aiming to reduce barriers to rights and development for the most marginalised children, based on an assessment of geographical disparities. Two populous provinces, Zambézia and Tete, fall consistently below the national average in outcomes against child-related indicators. A 2013 update using 2011 DHS data, confirmed the need for a geographical focusing of programme interventions. As a result, programme convergence will be strengthened in those two provinces in the coming years. Of particular emphasis will be a reinforcement of provincial and district level capacities for data collection and analysis, and – based on this data – more effective planning and budgeting for children, as well as specific demonstration of research interventions in programme areas. Lack of quality data to use for management purposes has also been highlighted in on-going Monitoring Results for Equity System (MoRES) modelling. As such, Mozambique’s MoRES work will continue to focus on supporting national efforts to effectively and sustainably measure the situation of children at provincial and, as possible, district level in these two provinces and leverage its scale-up at national level.

At the same time, the Programme will continue to strengthen its ‘upstream’ focus, looking at the long-term strengthening of national systems to address child deprivations, and ensure that relevant and effective policies, systems and budgets are in place to guarantee the rights of all children.

Humanitarian Assistance

In January 2013, severe flooding affected the country, particularly the southern province of Gaza, with more than 150,000 people displaced. Working with partners and in support of Government response, UNICEF provided access to safe water and sanitation to 105,174 people (70,690 people through water trucking and point-of-use water treatment, and 69,674 through disinfection and rehabilitation of water points); supported blanket supplementary feeding distributions for 36,700 children under 5 and pregnant/lactating women; distributed insecticide-treated mosquito nets to 24,500 families; delivered education kits and tents for 181 damaged schools, providing education to 70,000 school-aged children; and reached over 140,000 people with mobile unit sessions promoting high-impact behaviours on health, nutrition, hygiene and protection. UNICEF worked with sector partners to provide emergency psychosocial support to 200 children and reunified 52 separated and unaccompanied children with their families. To mitigate the impact of future disasters, UNICEF is involved in emergency preparedness, as a member of the Humanitarian Country Team, supporting the Government National Contingency Plan. To ensure preparedness, emergency items were pre-positioned, enabling partners to meet the basic needs of 25,000 people within the first 72 hours of a future disaster should one occur in 2014.
**Effective Advocacy**

*Mostly met benchmarks*

In 2013 the UN selected two “Signature Issues” for joint advocacy on key policy issues: Ending Violence Against Women and Girls, and Extractive Industries.

UNICEF has actively engaged key stakeholders in the emerging extractive industry to advocate for reducing social harm and maximising fiscal space. Research carried out jointly with Government on opportunities for equitable social and economic development informed senior Government officials and corporate leaders through high-level events, such as a dinner hosted by the UN Secretary-General. This also opened discussion on revenue management and investment in human capital. UNICEF also led research efforts, at Government request, to understand and document the potential impact on children of extractive industries activities in the provinces of Tete and in Cabo Delgado.

Advocacy against child marriage was intensified though the establishment, jointly by the Child Rights NGO network and UN, of the Child Marriage Coalition. This group is led by Graça Machel and co-convened by UNICEF. It will conduct a national mapping of child marriage in the country to understand root causes and develop a national advocacy strategy.

During the past several years UNICEF has supported the development of user-friendly Budget Briefs on H&N, education and WASH, used for advocacy with Parliament, Government, civil society and the donor community for improving equity and efficiency of allocations. In 2013, this endeavour gained strength by more in-depth collaboration with other UN agencies, Government and donors.

UNICEF is either co-chair or incoming chair of three major SWApS (in health, education and WASH) and co-chair of the Social Protection Partners Group. Besides contributing to leveraging more than US$315 million for those three sectors, this enabled UNICEF to position children’s concerns in the planning of interventions.

UNICEF was re-elected as co-chair of the Nutrition Partners Forum, the donor and UN forum in Mozambique's Scaling Up Nutrition (SUN) infrastructure. Alignment of partners was strengthened, policy for the reduction of chronic malnutrition was provided, and an advocacy strategy developed. UNICEF is also an active participant in REACH, the UN initiative on nutrition.

UNICEF has acted as Chair of the UN Country Team on Civil Registration and led the assessment on civil registration and vital statistics in the country, in close collaboration with Government, the United Nations Economic Commission for Africa (UNECA) and the African Development Bank (AfDB).

Thanks to capacity building, RECAC—the Child-Friendly Media Network including more than 500 professionals—became an independent organisation this year. The Network continues to monitor the news and to train media professionals on child-rights issues with an aim to improve advocacy and awareness.

With UNICEF and partner support, Government approved a new methodology for estimating water and sanitation coverage, harmonised with international monitoring standards. The decision was taken based on the results from strategic studies and data that demonstrated huge discrepancies between "access" and "use" data, leading to poor sustainability.

**Capacity Development**

*Mostly met benchmarks*

Multi-sectoral capacity building and systems strengthening is a key strategy of the Country Programme, seeking out long-term, sustainable solutions to issues and programming for children. All programme components have a strong capacity development focus, supporting Government and NGO partners to improve planning and delivery of services to the poorest and most vulnerable children. At national level, this has
implied strengthening human resource capacity and awareness in formulating and implementing policies and programmes for children. At sub-national level, efforts focus on enhancing staff skills for better-quality service delivery.

Partners change of perception of the content and purpose of capacity development has been needed to achieve those goals. Indeed, partners see capacity development often in terms of trainings. UNICEF has successfully supported training activities in the context of piloting or scaling-up key interventions, as for example:

- training of over 3,000 police officers on mitigating violence in the context of the national curriculum
- training of 100 social workers to overcome delays in judicial proceedings of children’s cases
- Consolidation and scale-up of training of more than 1,400 Community Health Workers
- training of 64 District EPI staff in logistics and management
- capacity building of Government, civil society, media and academia partners to implement equity-based C4D interventions
- training of frontline workers, such as CHWs and birth registration officers, to increase their communication skills
- support for the National Statistics School (ENE) to develop new pedagogical and planning skills
- Developing and operationalising a district-level framework for monitoring, maintenance and repair of rural water infrastructure.

These trainings, which resulted in improved service delivery, were complemented with a focus on a longer-term sustainable capacity development. Good practices include:

- Provision of on-site technical assistance and/or subsidising of operational costs within partner entities, with a clear exit strategy, to create a sustainable basis to retain capacity
- Moving towards a more strategic view of Human Resource development and career track of community workers, including the development of exit strategies from donor funding.

Challenges include weak partner systems and processes, regular loss of institutional memory/individual capacities due to rotation or poaching by the private sector, lack of coordination between donors and the low motivation of Government counterparts because of resource constraints. However long-term impact depends on improvements in long-term planning in systems and processes and institutionalisation of partner ownership of capacity development processes.

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**Communication for Development**

*Mostly met benchmarks*

The programme continues to promote behavioural and social outcomes associated with Country Programme priorities, with good results. The mix of mass media, mid-media, and (to a lesser extent) interpersonal communication strategies is reducing key knowledge gaps, promoting awareness on key issues such as children with disabilities (CWD) and violence, and creating demand for essential basic services. Furthermore, the Office continues to promote partnerships with the media, civil society and children themselves for promoting children’s rights.

The programme, through national communication interventions and campaigns, reached more than 3 million caregivers to promote the immunisation calendar, and 2.3 million caregivers through the inter-sectoral CWD campaign. A tripartite partnership between UNICEF, the MOH, and Mcel (largest mobile operator) has disseminated monthly ‘Facts for Life’ messages nationwide to 4.2 million subscribers. Support to vertical interventions, such as Child Health Weeks and response to floods has been very effective. Around 1.2 million people were reached by mobile multi-media teams, community theatre and radio, in high-priority provinces (Tete, Zambézia, Cabo Delgado, and Nampula) and in the Child-Friendly School districts in another three provinces. The UN-wide campaign against violence contributed to an increase in reporting of sexual violence through the free telephone line and in schools.

At the national level the programme has strengthened the capacity of Government, civil society, media and academic partners to implement C4D interventions, and locally, has trained CHWs and birth registration officers in interpersonal communication skills. Furthermore, the inter-confessional religious network COREM has been adapting the Facts for Life messages to their religious context and developing channels of delivery
at community level. A Strategic C4D plan was developed jointly with the Institute for Social Communication, the lead agency for Government communication, and is pending approval of the PM’s cabinet. The Participatory Child Rights Media Network maintained its support to child-to-child (community and public) radio and television programmes across the country. About 1,500 children and adolescents have been engaged in production clubs, reaching children and adults with media access in Portuguese as well as key local languages. Plans for establishing a more independent, cross-channel framework for the initiative, looking also at sustainability and exit strategies, were postponed to 2014 due to capacity constraints. COREM (faith-based associations) and ROSC (NGOs) continued to serve as critical channels of advocacy and awareness-creation, and hopefully in the future will play a similar role for changing social norms. Concerted efforts were made to enhance capacity for evidence-based programming and monitoring of partners. An information deprivation desk review was performed, validating programme focus on key provinces. A revised and standardised set of monitoring and self-reporting tools were developed, tested and rolled out in Tete and Zambézia. Omnibus phone surveys were conducted against key media campaigns, and a frontline SMS is being piloted in collaboration with an academic partner (CAICC), which was very useful for monitoring community radios during the floods. Challenges include the need to review the communication strategy to influence pervasive social norms, improve sustainability, Government leadership and financing and improve inter-sectoral coordination and capacity.

**Service Delivery**

*Mostly met benchmarks*

Through 2013, UNICEF continued to provide support for direct service delivery, as a donor of last resort, and to leverage large-scale delivery through partners in the areas of WASH, Health and Nutrition, Education, and Child Protection. The Country Office provided sustainable access to safe water and sanitation to more than 126,000 new users by building water supply systems, improved latrines, public sanitation facilities, safe water transport and storage, and promotion of water treatment and sanitation. The Office also contributed to improved learning environments in primary schools by building classrooms (for 10,100 learners), providing access to drinking water (benefitting 31,500 learners) and sanitation facilities (for 20,117 learners), as well as basic hygiene education skills (almost 80,000).

The CO adopted a combination of approaches to improve equity in service delivery of Health and Nutrition services: (i) nationwide coverage through campaigns (e.g.: bed-net distribution; and child health weeks); and (ii) targeted interventions in priority provinces (e.g. Zambézia) and on specific vulnerabilities (e.g. HIV in Beira, Health and Nutrition iCCM in rural communities with low access to health services). Two rounds of an intermittent residual spraying (IRS) campaign covered 23 districts and protected 5.8 million people from malaria. National Health Weeks reached 4 million children with vitamin A, polio and measles immunisation and deworming. UNICEF also continued to be a key partner of MoH in the scale-up of the Community Health Workers Program. As of October 2013, a total of 2,150 new CHWs were deployed to provide essential preventive and curative services to remote communities, covering more than 1.4 million people.

To improve quality of education through improved learning conditions, 3,500 double school desks were procured and 25,000 kits with basic school materials were distributed for first and second grade students. In the area of Health and Nutrition the Office supported the construction and equipping of 'Model' Violence Victims Support Units in all 11 Provincial capitals. It equipped five Provincial capital hospitals with adequate basic goods (wheelchairs, games, physical therapy tools) to provide psychosocial support to children, in particular children with mental and physical disabilities or affected by abuse. The CO continued to support the Child Helpline; Health and Nutrition received 200,000 calls, 64 per cent of which were counselled or referred. A multi-sectoral pilot programme on ‘community work’ as an alternative to imprisonment for children in conflict with the law continued to be implemented, and collaboration between Health and Nutrition, courts, social welfare officers, and the attorney general led to 8,267 institutionalised children being placed in family care. In birth registration, UNICEF has leveraged a holistic Civil Registry System, with a link to Vital Statistics to be developed. The integration of birth registration in Child Health Weeks led to 111,000 children being registered during the May Child health Week and approximately 269,419 at the December event. Some 290,803 of the poorest and most labour-constrained households are receiving monthly cash transfers and
access to psychosocial support.

**Strategic Partnerships**

*Mostly met benchmarks*

Partnerships continued to be a fundamental part of UNICEF’s success in 2013, allowing the CO to strengthen impact and credibility as well as leverage additional impact for child development. As a delivering as One (DaO) country, UNICEF partners with WFP, WHO and UNFPA in a child and maternal mortality flagship programme in Zambézia. With the World Bank, the Country Office supported the Ministry of Finance to perform a Public Expenditure Review via a Benefit Incidence Analysis, aiming to increase budgeting for the most vulnerable. With the IMF, MCO advocated for using US$400 million from capital gains tax revenues to increase fiscal space for social sectors, in the absence of a long-term investment strategy for natural resource revenues. Jointly with the WB, IMF, ILO and WFP, UNICEF successfully advocated for increased fiscal space and systems for a social protection floor. UNICEF partnered with AfDB, UNECA, UNDP, UNHCR and UNFPA and the ministries of Justice and Social Affairs to design integrated civil registration and vital statistics. The Country Office continued to engage with civil society organisations (CSOs) to: advocate for equitable budget allocations, train journalists to cover children’s issues, foster child participation in community radio programming, and promote key behaviours in communities and schools, including through a religious network. It fostered the Child Marriage Coalition, under the leadership of Graça Machel. The Country Office partnered with Give a Child a Family and Terre des Hommes to improve quality of care for orphans and abandoned children. During the January flooding, UNICEF partnered with NGOs to provide relief and recovery in Gaza province. The Office continued to promote child-focused corporate social responsibility (CSR) within the private sector, under the framework of the Children’s Rights and Business Principles. A new public-private partnership with MCel, the national mobile telecommunications provider and the MOH was established, for SMS on child and maternal care. The Country Office provided the extractive industry with technical expertise for developing their community investment and CSR strategies. With Eduardo Mondlane University, we supported the training of: journalists on child rights, IT students for monitoring and evaluation of interventions for children, and Teacher Training Institutes for pre-service training. The National Rural WASH programme continued as a platform for sector coordination, policy dialogue and tracking investments, and a channel for Common Fund with Netherlands, DfID, and Swiss Cooperation. For Small Town WASH programming, the Water and Sanitation Infrastructure Administration brings together UNICEF, Ausaid, EU and World Bank resources and technical assistance. With Canada and the Netherlands, UNICEF earned a second term as Vice-Focal Partner for the Health Partners Group and the SWAp, and led the dialogue with the Ministry of Health at a challenging time due to financial and human resources crises. As Chair of the Nutrition Partners’ Forum, UNICEF facilitated the 2011-2015 multi-sectoral plan for the reduction of chronic under-nutrition. The CO also stepped-up its engagement in the education SWAp as we entered the leadership troika.

**Knowledge Management**

*Mostly met benchmarks*

Over the past few years, Knowledge Management (KM) has developed into a dynamic role of generation and dissemination of knowledge and capacity building for knowledge management for and with partners, with a strong advocacy focus to ensure that evidence informs action for children and their rights. Currently, UNICEF has a full time KM officer, who supports a cross-sectoral committee of KM focal points in the Office. In the wider UN context, as knowledge management becomes a priority, UNICEF’s KM function has provided support and guidance to an evolving strategy.

A key success for UNICEF in KM in recent years was in the area of evidence-based advocacy around the national budget. In partnership with both Government and civil society, UNICEF Mozambique has become a
critical actor in the area of social budgeting and Public Finance Management (PFM), increasing transparency and participation of civil society and Parliament in PFM dialogue and supporting Government capacity-building for evidence-based strategic planning and budgeting.

In 2013, the update of the situation of children, using the latest information, generated considerable support throughout the Office. This contributed not only inform our programme and the on-going MTR, but will also contribute to Government plans, budgets and strategies in 2014, and hopefully the electoral platforms for the different parties in the upcoming elections. The SitAn, still in process, is an innovative, non-traditional document that looks not only at the situation of children and disparities, but also considers barriers to more rapid progress and underlying factors. The next steps to be implemented in 2014 will be to look at the cost of scaling-up an essential package of interventions for children, and perform a macro-analysis of Mozambique’s fiscal situation for the next decade and possible scenarios for increasing fiscal space for children. A dissemination and advocacy strategy has been discussed, and will take shape in 2014. Furthermore, a set of knowledge products typology for the CO was identified and will be implemented in the coming year.

Knowledge generation also took the form of several studies and evaluations for a national and international audience, including documenting best practices. These products include: a final impact evaluation of the One Million Initiative, a statistical analysis of NAMWASH baseline data, HIV and gender impact of the extractive industry, alternative care, equity-based C4D analysis, a rapid survey on UNICEF-supported communication campaigns, and formative research on caregivers’ perceptions of immunisation. Besides the usefulness of this information for programme improvement and national advocacy, findings and recommendations also found an international audience through webinars and conferences.

### Human Rights Based Approach to Cooperation

*Fully met benchmarks:*

The Country Programme was developed with a child rights-based perspective, strategy and commitment in all steps of planning and programming. The UNDAF 2012–2015 focused particularly on analysis for Gender, Culture and Human Rights with partners, ensuring that results for the programme period have an explicit human rights emphasis. This focus is echoed in UNICEF’s planned programme, which centres on the protection and promotion of the rights of children, particularly those excluded and most vulnerable, with a particular focus on equity.

The CP is strengthening capacities of both rights holders and duty bearers to respond to their rights and responsibilities. Mobilisation of young people and their communities into awareness and actions for their rights underpins C4D programming and demand creation for an essential package of services and information, and is a key strategy of child participation. This has been complemented through work with civil society and religious institutions. Furthermore, community development strategies are critical for increasing the capacity of the rights holders to demand their rights and access to services. The development of up-to-date information on the situation of women and children improved awareness of sectoral duty bearers, and contributed to improved advocacy in Parliament and with donors. Finally, specific initiatives in the areas of major violations, like violence, child marriage, gender, and income or geographical disparities are bearing fruit. This is particularly relevant in the context of disaster risk reduction (DRR), where programming aims have been strengthening national and sub-national capacities to prevent, prepare and respond to recurrent emergencies.

Nationally, strengthening of systems for the protection and guarantee of child rights, particularly the rights of the most vulnerable, was a central theme. UNICEF was deeply involved in the development of a new National Plan of Action for Children (2013–2019), approved by the Council of Ministers this year, set to guarantee the rights of all children in the country. This is in line with the 2009 Concluding Observations of the Committee on the Rights of the Child recommendations, and national commitments to address them.

Child marriage benefited from the establishment of a ‘National Coalition against Child Marriage’, a chapter of the global platform ‘Girls not Brides’ in 2012 thanks to Graça Machel’s leadership; the choice of 2013 Child

Findings from the online survey “reflecting children’s voices” conducted in July 2013 and corroborated by programme monitoring reports, demonstrate that most child participants in UNICEF-supported participation interventions were empowered to claim their rights, and those of their peers, including in the areas of health, nutrition, education, protection, water, sanitation and participation in decision-making forums.

### Gender Equality

**Mostly met benchmarks**

The 2012–2015 UNDAF was designed with a focus on Gender, Culture and Human Rights. Joint UN planning and monitoring is guided through the interagency Gender Joint team. This gender logic carried through into UNICEF’s programming contribution to the UNDAF. In 2013, Violence against Women and Girls’ was defined as a ‘signature issue’ within the UN system in Mozambique. In addition, there was substantive work towards gender results in specific areas through 2013, including the highlights outlined below.

Through the Education SWAp and working groups, UNICEF supported the Ministry of Education in strengthens policy dialogue and development of strategies to address the issue of gender inequality, including strategic actions for prevention of violence and sexual abuse in schools. Mozambique embraced the celebrations of the International Day of the Girl Child, spearheaded by the Ministry of Education with support from UN agencies (UN Gender Joint Team) and civil society organisations (National Child Rights Coalition, Plan International and Action Aid). This focused on school-based activities on Girl’s Education in all schools, nationwide. Hence, all secondary schools (over 500) organised debates by and for girls around the following questions: (a) what are the main reasons why some girls do not complete secondary school? (b) Why do some girls have low levels of learning outcomes? (c) What do girls think that key stakeholders (parents, teachers and community) should do to ensure girls feel safe and motivated to learn?

Based on a gender analysis of national legislation in 2012, UNICEF provided technical support to the on-going process of reforming the Criminal Code of Mozambique (dating from 1886), in partnership with the Child Rights NGO Network. A major concern was gender-insensitive articles whereby rapists are let 'off the hook' if they marry the girl/woman victim; light sanctions in cases of sexual crimes against boys; sexual exploitation ('prostitution') criminalises the girl/woman and not the perpetrator.

Child marriage was at the centre of media attention during the 2013 Child Rights’ Fortnight (Quinzena da Criança) in June themed “Eliminating Harmful Social and Cultural Practices affecting Children: Our Collective Responsibility”. UNICEF social media outlets were dedicated to the issue in May 2013, resulting in 75,000 new viewers. Mozambique was also part of the Global End Violence Campaign, particularly the Day of the Girl Child in October focused on Early Marriage, reaching over 100,000 persons and engaging over 8,000. The national Child Marriage Coalition, spearheaded by civil society, established in December 2012 with strong leadership by Graça Machel, is part of the global platform ‘Girls not Brides’ and is leading national debate and advocacy efforts, including advocacy for the criminalisation of child marriage during the revision of the outdated Criminal Code mentioned above.

Finally, C4D and demand-creation for essential services is tailored particularly for women, as they are the main caregivers, and increasingly looks at the gender dimensions of social norms.

### Environmental Sustainability

**Mostly met benchmarks**

Mozambique faces significant development challenges that are compounded by climate change and disasters. The country is heavily reliant on small-scale, rain-fed agriculture, with over 70 per cent of the country receiving its food from subsistence farming. Droughts and erratic rainfall dramatically impact these small farms, and are key factors affecting food security and nutrition. In 2013, Mozambique was affected by flooding affecting more than 420,000 Mozambicans, of whom more than 185,000 were displaced and lost their belongings. UNICEF committed US$2.6 million to rapid response, in partnership with Government, the UN and civil society.
Most of Mozambique’s environmental vulnerability is linked to water. Water stress, including droughts and floods, can have devastating effects on safety of drinking water and sanitation. Shallow wells can dry up in times of drought, putting pressure on deeper wells that may exist. Floods can contaminate drinking water, especially in areas that have poor sanitation. Weak water and sanitation infrastructure can be easily damaged by floods and cyclones, and areas with poor drainage are at high risk of cholera. Not only do these conditions (contaminated water, extreme heat and floods) have an acute effect on children, but they are also key contributors to malaria, diarrhoea and malnutrition; the principal killers of children in Mozambique. To address these concerns UNICEF is supporting rainwater harvesting at schools in several drought-prone areas and factoring in disaster risk in the design of water and sanitation systems in both rural and small town settings.

By quantifying risks and anticipating the potential negative impacts of natural hazards on society and the economy, disaster and climate risk assessments can help Government, local authorities and communities make informed decisions to manage risk. Based on spatial analysis of natural hazard risk in Mozambique, it could be possible to target districts and communities with high child risks into future plans. UNICEF has concluded a combined child-centred multi-hazard-risk and vulnerability analytical mapping. The resulting analysis contributed to the elaboration of UNICEF’s SitAn in 2013 as part of the core analysis of the situation of children in Mozambique, which will inform and influence programme planning.

Furthermore, in collaboration with the World Bank, the Country Office supported the development of disaster risk and social vulnerability indicators as part of the national household budgetary survey (Inquérito aos Orçamentos Familiares), which will be implemented in 2014. With this comprehensive set of indicators, the Government of Mozambique will be able to identify the most vulnerable populations, including those exposed to natural hazards, which in turn will facilitate the risk reduction programme planning.

### South-South and Triangular Cooperation

UNICEF continued in 2013 to support an innovative South-South linkage between Governmental institutions dedicated to statistics in Colombia and Mozambique, to strengthen data dissemination capacities and learning. In the framework of the new National Statistical System’s Strategic Planning (2013-2017), the Diffusion and Documenting Department (DDD) at the National Statistics Institute (Instituto Nacional de Estatística – INE), requested UNICEF’s technical support for designing their Dissemination and Access to Statistical Data Policy. The relationship between INE and its counterpart in Colombia (DANE) has since flourished, leading to strong learning on the Mozambique side and key support from Colombia. The Colombian Government funded travels for the Mozambique team to visit their offices in 2012 and 2013 and reciprocal visits are expected in 2014. The relationship was not based on travel, however, but rather brought teams together in discussion using Webinar technology, facilitated by UNICEF.

South-South collaboration on child protection in 2013 included bilateral collaboration with South America, Portuguese speaking countries and other African countries within two broad categories of technical assistance and development of Portuguese-language training and advocacy materials. Technical assistance collaboration included the following fields of work: Civil Registration and Vital Statistics (UNECA, Brazil and Uganda); juvenile justice to implement Maputo-City based pilot programme of community work as alternative to imprisonment for children in conflict with the law (Brazil); and alternative care for the implementation of a training programme for future foster parents (South Africa and Brazil). In the field of development of sharing and joint development of child protection training and advocacy materials, areas of collaboration included: ‘Return to Happiness’ Psychosocial Support methodology/backpack for emergency contexts (Bolivia), Partnering with religious groups (Brazil and Angola), and Child Protection in Emergencies training materials (Angola).
Narrative Analysis by Programme Component Results and Intermediate Results
Republic of Mozambique - 6890

PC 1 - Child health and nutrition

On-track

PCR 6890/A0/05/101 HEALTH - National policies, operational plans and adequate resource allocation are in place to improve health systems performance

Progress:

UNICEF “upstream” work revolved around partners’ coordination, high-level policy dialogue, and technical support to Government’s strategies, evidence-generation and promotion of equitable approaches to health.

UNICEF was appointed as Vice Focal Partner for the Health Partners Group in March 2012 and earned a second term in April 2013. In collaboration with the Focal Partner (Canada at first and then the Netherlands), UNICEF led the health partners group in a highly dynamic and crowded SWAP. This position allowed UNICEF to better influence key strategies (e.g. National Strategic Plan); to raise funds for critical interventions for mother and child health (e.g. National Health Weeks; indoor residual spraying campaigns and procurement of essential commodities); and to better advocate for children’s rights.

UNICEF was particularly active in the area of national policies and operational plans. UNICEF contributed to the development of the third National Strategic Plan (2014-2019) which includes goals, strategies and specific interventions to further reduce maternal and child mortality in the country. UNICEF remained the leading technical partner on community case management and played an important role for the further scale-up of the programme in collaboration with various donors and NGOs (see PCR2 IR2). On EPI, UNICEF supported analytical work for the introduction of pneumococcus vaccine in April 2013 (see PCR2 IR3). UNICEF contributed to the development and approval of the new malaria strategy and the national plan for the elimination of mother to child transmission (EMTCT), two important pillars for child survival (see PCR2 IR 4, 8). UNICEF was also involved in a number of operational research efforts (see PCR1 IR2). As Chair of the Nutrition Partners’ Forum, UNICEF facilitated donor coordination and harmonisation and contributed to advocacy for and implementation of the multi-sectoral plan for the reduction of chronic under-nutrition 2011-2015.

In various fora UNICEF advocated for an increase in the state budget allocated to health. Although allocation to health for 2014 did not increase as a percentage of total state budget, it increased in absolute terms. Also, internal resources have represented a progressively bigger proportion of the health budget. For example, in 2012 internal resources represented 63 per cent of the sector’s budget while in 2014 they represent 74 per cent. The trend is positive and indicates progressive reduction of the weight of external donors in the health sector.

With regard to the equity agenda, in 2012 UNICEF initiated a four-year project to reduce child and maternal mortality in Zambezia, the province with the worst social indicators. The project, implemented in collaboration with WFP, WHO and UNFPA, aims to strengthen capacity at the provincial level and to tackle bottlenecks for service delivery. In December 2013, the project was officially recognised by the UNCT as one of the best examples of One UN at work in Mozambique (see PCR1 IR3).

Constrained

IR 6890/A0/05/101/001 Health SWAp adequately supports implementation of national health plans

Progress:

2013 was a difficult year for the Health Sector SWAp. A combination of weak leadership at the Ministry of Health (MISAU/MoH) and persistent problems in public financial management made disbursements to the common fund PROSAUDE (+/− 25 per cent of State Budget for health) unpredictable. Ten out of 12 donors disbursed in line with commitments, but disbursements often occurred later than originally scheduled. By the end of 2013 PROSAUDE had received a total of US$81 million against the planned US$99 million. One donor (EU) officially exited PROSAUDE.

The percentage of indicators from the Joint Annual Evaluation (QAD) that met the targets dropped for the fourth year in a row (60 per cent in 2012; 56 per cent in 2013) and is slipping further away from the target of 85 per cent for 2015. This reflects the constraints faced by the sector in recent years.

UNICEF disbursed US$1.2m to PROSAUDE in line with the commitment made in 2012. As the Vice Focal Partner for the Health Sector, UNICEF was at the forefront of political and technical negotiations between health donors and the Government to overcome obstacles in public financial management and support disbursements. Government provided high-level commitment to respond to the crisis and developed and adopted an ambitious plan of reforms, against which the majority of donors disbursed their funds in the second half of 2013.

However, the poor performance demonstrated by the QAD results, and persistent financial management issues led UNICEF to reconsider engagement in the common fund for the rest of the Country Programme. For 2014, UNICEF will commit only half of the funds (US$600,000), and during the ongoing MTR a decision will be made on how to further leverage sector budget support.
Progress:

Maternal and Child Health:
Community Health Workers
In 2013 UNICEF played a key role in supporting the scale up of the Community Health Worker (CHW) programme in Mozambique. In particular, UNICEF supported the Ministry of Health (MISAU/MoH) in documenting programme progress and sharing successes, challenges and opportunities with the main donors in country. As a member of the CHWs programme coordination group, UNICEF also provided continuous support to decision-making on policy and implementation related issues. In 2013, UNICEF conducted a study on the progress of the CHWs programme in Mozambique, through the South African Medical Research Council. The study recognised the positive progress made to date, and highlighted UNICEF’s key role in moving the iCCM agenda in Mozambique forward.

Malaria
In 2012-2013 the malaria control programme in Mozambique developed important policies and secured financing for implementation of malaria prevention and control activities for the next two years. UNICEF was instrumental in supporting the finalisation of the Malaria policy, the Malaria Strategic Plan (2012 -2016), and the Malaria Vector Control Strategy. UNICEF also supported the quantification exercise for malaria commodities including LLIN, insecticide and anti-malarials for the period 2013-2015; and the Global Fund Round 9 Phase 2 proposal for malaria, which was successfully approved for additional US$85million over two years.

Immunisation
The introduction of new vaccines in Mozambique has contributed to revamping the Expanded Program of Immunisation (EPI) nationwide. At policy level, UNICEF has been a key partner of the MOH in fundamental activities such as the submission of applications for new vaccines and for HSS funding to GAVI (US$25m: approved); local evaluations and assessments; liaison with partners, donors and NGOs. In particular, key advances during the period included: a) the finalisation of an EPI country multi-year plan (cMYP), aligned with the new sector strategic plan and fully costed; b) the submission of an application to GAVI for the introduction of the PCV10 vaccines, its introduction in April 2013, and the post-introduction evaluation performed in November 2013; c) the finalisation of a national inventory of the cold chain at all levels of the health system; and, of a national upgrade plan of the cold chain system (April 2013); d) the submission of new applications to GAVI for further introduction of vaccines, including Rotavirus (2015) and HPV (pilot started in late 2013).

Nutrition
UNICEF contributed to the Infant and Young Child Feeding Policy, was a member of the Food Fortification Committee and an active contributor to the UN inter-agency initiative on Nutrition (REACH).

UNICEF supported MoH for an Iodine Deficiency Study from 2011-2013. The preliminary results indicate that the median urinary iodine level is around the cut-off point for deficiency (100μg/L); however, there appear to be large provincial variations. The final results are expected in early 2014.

UNICEF provided inputs for the review of salt iodisation legislation (incorporated into the new legislation on staple food fortification; awaiting approval) and the iodised salt standards (expected to be finalised in early 2014). An assessment on the production of iodised salt is planned for the last quarter of 2013.

A case study on the M&E system of the Nutrition Rehabilitation Programme (PRN) was a catalyst for the finalisation of this system and its mainstreaming into the Health Information System.

An assessment of the uptake of 2010 WHO recommendations on IYCF in the context of HIV was undertaken; this will provide guidance for updating national guidelines, protocols, training and IEC materials.

HIV
UNICEF was a critical partner to MoH in the prevention of mother-to-child transmission agenda, towards its elimination (eMTCT) as well as child and adolescent care and treatment, in particular in (1) advocacy (SADC declaration on eMTCT, revision of eMTCT policies towards universal access of ART for pregnant women and task shifting, visit of UNAIDS ED that culminated in the appointment of the First Lady as patron of the EMTCT Global Plan); (2) coordination, as co-chair of PMTCT task Force and as IATT country focal point; (3) technical assistance in development of national costed eMTCT plan, and psychosocial support strategy; and (4) knowledge management, through finalisation and dissemination of the national PMTCT review, Early Infant Diagnosis report 2009-2011 and EID online website, study on equity of MCH services in Beira city, and evaluation of mother support groups.

Progress: Provincial and district level planning suffers from a structural lack of capacity at local level. In addition, the ongoing decentralisation process in Mozambique has added complexity to the planning, funding and reporting mechanisms adopted by the Government.
In this scenario, UNICEF, WHO, UNFPA and WFP initiated a long-term collaboration with the province of Zambézia, which is the most critical province of the country in terms of development and health indicators. UNICEF work focuses on scaling up coverage and quality of maternal and child health interventions. UNICEF supported the provincial and district health planning and coordination processes, through the organisation of and participation in provincial planning workshops, and through the deployment of two full-time professionals who provide technical assistance to the Provincial Health Office of Zambézia.

UNICEF supported the drafting of a provincial multi-sectoral action plan for the reduction of stunting in Zambézia. The mapping of interventions and actors in nutrition was completed and a draft plan was developed by a multi-sectoral group under leadership of the provincial SETSAN focal point, with UNICEF support, and approved in December 2013.

While UNICEF work in Zambézia has so far been positive, it is clear that the target of five provinces to be supported by 2015 will not be met. Hence, as part of the ongoing MTR, the target is being revised to reflect UNICEF decentralised engagement in two provinces only (Zambézia and Tete).

On-track

**IR 6890/A0/05/101/004** Procurement and supply management system ensures uninterrupted availability of health commodities at the end user level

**Progress:** UNICEF played a key role in supporting the development of the Pharmaceutical Logistics Strategic Plan (approved in 2013), coordinating donor’s inputs, and linking the plan with the 2014-2019 National Strategic Plan.

In terms of operational support, UNICEF supported the transformation of the Provincial Centro de Abastecimentos of Sofala into a Regional Centro de Abastecimentos.

UNICEF also continued to act as procurement agent for essential commodities (e.g. HIV drugs and test kits, bed-nets and vaccines) under the World Bank Emergency Procurement Project. In 2013 UNICEF completed the procurement of essential medicines under the project for a total of US$30 million.

In 2013 UNICEF also signed an agreement to act as procurement agent for nutrition commodities under the World Bank Additional Financing project on Nutrition. The MoU with MISAU foresees procurement of supplies amounting to US$9 million starting in 2014.

As a result of the ongoing MTR, activities included under this IR will be mainstreamed in other outputs of the section. This specific IR will be eliminated.

On-track

**PCR 6890/A0/05/102 HEALTH - Vulnerable children and their families have access to, and make use of, quality promotive, preventive and curative health, nutrition and HIV services.**

**Progress:** UNICEF “downstream” work in health led to important advances in 2013. In service delivery UNICEF adopted a combination of approaches to improve equity: (i) universal coverage through campaigns (e.g.: indoor residual spraying, bed-net distribution and child health week); and (ii) targeted interventions based on strategic priority provinces for the office (e.g. Zambézia) and on specific vulnerabilities (e.g. HIV interventions in Beira city and ICCM in communities with low access to health services).

Highlights of 2013 included: (i) the scale-up of ICCM, a programme technically and financially supported by UNICEF since its inception in 2009; (ii) the implementation of two rounds of national health weeks that provided vitamin A, polio, measles and deworming to approximately 4 million children; offered contraceptive services to their mothers, as well as birth registration; (iii) the implementation of one round of an intermittent residual spraying campaign covering 23 districts; (iv) introduction of pneumococcus vaccine; and (v) adequate prevention of and response to cholera outbreaks, and response to the Gaza floods of January 2013.

Despite the above successes, the overall health sector in Mozambique and some UNICEF activities were affected by serious systemic problems. Financing for the sector in Mozambique remained unpredictable and insufficient to guarantee basic services at acceptable standards. On several occasions UNICEF was forced to raise funds for key activities that should have been financed by the Government (e.g. essential commodities; IRS campaign; and child health week). The monitoring and evaluation system faces serious challenges that impacted availability and quality of data for many programmes, particularly nutrition and HIV. Limited capacity at the ministerial level and scarce availability of human resources at field level compromised the reach and quality of many interventions.

Limited progress in critical nutrition programs (PRN as well as the Baby-Friendly Hospital Initiative, BFHI) indicates the need to further strengthen and focus UNICEF support to Government for priority activities.

On-track

**IR 6890/A0/05/102/001 Programme operations effectively supported with appropriate human and material resources.**

**Progress:**

Programme effectively staffed and managed.
By 2015, all rural districts of Mozambique have community health workers trained and deployed to provide essential maternal, new-born and child health services.

Progress:

Community Health Workers
In 2012 and 2013, UNICEF was a key partner of MISAU in the consolidation and scale-up of the Community Health Workers (CHW) Programme. As of October 2013, a total of 2,150 new CHWs completed their training and were deployed to provide essential preventive and curative services to remote communities, nationwide. This achievement makes it possible to cover a total of 114 districts of the country; more training was being conducted late in the year, and it is expected that approximately 2,800 CHWs will be deployed by end-2013.

Of these, 1,145 CHWs from 53 districts benefitted from direct support from UNICEF for training and deployment. During the period January 2012 to June 2013, CHWs carried out a cumulative number of 1,400,000 home visits and treated a total of 585,000 cases (including 230,000 cases of malaria, 162,000 cases of ARI, 136,000 cases of diarrhoea). They also referred 210,000 cases to the nearest health facility, to receive preventive or curative interventions.

Child and New-born Health
The activities promoted by UNICEF in the area of child and new-born health are part of a national effort to revitalise essential new-born and child health care services nationwide.

In 2013 UNICEF collaborated in the definition of an action plan to address bottlenecks in quality provision of child health care services (IMNCI). UNICEF contributed to training in IMCI and ENC (Tete and Zambezia), as well as to the large-scale procurement of essential equipment and material for child health care.

Recognising the importance of reducing neonatal mortality in Mozambique, during the ongoing MTR, new-born health was defined as a key priority for the rest of the Country Programme.

On-track

By 2015, 88 per cent of children under 1 year of age are immunised with pentavalent vaccine and 88 per cent against measles.

Progress:

DTP and measles immunisation rates have increased by approximately 5 per cent from 2003 to 2011 and are characterized by important geographical inequities.

While overall coverage in 2011 was 76 per cent for DTP3 and 81 per cent for Measles vaccines, the province of Zambézia ranked the worst, with a coverage of 47 per cent for DTP3 and 71 per cent for Measles. In absolute terms, Zambézia is home to one-third of un- and under-immunised children of the country.

Low coverage of fixed immunisation posts, insufficient human resources, inefficient planning and insufficient delivery of outreach services, as well as financial, human and cold chain and logistics issues are the known supply side bottlenecks in the whole country and particularly in Zambézia province.

In an effort to increase coverage of high-impact health interventions, including immunisations, UNICEF procured vaccines and provided technical and financial support for the implementation of a Measles Immunisation Campaign that was included in National Health Week.

With technical, logistics and financial support from UNICEF, the Pneumococcal vaccine was introduced into the routine immunisation program in April 2013. UNICEF also supported the development of the application to GAVI for the introduction of the Rotavirus Vaccine and Measles second dose, expected in 2015. The introduction of vaccines against pneumococcus and rotavirus are a key priority for the country, as respiratory infections and diarrhoea remain the main killers of under-5 children.

While the introduction of new vaccines is important to save lives, UNICEF focused also on strengthening the system to reach the unreached, taking into consideration geographical and socioeconomic inequities. In 2013 UNICEF supported the development of a Cold Chain Upgrade Plan, which aims to renew and expand the cold chain to ensure adequate storage capacity at all levels of the supply chain for all current and new vaccines up to 2018. UNICEF also secured funding to support the implementation of this plan and initiated the procurement of 180 refrigerators.

Moreover, UNICEF played a pivotal role in the development of a Health System Strengthening proposal to GAVI that was approved for a total of US$25 million over five years, with the objective of improving the system’s capacity to deliver immunisation services to all children.

As part as the UN joint programme for MDG 4&5, UNICEF contributed to the EPI program in Zambezia with the procurement of motorbikes and financial support for the implementation of outreach services. Furthermore, based on an analysis of immunisation inequities, confirming Zambezia as the worst-off province and identifying worst-off districts within the province, UNICEF engaged in a project that focuses on one or two worst-off districts to strengthen routine immunisation, within a larger framework of district support to reduce U-5 mortality. Results of the project may guide future UNICEF district-level engagement in priority provinces/districts during the rest of the Country Programme.

The support for improving management and delivery of services at the district and health facility level with an equity lens and to
improve the vaccine cold chain and logistics will be critical to improve routine immunisation in the following years.

**On-track**

**IR 6890/A0/05/102/004** By 2015, universal access to effective malaria control interventions is achieved and sustained countrywide

**Progress:**

UNICEF has guaranteed sustained technical and financial support to the National Malaria Control Program, addressing the main malaria control gaps at implementation level, to ensure that the population of seven priority provinces (Zambézia, Tete, Cabo Delgado, Nampula, Manica, Sofala and Gaza) had access to at least one malaria prevention measure.

Malaria control activities were implemented in all provinces of the country. As of October 2013, the population living in 78 districts of Mozambique was fully covered, with mass distribution of LLINs between 2011 and November 2013, and an additional eight districts were to be covered during December 2013, with 12 to be covered in the first quarter of 2014 (all preparatory stages were completed for distribution and the LLINs procured by UNICEF and Global Fund are in-country). The current coverage of malaria interventions is 84 per cent of districts (with LLIN campaigns or indoor residual spraying for the season 2013/2014). If the additional LLIN campaigns takes place as planned, we estimate that by 2014 all people living in 90 per cent of districts will have access to at least one effective malaria preventive measure (LLIN or indoor residual spraying - IRS). This will be a remarkable achievement which should be sustained with continuous financing.

UNICEF’s role in malaria control through 2013 was to support the procurement of LLINs; the planning and implementation of LLINs distribution campaigns in 19 districts; distribution of LLINs to pregnant women during antenatal care (ANC) visits; and finally to support indoor residual spraying in 23 other districts.

Intermittent preventive treatment of malaria (IPT) for pregnant women has been constrained. In 2012 only 451,422 pregnant women who attended ANC received the second dose of FANSIDAR, which represents an estimated coverage of 37 per cent. Coverage data available for 2013 confirm a similar trend. Programmatic barriers related to inclusion criteria, ANC-seeking behaviours and logistics are the main bottlenecks preventing the achievement of suggested coverage.

The malaria control programme reviewed the causes of low IPT coverage, and placed high emphasis on achieving the revised target of 70 per cent coverage of second dose of IPT by 2016. IPT coverage was one of a few health indicators included in the 2014 Government’s Evaluation Framework for general budget support. It will therefore receive higher attention by Government and donors alike.

**Constrained**

**IR 6890/A0/05/102/005** By 2015, progress achieved in key areas of the Multi-sectoral Action Plan for the Reduction of Chronic Under-nutrition, specifically infant and young child feeding and vitamin A supplementation/deworming

**Progress:**

Implementation of the Multi-sectoral Action Plan for the Reduction of Chronic Under-nutrition (PAMRDC; Mozambique’s Scaling-Up Nutrition (SUN) process) is moving forward, albeit slowly. Government capacity for coordination and planning is low, but growing. The ongoing formalisation of SETSAN (the PAMRDC coordinator)’s status as the coordinator of Food and Nutrition Security is a facilitating factor. The absence of national senior Government leadership for Nutrition contributed to the delays. In 2012 and 2013 UNICEF played a key role as the re-elected Nutrition Partners Forum Chair (see also PCR1, IR2).

UNICEF supported implementation of several PAMRDC activities, including the development of an orientation package and ToT on Nutrition for INAS staff, as well as the training of trainers and provincial INAS staff (jointly with Child Protection).

UNICEF ensured funding for both National Health Week (NHW) rounds of the year (April and December) and provided key technical, management and logistic support. The preliminary administrative data suggest a high coverage (see last column). A constraint is the absence of a longer-term financing strategy and as yet (although discussions have started) a strategy for the long-term delivery of the NHW interventions with high coverage (in a campaign or routine modality or a combination of both).

With regards to infant and young child feeding (IYCF), UNICEF supported Baby-Friendly Hospital Initiative (BFHI) trainings in three provincial hospitals and a pre-evaluation in one hospital. UNICEF supported the roll out of community IYCF counselling in six provinces, and World Breastfeeding Week activities nationwide. UNICEF was a key partner for the drafting of the IYCF policy (see PCR1) and supports MoH for the drafting of a strategy on the introduction of micronutrient powders. Progress was hampered by a heavy workload and temporary understaffing of the MoH Nutrition Department.

The work on the updating of the Basic Nutrition Package did not progress due to the introduction of a new strategy (integrated refresher training packages). However, nutrition is not well reflected in this package, so work on a Basic Nutrition Package will need to be done.

For Universal Salt Iodisation (USI), UNICEF supported a National Iodine Deficiency Study, the updating of MIC’s salt producers database, monitoring visits and capacity building training of inspectors and the revision of legislation and standards. Consultants were contracted to undertake a study on iodised salt production; the work is expected to be completed in the first quarter of 2014. The results of these two studies will feed into a revised USI strategy. UNICEF also facilitated continuous close coordination between the salt iodisation and food fortification programmes to promote synergies and avoid duplication. Government capacity, law enforcement and salt producers’ capacity remain low and are the main constraints (see also PCR1, IR2).
In 2014 and 2015, UNICEF will maintain support to the implementation of the PAMRDC, with a strengthened focus on infant and young child feeding (support for the development of a comprehensive strategy) and support for the crafting of a solid delivery strategy for vitamin A supplementation and deworming.

Constrained

**IR 6890/AO/05/102/006** By 2015 >90 per cent of children with severe acute malnutrition receive quality treatment

Progress: UNICEF remained a crucial partner for the treatment of acute malnutrition in the nutrition rehabilitation programme (PRN), specifically for coordination among partners, the procurement of all products for in-patient treatment (therapeutic milks and ReSoMal), the reproduction of job aids, the consolidation and analysis of programme data and the training of health workers in six provinces. UNICEF also supported the strengthening of linkages between Nutrition and HIV services in two provinces with encouraging results. Supplies (therapeutic milks and job aids) were procured for all provinces.

The programme remains weak, however, with a slow uptake of the new protocol due to insufficient training, supervision and job aids, and weak data and supply management.

The roll out of new recording and reporting forms for the programme was delayed due to changes in the Health Information System aimed at harmonising both systems. UNICEF contracted TA for capacity building in data management, which will commence in 2014.

Monitoring of food security is ongoing, with UNICEF inputs. There are occasional reports of extreme food insecurity. In these cases, UNICEF liaises with UN and other partners for a response.

UNICEF’s contribution to DRR for Nutrition focuses on PRN capacity building. For the nutrition aspects of the emergency response see IR 9.

In 2014 and 2015, UNICEF will emphasise systems-strengthening (specifically on data and supply management at the national level and quality service delivery in selected provinces).

On-track

**IR 6890/AO/05/102/007** By 2015, 80 per cent of children living with HIV have access to quality care, treatment and nutritional services

Progress:

Access to paediatric care and treatment increased during the last two years. In 2012, 11 new ART sites treating children were opened. In the first semester of 2013, there was a sharp increase in ART sites: from 316 in December 2012 to 412 sites by June 2013 (or 29 per cent of all health facilities).

Nonetheless, coverage of paediatric ART services remains inadequate, and issues persist in terms of early initiation and adherence to treatment, as well as data reliability. The number of children under 15 receiving ART rose from 23,053 in Dec 2011 to 25,891 in December 2012, and to 37,712 by September 2013. This represents an increase of 43 per cent in the space of 18 months. According to Spectrum, the coverage of paediatric treatment is estimated at 37 per cent (compared to 22 per cent and 19.7 per cent by the end of 2012 and 2011, respectively).

UNICEF collaborated with MoH and key partners, for the inclusion of paediatric care and treatment, early infant diagnosis (EID) and use of new technologies in the recently approved HIV accelerated plan 2013-2015.

UNICEF supported the establishment of the national working group on adolescents (including those living with HIV), culminating in the organisation of a national meeting on adolescent and youth health in October 2013 (aiming at developing the national adolescent health strategy).

In terms of decentralised capacity building, in 2012 UNICEF supported Manica and Zambézia provincial health authorities in training 31 health staff on paediatric ART guidelines, benefitting 27 ART sites. In collaboration with NGO partners, mentoring and on-the-job training of health staff were carried out in 14 facilities in nine districts of Sofala province. Additionally, in 2013, support was provided in training 30 health workers on psycho-social support to improve the follow up and retention of patients on ART treatment in Sofala province.

UNICEF collaborated with the National Health Institute (INS) and CHAI in expanding the EID programme, as well as the testing of new technologies (POCT PCR).

Early Infant Diagnosis focused on increasing the number of children tested and on faster return of results. As of June 2013, a total of 24,646 PCR samples had been processed, compared to 51,296 during the same period in 2012. Also, by June 2013, the number of health facilities performing collection of sample for PCR testing was 600 (49 per cent of all PMTCT sites), up from 504 in December 2012 and 461 in 2011. In both 2012 and 2013, 49 per cent of the results were returned in less than 28 days, compared to 32 per cent in 2011, thanks to the 500 SMS printers deployed in health centres throughout the country to hasten result returns and early initiation of ART.

Under the CIDA HIV/nutrition initiative and in collaboration with CHAI, UNICEF supported the pilot screening of HIV at EPI and growth-monitoring services in three health facilities, aiming at testing the effectiveness of using entry points other than the PMTCT program for
diagnosis and early treatment in children. Between inception in April 2012 and June 2013, 1,227 pre-screened children were tested. Of these, 123 children were confirmed as HIV-positive and referred for immediate ART initiation. These results were presented to MoH for consideration of national policy for HIV screening in growth monitoring and EPI services, to assist in identifying HIV-positive children missed by PMTCT programmes.

UNICEF supported community groups aiming at increasing adherence to PMTCT and paediatric ART. In Beira city, the mother support group Kuplumussana conducted defaulter tracking of more than 4,000 patients in 2012 (of which 1,900 returned to care), and of 6,300 in 2013 (of which 55 per cent return to care). Adolescent peer groups (including those with HIV - ALHIV) were also established, with 4,700 young people reached in 2012 and more than 9,000 adolescents in the first nine months of 2013, in both in the YFHS and through communities.

All in all, while the progress in this area is noteworthy, coverage of paediatric treatment remains low and requires additional efforts. As part of the ongoing MTR, the target for coverage of paediatric treatment is being changed to achieve 80 per cent coverage by 2015. This ambitious target was set based on revised guidelines for paediatric treatment.

On-track

IR 6890/A0/05/102/008 By 2015, 90 per cent of HIV positive pregnant women and their children have access to comprehensive package of services to reduce HIV infection in children and to keep mothers alive

Progress:

Throughout 2013 UNICEF was a key supporter to the Government in the development and roll-out of the National Strategic Vision and the costed ‘National Plan for the Elimination of Mother-to-Child Transmission (2012-2015).’ This comes as part of a global high-level commitment by the Government in 2011 to drastically reduce the number of new HIV infections by < 5 per cent up to 2015 in the country. This has completely shifted the way of doing business in PMTCT by changing the focus from Prevention to Elimination.

As the co-chair in the PMTCT National Task Force, UNICEF capitalised on its strategic position to set a higher bar in the quality of coordination, reporting and information-sharing both at central level as well as with IATT HQ, for the EMTCT Global Plan follow-up. With a clear focus on reaching out to HIV+ pregnant women and their children, UNICEF was a prime supporter for starting the scale-up of Universal ART for HIV+ pregnant women (Option B+) through the one-stop approach. The guidelines were officially approved in May 2013, and implementation started in June 2013.

At subnational level, technical and financial support was directed to either the Provincial Directorates or NGO partners (CHAI, CUAMM and ICRH) for healthcare providers’ trainings, job aids development, specific mentoring and on-site supervision. In 2013 UNICEF supported the training of 124 health providers from the provinces Sofala, Niassa and Gaza in PMTCT revised guidelines. In 2013, 927 MCH nurses were trained in ART (option B+) nationwide. Of these, UNICEF supported training of 116 health providers from three provinces (Sofala, Niassa and Gaza), benefitting 55 health facilities offering ART in MCH.

Additionally, UNICEF supported the expansion of new technologies (such as PCR SMS platforms and CD4 POCT testing) as a strategy to get faster results for earlier diagnosis and treatment and reach out to the most marginalised through mobile services. By June 2013, 101 PIMA were functional in the country, serving 89 sites, with 39,379 tests performed in the first half of the year. There were also 58 sites in six provinces. In 2012, 81,597 CD4 tests were performed by POCT.

In the area of M&E of the PMTCT programme, UNICEF worked with MoH and partners in an annual data verification exercise that shed light on the main bottlenecks of the MCH registry after the introduction of the integrated MCH registers in 2012. During 2013, those registers underwent a review, allowing a longitudinal follow-up approach of the mother-baby pairs which was piloted in November, leading to national introduction in early 2014.

While these efforts have been commendable, with high ANC counselling and testing as well as ARV uptake, there is still a great divide when it comes to the post-partum adherence to PMTCT services, which remains deceptively low. In keeping with its equity agenda, in 2014 UNICEF will focus on addressing the main barriers to an optimised access to HIV services by women and children along the continuum of care, especially on the supply side and in the hardest-to-reach areas. This will be done by continuing to invest in improved approaches to integrated MNCH service delivery, including expanding the use of innovative technologies, quality health information, including a better use and analysis of data. Additionally, evidence-based, scalable communication approaches to influence behaviour with a focus on young and adolescent women, male partner and community engagement as well as FP provision for women living with HIV will be top priorities for supporting the EMTCT national agenda.

On-track

IR 6890/A0/05/102/009 Morbidity and mortality caused by disasters are reduced through interventions before and during emergency

Progress: The number of cholera cases in Mozambique as well as the number of affected districts has declined since 2009. However, cholera is still endemic in a few districts of the northern provinces of Cabo Delgado, Niassa and Nampula. Inadequate access to improved water sources and to sanitation, as well as cultural beliefs and resistance to cholera response interventions, are the main factors explaining the persistence of cholera in the region.

In 2011, the country reported 1,254 cases and four deaths and in 2012, 709 cases and seven deaths. Due to the heavy rains that took place in the first semester of 2013, which led to contamination of water sources, the number of cases rose to 1,869, with 19 deaths in six districts. The case fatality rate (CFR) was 1.1 per cent in 2013.

Compared to the same period of 2012, the number of cases increased by three-fold. The overall case fatality rate (CFR) was slightly above the target (<1 per cent), primarily due to a high CFR in Niassa (3 per cent), related to poor case management in the beginning of
outbreak, which was later controlled.

In 2013 UNICEF provided technical and financial support to the MOH on cholera outbreak prevention and response, with special focus in seven provinces (Niassa, Cabo Delgado, Nampula, Zambézia, Sofala, Manica and Gaza). Activities supported by UNICEF included: preparedness trainings for health professionals and community volunteers in cholera-prone areas, provision of tents for cholera treatment centres, cholera beds, medicines (Oral rehydration salts and Ringer lactate), bio-safety material and other equipment.

UNICEF also prepositioned health-related emergency response items in Maputo and Sofala (tents, biosafety materials, emergency medical kits, mosquito nets, insecticide for malaria control) for rapid response in case of emergency.

In January 2013, Mozambique was affected by heavy rain and flood, affecting at least 420,000 people of which 240,827 were in Gaza province, which was the most affected due to flood waters of the Limpopo River. The situation was most severe in the districts of Chokwé, Guijá, Chibuto and Xai-Xai. At least 13 transit camps were established; the largest accommodated more than 50,000 people in Chiaquele. UNICEF, as part of the humanitarian country team, supported the following: (a) procured and installed six clinic tents for primary health care services in the most critical areas; (b) procured and supplied cleaning tools in Chokwe Rural Hospital, Macia health centre, Guija health centre and Chibuto Rural Hospital; (c) procured and supported distribution of 20,000 mosquito nets, which benefited at least 50,000 in 13 transit camps; (d) supported implementation of emergency spatial spraying and indoor residual spraying against mosquitoes in Chokwe and Guijá, which benefited 109,827 people; and (e) supported implementation of behaviour-change communication and counselling among the most vulnerable people on water-borne disease, hygiene, malaria, TB&HIV/AIDS, nutrition, and hygiene education.

The nutrition aspects of the 2013 emergency response included coordination of the Nutrition Cluster, support for transport of nutrition rehabilitation supplies to flood affected areas and prepositioning of BP-5 stocks, support for the development of informative materials on Nutrition and on Infant Feeding in emergencies and capacity building in the treatment of acute malnutrition.
provincial level, WASH costs are buried in overall Provincial Directorate of Public Works and Sanitation (DPOPH - Direçcao Provincial de Obras Públicas e Saneamento) budget. Tracking investments for compliance with PARP or global commitments, let alone knowing allocations to water supply and to sanitation or to urban and to rural, is virtually impossible. On a positive note, the 2014 Government budget for DNA/PRONASAR rose to US$8 million, roughly matching the 2014 Common Fund contribution from partners.

While Mozambique maintains engagement in regional and global high-level venues (e.g. AfricaSan, the Sanitation and Water for All (SWA) partnership, translation of broad commitments to budget decisions and actions on the ground remains elusive.

On-track

**IR 6890/A0/05/201/001** Strengthened sector coordination mechanisms through the SWAp and other fora to ensure national budgets, policies, strategies and M&E plans prioritize vulnerable groups to reduce disparities in WASH service access

**Progress:**

UNICEF support for sector-wide approaches is exemplified by its involvement in coordination fora (Joint planning/reviews, Grupo de Agua e Saneamento, UN SDRGs, Common Fund) and joint monitoring and learning exchange field missions, with the aim of reducing disparities in WASH and addressing equity issues.

Beyond the UNICEF areas of service delivery, the WASH programme contributed with technical assistance to the National Rural Water and Sanitation Programme (PRONASAR) through training and strengthening monitoring, to influence it nationally. PRONASAR underwent an MTR in 2013, which concluded that its main obstacle is the lack of adequate management capacity.

With Netherlands withdrawing as a Common Fund partner in 2014, the National Directorate of Water (DNA) is under pressure to identify new contributors to join UNICEF, DFID and Swedish Development Cooperation. Advocacy for sanitation and greater sanitation investments still lags behind water supply. Some forward motion is discernible for taking an existing draft Rural Sanitation Strategy and gaining agreement on it in 2014 (a National Urban Sanitation Strategy has already been approved). To this end, a national Sanitation conference is being organised by GoM, WSP and UNICEF in early 2014 to put sanitation higher on the political agenda.

As mentioned above, Government WASH budgets are difficult to decipher since the Ministry of Finance has no classifier for DNA, nor of sub-sectors, which permits only the most rudimentary budget analysis.

On-track

**IR 6890/A0/05/201/002** Sector partners with strengthened capacities, in particular in the areas of planning, procurement, M&E, Disaster Risk Reduction and emergency preparedness and response, to implement WASH programmes.

**Progress:**

UNICEF WASH contributed to knowledge management of evidence-based WASH interventions for a national and global audience, including these evaluation exercises in 2012-2013 to document best practice:

- Global Community Approaches to Total Sanitation (CATS) evaluation with five. country case studies (UNICEF)
- Study of Sustainability Check tools (NL/DGIS)
- Final Impact Evaluation of OMI 2008-2013 (UNICEF/AIID University of Amsterdam)
- Murdoch University analysis of NAMWASH baseline data
- Case studies on CATS/sanitation, Sustainability Check, Contract Management and PEC Zonal prepared with IRC in the Netherlands.

In Rural WASH, UNICEF built capacities of provincial/district staff in procurement, technical topics and financial management.

UNICEF continued to work to ensure sustainability of rural WASH services by operationalising a district-level framework for Operation & Maintenance supported by local monitoring and institutional capacity building, as well as leveraging local leadership (water committees and community leaders). A national Sustainability Strategy still needs to be finalized, but the National Water Directorate (DNA) has plans to initiate national sustainability checks under PRONASAR (the water and sanitation sector common fund).

Emergency WASH capacity support was provided during 2012 and 2013 floods in Zambézia and Gaza: cluster coordination with Humanitarian Country Team, NGOs and INGC; procurement and pre-positioning of supplies; funds mobilisation and PCA partnerships.

Constrained

**PCR 6890/A0/05/202** Vulnerable populations in rural and peri-urban areas have improved access to, and use of, safe and sustainable WASH services.

**Progress:**

UNICEF contributions to improved WASH services were channelled through the Rural WASH programme (mainly the One Million Initiative
(OMI) in 18 districts of three central provinces) and the Small Town WASH programme (seven towns). School WASH has been implemented in these same areas as well as seven Child-Friendly School (CFS) districts. These components are yielding solid results and are doing the right things and doing them right. However, achievement of total beneficiary targets is unlikely, so the PCR status is Constrained.

An adjustment to the total beneficiaries target for the Country Programme (CP) is needed as it was overambitious due to these flawed assumptions:

- GoM adjusted the methodology for estimating water supply coverage, reducing from 500 to 300 the number of estimated users per water point, with a direct impact on the number of beneficiaries calculated from 2013
- Incorrect assumption that OMI Phase 2 would be financed and begin implementation with large beneficiary targets in 2014
- All Small Towns beneficiaries were incorrectly included in this CP period
- In addition, Rural WASH target achievement was constrained by late agreement and transfer of so-called Top-up funds for 2012-2013.

Therefore, an adjustment in the CP beneficiaries target will be:

**New Water Target:** 450,000 (Rural 300,000; Small Town 150,000)
**New Sanitation Target:** 400,000 (Rural 300,000; Small Town 100,000)

UNICEF has been leading sector efforts to conceptualise, implement and measure sustainability of Rural WASH investments. The overall sustainability of infrastructure built in 2008-2013, as measured through in-house developed Sustainability Checks, has been satisfactory (81 per cent). Although 94 per cent of households continue to use latrines five years after construction, the sustainability of Open Defecation Free communities is lower (73 per cent), requiring continued support for rural communities from District teams.

UNICEF contributed directly to rural water and sanitation coverage increases through the One Million Initiative in three central provinces, with an estimated increase of water supply coverage from 15 to 53 per cent, and a reduction of open defecation from 54 to 40 per cent across 18 districts over the period 2008-2013.

In 2012-2013, UNICEF initiated the Small Town WASH programme in seven towns with baseline surveys, technical feasibility studies, town sanitation master plans and household and institutional sanitation improvements. Water system upgrading and expansion works were started in Ulongue (Tete) and Ribaue (Nampula). An Ausaid evaluation of NAMWASH Phase 1 (May 2013) concluded that town water system upgrading takes at least two years (rather than one year as initially planned), and that actual investment costs are 50 per cent above originally budgeted amounts, resulting in a reduced target for people reached (see above).

WASH in Schools is making steady progress in water supply provision (61,000 students), while sanitation facility construction is progressing more slowly (24,000 students), in part due to poor performance by small-scale entrepreneurs. Hygiene promotion is ensured through PEC contracts with local NGOs. No new classroom construction was initiated, as a phase out in CFS districts by 2015 is coordinated with Education.

**IR 6890/A0/05/202/001** Programme operations effectively supported with appropriate human and material resources.

**Progress:**

Programme effectively staffed and managed.

**IR 6890/A0/05/202/002** At least 770,000 new users (550,000 rural, 220,000 small towns), prioritising vulnerable groups, have access to and use safe water and 480,000 people (350,000 rural and 130,000 small towns) have access to and use safe sanitation and improved hygiene practices..

**Progress:** Rural water supply

New user achievement rate of 21 per cent; 117,000 people served through construction of 234 boreholes in 15 districts of Sofala, Manica and Tete provinces.

Improved sustainability of rural water points infrastructure across the three target provinces, from a low-medium ranking (50-75 per cent) in 2008 to a satisfactory-good level (75-90 per cent) in 2013.

Taking into account the high CP beneficiary targets (see explanation above), an adjustment was made during the Strategic Reflection. The implementation approaches, however, remain valid and lessons learned on procurement, quality control and PEC are being disseminated in the sector.

**Rural sanitation**

New user achievement rate of 27 per cent; 94,172 people with new access. Additionally, 438 ODF communities upgraded their status to ‘ODF Plus’ status (100 per cent of households with improved sanitation facilities) in 18 districts of Sofala, Manica and Tete Provinces, including 39 localities and one entire administrative post in Maravina district (Tete).
Hygiene awareness promotion reaching 100,345 new beneficiaries, focusing on improved latrines construction, safe water transport and storage and promotion of water treatment. As the CP targets for rural sanitation and hygiene are rear-loaded (2014-15), no major adjustment of targets was needed.

UNICEF technical assistance in rural sanitation was provided to PRONASAR (for development of an ODF protocol), focusing on post-triggering social mobilisation (and exploring PEC options using local cadres) and climbing the sanitation ladder.

Persistent high national OD rates (52 per cent rural) will be addressed in 2014 and beyond through a combination of policy advocacy, inter-sectoral coordination and district-led scaling up of total sanitation approaches (CATS).

Small town WASH
As a new WASH sub-sector with much to be learned, UNICEF support was for building counterpart capacities and testing implementation approaches. Based on experiences to date with the AIAS Nampula delegation, a model of institutional strengthening support for other provinces (Tete, Inhambane) has been planned and will be documented for sharing with sector partners.

Small town water supply
New user achievement: 5,100 people. Under construction and to be completed in 2014 are the town water supply systems in Ribaué (US$1.5m) and Ulongue (US$2.5m) to benefit over 15,000 people immediately, with increases thereafter. The project design for Espungabera (Manica) is on-going (US$1.2m).

Small town sanitation
New user achievement rate of 5 per cent. In Rapale and Ribaué, 6,000 people have access to improved latrines as per GoM standard. Key activities were: Sanitation Master Plans for Rapale, Mecuburi, and Ribaué; sanitation promotion campaigns (mix of PEC, media messages and sanitation marketing); public sanitation facilities in hospitals, marketplaces and bus-stops; provision of sanitation facilities for people with disabilities through capacity building with civil society partners and local artisans.

Progress:

WASH in Schools achieved steady results, despite unpredictable funding, through the Education toolkit for the Child-Friendly Schools Initiative in seven districts (WASH now completed in Buzi and Maganja da Costa districts). WASH in Schools was also implemented as part of Rural and Small Town WASH (One Million Initiative and NAMWASH), and is part of the Netherlands-funded Football for WASH partnership started in 2012 — an effort to combine WASH improvements with World Coaches sports activities in schools.

The strategy of meeting WASH needs of school children linked to broader community WASH improvements, including addressing sustainability of investments through support to community water committees and implementation of school-led total sanitation (SLTS), reinforces chances of lasting impact. Water and sanitation infrastructure contracts and community/school PEC contracts were signed and managed by the provincial Department of Public Works and Sanitation (DPOPH).

Seven of the schools supported during 2012-2013 were provided with sanitation facilities inclusive for children with disabilities, and for girls, to facilitate menstrual hygiene management. These hardware changes need to be followed up with hygiene promotion support to determine to what extent they are meeting expectations.

The phase-out of the CFS Initiative in seven districts agreed at the Strategic Reflection will be coordinated with Education, and this will reduce somewhat the excessive geographic spread of WASH in Schools interventions. Service delivery has overshadowed policy advocacy opportunities, and now the phase-out will permit more attention to influencing national standards for WASH in schools, starting with better information management and a national situation analysis.

This shift also needs to be reflected in the re-definition of the IR (Output) starting in 2014.

**PC 3 - Basic education**

**On-track**

**PCR 6890/A0/05/301** Policies and standards on school and learner quality and teacher education are developed, mainstreamed into the national education system and results focusing on equity are monitored.

**Progress:** As a result of UNICEF advocacy and our increasing engagement in the Education SWAP, the education sector strategic plan (PEE 2012-2016) integrates quality standards, out of school children (OOSC) and early childhood development (ECD) as key strategic components. As a lead of the troika that coordinates partners in education, UNICEF will continue efforts to influence Government and partners to pay increasing attention and allocate increasing resources to quality and learning improvements, as well as to prevention of school drop-out.

2013 saw encouraging progress in the development, piloting and evaluation of national quality standards for primary schools, all of which were technically and financially supported by UNICEF. Standards will now be reviewed for roll-out in 2014, and this process will receive continued support from UNICEF.
Evidence-generation on OOSC – with major findings and recommendations from the study presented and discussed at the annual joint review in March 2013 – as well as the evaluation of Child Friendly Schools (CFS) supported our advocacy for OOSC and a multi-sectoral approach to education. In 2014, UNICEF will advocate for applying the recommendations from the OOSC study and for mainstreaming a multi-sectoral approach and cross-cutting issues into: data-collection and analysis, planning at both national and sub-national levels and into curriculum and training contents.

UNICEF and its partner agencies in the One UN Education sub-group are making progress in joint support to Changara district, although this was constrained in the first quarter of 2013 due to UN agency involvement in the emergency response.

Very good progress was made in supporting DRR and EPRP in education, and there was a successful coordination with the Ministry of Education (MINED) on their emergency response to early 2013 flood alerts. In the wake of this event, efforts were made to integrate DRR into the school curriculum and to build capacities in the education sector, which will be continued in 2014.

On-track

IR 6890/AO/05/301/001 National strategies and standards development on equity and quality in basic education are supported and partnerships leveraged to address issue of out of school children, children below 6 years, school quality and teacher education

**Progress:** Overall good progress in engagement in SWAp, support to national quality standards and evidence-based advocacy to address issues of out of school children. Progress against some results was constrained by the flood emergency early 2013, and by fraud allegations related to salaries of education personnel, the latter resulting in delayed disbursements to the sector pooled fund and hence slower implementation of MINED’s planned activities.

The Education Sector Strategic Plan (PEE) 2012-2016 integrated Early Childhood Development (ECD), quality standards and multi-sectoral coordination for OOSC, as a result of UNICEF advocacy and increasing engagement in the SWAp. In 2014, UNICEF will lead the Troika that coordinates the education sector pooled fund, and will step up partnership for improved quality of education with a focus on teaching and learning.

National quality standards were drafted, piloted in 40 primary schools and evaluated with support from UNICEF. They are now under review in preparation for roll-out in 2014, which UNICEF will continue to support.

The national multi-sectoral strategy for ECD was approved in 2012, but work on ELDS and pre-school regulations was constrained by funding and HR issues. UNICEF will join the ECD TWG in 2014.

The OOSC study was presented to Government and partners, and OOSC issues discussed at the annual review meeting of March 2013. In 2014, UNICEF will advocate, through the SWAp, for the application of study recommendations. A pilot on community-based monitoring of school quality and tracking of OOSC was initiated in two districts, and 2014 will provide further support to this.

On-track

IR 6890/AO/05/301/002 Institutional capacity development supported through evidence based advocacy, knowledge management and partnership development to address gender issues, promote multi-sectoral approach and monitoring of school and learner quality and continuous teacher support at decentralized levels.

**Progress:** Overall good progress in evidence-generation through the child-friendly school evaluation and the OOSC study; progress also continues in One UN joint support to Changara, though the latter was constrained in the first quarter of 2013 due to UN agencies’ involvement in the emergency response.

The two studies completed in 2012 (CFS evaluation and OOSC study) generated evidence for advocacy with MINED and partners on OOSC and multi-sectoral approaches to education.

The One UN sub-group that applies a multi-sectoral approach to school and learner quality assessed progress through monitoring visits. UNICEF worked with partner agencies to finalise integrated life skills and school health strategies. UNICEF and UNESCO discussed the application of Activity-Based Learning in Changara.

On-track

IR 6890/AO/05/301/003 Education and Protection Cluster is effectively coordinated to support the Ministry of Education in development and implementation of DRR strategy in schools and provision of humanitarian response

**Progress:** Very good progress in supporting DRR and EPRP in education, and successful coordination with MINED in emergency response to early 2013 flood alerts, which affected Zambézia and Gaza provinces.

In 2013, UNICEF started co-leading the education cluster, together with Save the Children. We facilitated weekly coordination meetings with MINED and the emergency cluster during the flood response, and supported a post-recovery assessment in Gaza.

UNICEF provided 100 school kits, 42,000 learner kits and 106 portable blackboards to Gaza and Zambézia. Following the emergency and the Gaza assessment, UNICEF and Save the Children worked with MINED to undertake education sector capacity development on emergency preparedness and DRR.

In 2014, UNICEF will continue support to MINED to integrate DRR in the school curriculum and to build capacities on EPRP and DRR.
**PCR 6890/A0/05/302** Government applies a rights-based, multi-sectoral approach to enable at least 70 per cent of children to complete a quality basic education in selected districts, with focus on vulnerable communities and girls.

**Progress:** Most of the schools in seven Child Friendly School districts now have at least five basic elements of the CFS intervention including:

- functioning school councils
- bi-annual health screenings
- water and sanitation facilities
- materials and psycho-social support to OVC
- child-to-child social mobilisation using theatre and community radio
- school-based life-skills programme addressing gender, and HIV/AIDS
- Prevention of violence and sexual abuse.

Over 2012 and 2013 in particular, good progress was made in promoting and supporting ZIPs to build teacher capacity; a pilot was initiated in 2013. Desks and learner kits were distributed to a selection of targeted schools. More teachers in targeted districts were trained on PE and sports, and more PE and sports kits were distributed to targeted schools.

Overall good progress was also made in mainstreaming Physical Education and Sports into national policy and programming and in advocating for inclusive PE and sports. Our advocacy and upstream support to integrating life skills education (LSE) in primary education was also successful and, in spite of delays, good progress was also made in advocacy to address violence and abuse in schools and to integrate cross-cutting issues in teacher training institutions.

The CFS evaluation and end-year strategic reflection process resulted in strategic shifts in the CFS programme. In 2014 this will translate into a smooth exit from some districts and some components, as well as an introduction of new activities with an increased focus on up- and mid-stream support to quality improvement, including teacher development and quality management, as well as efforts to help fast-track early literacy development.

**On-track**

**IR 6890/A0/05/302/001** Programme operations effectively supported with appropriate human and material resources.

**Progress:**

Programme effectively staffed and managed.

**On-track**

**IR 6890/A0/05/302/002** Children in seven model districts have child friendly learning environment based on a multi-sectoral minimum package of school quality with effective teacher support and decentralized monitoring mechanisms of school and learner quality in place.

**Progress:** Over 2012 and 2013 in particular, good progress was made in promoting and supporting ZIPs to build teacher capacity, with a pilot initiated in 2013.

In 2013 some 3,500 double desks were distributed. Good progress was made in capacity building of teachers, though a little slower than planned. A milestone achievement was the finalisation of four manuals for decentralised teacher training through ZIPs, in collaboration with the teacher training directorate. A total of 471 trainers from 157 ZIPs were trained on these manuals, but teacher training was rescheduled from 2013 to 2014.

Country-wide consultations on school council manuals were completed in June, 2013.

In 2014 the focus will be on completing teacher training on four manuals and plans for further development to teacher development through ZIPs and other teacher training channels, as well as work on a strategy to support school councils in creating an enabling environment and preventing children from getting forced out of school.

Given concerns over limited impact on learning outcomes (which is a huge national challenge) and limited scalability, in particular, of the hardware/supplies components, there is a need for review of this component of the CFS programme. The training of teachers through the system of ZIPs remains relevant, but for purposes of sustainability, this has to be linked with upstream efforts to support teacher training nationwide. Therefore, activities may run as planned next year but their impact assessment should keep this broader national perspective in mind.

**On-track**

**IR 6890/A0/05/302/003** Primary schools in the 7 CFS districts integrate physical education and sport reaching 400,000 children

**Progress:** Overall good progress in mainstreaming Physical education (PE) and Sports into national policy and programming and advocacy for inclusive PE and sports. Key-results at national, upstream level were the: initiation of an inclusive PE and Sports programme; development of revised sports kits, in partnership with the national taskforce on PE and Sports; completion of a document of best practices to be disseminated in the coming months; procurement and distribution of 200 athletics kits for children with disabilities, implementing inclusive education nationwide; and three regional CREIs; joint organisation of national festival of sports games; and partnership with MINED/DEE (Department of Special Education) and CREIs for training teachers and school council...
members on approaches to inclusive PE and Sports and teaching practices for children with special needs. Major results in seven CFS districts were: increasing implementation of PE and Sports, increased number of teachers trained on PE and sports, increased number of sports kits delivered; and the printing and distribution of a PE manual to all CFS schools.

Given more pressing national concerns over quality and learning even the foundational skills in primary school, it seems neither relevant nor the right time to invest further efforts into integrating physical education into the school curriculum. Therefore, this programme component requires a review.

**On-track**

**IR 6890/A0/05/302/004** Schools in CFS districts implement extra-curricular activities based on national school club criteria and children in the age group 10-14 years have correct information and life skills to prevent risk and vulnerability against HIV/AIDS, violence and abuse.

**Progress: UNICEF made** overall good progress in advocacy and upstream support to integrating life skills education in primary education, and in spite of delays, also made good progress in advocacy and support to address violence and abuse in schools and to integrate cross-cutting issues into teacher training institutions.

Within the seven CFS districts, major constraints to implementation of the LSE programme was the issue of funding, at UNICEF level, and the capacity of the NGOs (which are very small) to manage the funds.

Major results from UNICEF’s upstream work and coordination were the development of an integrated strategy for LSE for young people in primary schools; a revised gender strategy, including the revision of regulations for prevention of violence and abuse in schools; the approval of a strategy for establishment of a reporting mechanism of violence and sexual abuse in schools; training of Provincial Directorates for Education (DPEC) gender focal points; development of a national framework for the implementation of cross-cutting issues and guidelines to the Teacher Training Institutes (IFPs) on how to integrate cross-cutting issues into the curriculum (five IFPs were trained with UNICEF support).

Major results in seven CFS districts were capacity building on fund management of NGOs in the national association of people living with HIV and AIDS (Rede Nacional de Associacoes de Pessoas Vivendo Com HIV/SIDA - RENSIDA).

The life skills programme and school clubs will be subject to a review next year. Given the concerns over quality and learning, and dropouts linked to a wide range of causes, it is recommended to review and expand the role of school clubs, in addition to consolidating their impact on HIV-AIDS and preventing violence against children.

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**PC 4 - Child protection**

**On-track**

**PCR 6890/A0/05/401** Child protection policies, legal framework and systems are strengthened to create a co-ordinated multi-sectoral protective environment for all children through social change.

**Progress:**

Ensuring that children have access to justice whether they are in contact with the law, in conflict with the law or violence victims is at the heart of this component. Successes in 2012-2013 include improvement of the situation of child marriage, adolescent pregnancy and attitudes towards domestic violence and increased access of children to child protection services provided by police, prosecutors, health workers (forensics and mental health), Child Helpline and courts. UNICEF advocacy resulted in courts’ innovative and sustainable approach of hiring social workers.

Government of Mozambique knows what needs to be done and all responsible line ministries (Education, Justice, Health, Interior, Women & Social Action), and Courts have costed necessary services for child protection in a US$50 million Action Plan for 2013-2018. However the pace of change is still slow in light of the urgent situation facing millions of children, especially girls.

Results of strengthened evidence-base on child protection include the following research: (1) Impact of Extractive Industries in Cabo Delgado Province on Women and Children; (2) UNICEF/Innocenti Research Centre (2013) (author. A. Verdasco) ‘Strengthening Child Protection Systems for Unaccompanied Migrant Children in Mozambique: A case study of the border town of Ressano Garcia. In 2014, the following ongoing research will be completed: (3) Statistical Analysis of Child Marriage and Adolescent Pregnancy based on DHS, Census and MICS data; and (4) Violence against Children telephone survey (Child Helpline/Eduardo Mondlane University (UEM).

**On-track**

**IR 6890/A0/05/401/001** Multi-sectoral system, legal framework and communication for social change to prevent and respond to child abuse, exploitation and neglect designed and operationalized

**Progress:**

Increased support to ensure basic infrastructure and services is in place to attend to children in conflict and in contact with the law (foster care, guardianship) or victims of crime (police victims support units, Ministry of Health based services for victims of violence, minor courts, child-friendly interview rooms, forensic laboratory equipment), and suggestion boxes in schools. The child-helpline is at the heart of this output. The increasing availability of the above-mentioned child protection services is progressively leading to a change
in the prevailing social norm of ‘silence’ and underreporting of children’s cases to Government authorities, as shown by administrative data, with increased reporting of child cases over the past years.

Specific services that were strengthened for child protection in 2013 include:

a. ‘Model’ Police Station Violence Victim Support Units in Inhambane, Namphala and Angeoche district (Child-Friendly School District in Namphala Province) built, and the country now boasts a network of 260 support centres for victims of violence in police stations, of which 23 are ‘model units’ – now present in all 11 Provincial capitals and all seven Child Friendly Districts and other districts.

b. Child Court in Cabo Delgado was built in 2013, raising the number from one to two child courts nationally.

c. Health services to provide psychosocial support to children, in particular children with mental and physical disabilities and children affected by abuse, were strengthened in five provincial capitals’ hospitals, which by end-2013 had basic equipment for these children (wheelchairs, games, physical therapy tools) and were known as ‘Child Psychological Rehabilitation Centres’ (CERPIJ) (Cabo Delgado, Manica, Niassa, Tete and Zambézia).

d. During the 2012-2013 period, Child Helpline received approximately 200,000 calls from children, of which 64 per cent received support through counselling or referral. The remaining 36 per cent were missed calls, silence or malfunctioning of the line. Compared to 2011, there was a substantive improvement in the functioning of the hotline (decrease in number of missed calls and increase in the number of children counselled). This is the result of better dissemination of information about the phone line (through partnership with UEM-CAICC using SMS technology) and overcoming technological/logistical barriers regarding telephone operators MCEL, VODACOM and MOVITEL, thanks to UNICEF engagement.

Despite UNICEF advocacy efforts with MoH to ensure that DNA laboratory tests are available on a large scale, by 2013 only 50 DNA tests for paternity investigation (carried out in Italy and by Biomedicine laboratories) and results had been submitted to the courts. Government support, in terms of hosting the Child Helpline for functioning 24h/7 days per week is still under discussion with the Ministry of Women and Social Action.

**On-track**

**IR 6890/AO/05/401/002** Capacity of key child protection actors improved (Government, civil society, community committees) at all levels

**Progress:** The sustainable, cost-effective approach of integrating training on child protection into the curriculum of the police was achieved in both police training academies (ACIPOL and Matalane).

The national judges’ conference held annually also proved to be an effective self-appraisal, standard-setting M&E tool, as provincial chief justices brought forth concrete, measurable recommendations to enhance children’s access to justice and evaluate their progress on a yearly basis.

Efforts are ongoing to ensure integration of training modules on child protection into the judiciary and health sectors.

These approaches aim to strengthen the capacity of key stakeholders in the child protection field with the triple aim of: (1) increasing the number of cases reported to the Government authorities; (2) increasing prosecution and sentencing rates by judiciary (prosecutors, forensics and judges) based on enhanced knowledge on evidence gathering; (3) ensuring children’s right to adequate, gender- and age-specific treatment in line with international human rights standards. These intermediate milestones contribute towards the ultimate goal of reducing the impunity of perpetrators of violence against children and breaking the silence.

To ensure access to justice for children in conflict with the law - who are in adult prison facilities and are often in pre-trial detention (one in three), in 2013 a joint Ministry of Justice/Municipality of Maputo pilot programme on ‘community work’ as an alternative to imprisonment was launched, following a 2012 assessment. The Municipality of Maputo has allocated office space for this effort. UNICEF is currently funding a multi-sectoral team to implement the programme, which will be assumed by GoM by end-2015.

**On-track**

**IR 6890/AO/05/401/003** Impact of emergencies on children mitigated by strengthening child protection systems and disaster risk reduction programmes in risk-prone areas and create linkages to social protection programmes

**Progress:**

In response to the January 2013 floods, child protection supported a rapid assessment of protection concerns, in particular reintegration of lost and found children and prevention of violence against children, and provided direct support to victims. Direct support included regular night and day police rounds inside displacement sites to monitor and intervene where needed, especially to address sexual and gender-based violence. Moreover, as a temporary solution to the lack of illumination at the accommodation camps, which increases the vulnerability of children and women at night, UNICEF provided 6,900 flashlights. In dialogue with the Ministry of Women and Social Action, UNICEF stressed the need to use identification and selection criteria for the most vulnerable families in the distribution of family kits. Approx. 2,500 emergency family kits were distributed, 1,150 of which were provided by UNICEF. In terms of preparedness, as a lesson learned from this emergency response, it was noted that in addition to provision of family kits, child protection should ensure psychosocial support materials for children to mitigate impact of emergencies. As a result, this year, based on UNICEF’s Return to Happiness methodology, widely used in Latin America, UNICEF in partnership with the Government (Ministry of Health and Ministry of Women and Social Action) and civil society (DSF) developed, produced and prepositioned 200 psychosocial support backpacks for future emergencies and 74 Government and civil society staff were trained on their use, representing 100 per cent of emergency-prone districts in the country.
On-track

**IR 6890/A0/05/401/004** Strengthened multi-sectoral system for prevention of violence against children, awareness-raising, advocacy and strengthened evidence base on violence against children to reduce incidence of child abuse

**Progress:**

Interventions by religious groups, in schools and on the radio related to the prevention of violence against children resulted in: (1) reduction of child marriage; (2) increased reporting to police and child helpline; (3) heightened media attention – radio, TV, social media.

School-based interventions included support to the 2011 launched Ministry of Education spearheaded ‘Zero Tolerance of Violence against Children’ Initiative comprised of two components: (1) mass media (TV and Radio spots with influential personalities) and (2) school-based activities – games for school children, guide for teachers and reporting mechanism. This initiative, which is part of the UN SG’s Campaign (UNITE) to end violence against women and girls, is being implemented multi-sectorally with key line ministries (Health, Interior, Women and Social Action and Justice) and civil society (via the national children’s rights forum (ROSC).

Child marriage became a central issue in 2012-2013, as evidenced by: (1) establishment of a ‘National Coalition against Child Marriage’, a chapter of the global platform ‘Girls not Brides’ in 2012 thanks to Graça Machel’s leadership; (2) choice of 2013 Child Rights’ Fortnight theme “Eliminating Harmful Social and Cultural Practices affecting Children: Our Collective Responsibility”; (3) International Day of the Girl Child activities; (4) advocacy efforts for revising the Criminal Code to include criminalisation of child marriage.

Challenges include (1) lack of a quantitative baseline (survey) on violence against children renders it difficult to measure improvements; (2) prevailing ‘culture of silence’ and underreporting of violence against children, sexual abuse is often ‘solved’ at community-level; (3) children face obstacles to reporting violence because perpetrators are often very close to them – uncles, fathers, step-fathers, teachers or neighbours; (4) convictions of sexual offenders are minimal because GoM has insufficient means to collect evidence; (5) child victim’s access to health, psychological and social action services is insufficient; (6) judicial proceedings re-victimise the child through repeated interviewing; (7) insufficient coordination between justice response (police, prosecutors, legal aid and courts) and health & social action in implementing the multi-sectoral action plan, leading UNICEF to often act as convenor of multi-ministerial meetings; (8) resource constraints to implement prevention and response to violence against children.

**IR 6890/A0/05/401/005** 2. Strengthened multi-sectoral response services for child victims of violence and exploitation to increase conviction of perpetrators and ensure child rights are upheld

**IR 6890/A0/05/401/006** 3. Improved legal framework for children and strengthen justice for children

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**On-track**

**PCR 6890/A0/05/402** Social protection programmes and systems respond effectively to the rights of the poorest and most vulnerable children and their families, complemented by quality social welfare services.

**Progress:**

2013 was a year of great progress in terms of building the core elements of an holistic social protection and social welfare system with a link to case management and psychosocial support (PSS).

The design of the new programme manual and procedures for social protection formed the basis for the design of software for an integrated Information Management System to be set up and put to use in 2014, starting with a single registry for beneficiaries. The design of the case management system was completed, and partners will be trained in 2014 to establish the system. More children are benefiting from psychosocial support as UNICEF has empowered many partners and communities on the various PSS tools and techniques. This year saw significant strides in the domain of alternative care, where with the alternative case assessment and the endorsement of regulations, the building blocks of the system were developed. In 2013, over 1,500 children were removed from institutions and placed in a family, and care for more children living in guardianship or foster families became regulated. In the domain of birth registration, UNICEF has pressed for building an holistic Civil Registry System with a link to Vital Statistics (CRVS), as Mozambique was the first country in Africa to conduct a comprehensive assessment on CRVS, leading to the design of a costed CRVS operational plan. The integration of birth registration into Child Health Week led to positive results: 111,000 children were registered in just one week in May, as were 269,419 children in December. In social protection, case management and birth registration technological innovations are underway to register social protection beneficiaries through tablets, which are to be used for case management and for Village Chiefs to provide notification of births in their villages to conservatories per SMS. As the use of these technologies will be relative to the country, the capacity of community child protection committee members, Village Chiefs, social action institutes and notary offices will need to be built up and relevant information management systems and networks established, at a total cost of US$3 million.

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**On-track**

**IR 6890/A0/05/402/001** Programme operations effectively supported with appropriate human and material resources.

**Progress:** The minimal level of turn-over in staff this year facilitated smooth programme implementation.

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IR 6890/A0/05/402/002 National Social Protection Institutional Framework established to effectively coordinate, implement and monitor National Social Protection Programmes

Progress:

The National Coordination Council is functioning effectively, with support from strengthened technical secretariat and assistance.

The Common Financing and Funding modality was at the final design stage at end-2013. This will support the implementation of the costed Programme of Action developed by the GoM with the Partners Social Action Working Group to ensure expansion and more effective functioning of Social Protection (SP) Programmes. For the third consecutive year, GoM increased its financial allocation to SP – from 0.4 per cent to 0.53 per cent of GDP in 2013 alone (90 per cent of the total budget comes from state). With a solid coordination and financing framework in place and improved information and management systems, there was good progress in social protection programming, with a total annual budget of up to US$80 million, increasing to US$94 million in 2014. With this increased financial contribution from Government, the level of transfers to the 341,000 households will improve to Mts 550 maximum per household of up to five members (c. US$19 per household).

UNICEF assisted the national institute of social action with the development of a new modus operandi captured in eight procedures manuals for targeting, payment, case management and monitoring and evaluation of the two main social protection programmes. These procedures will be the basis of the Information Management System and for the single beneficiaries’ registry, foreseen to be effectively operationalised in 2014.

The National Institute of Social Action (INAS) produced a communication strategy with accompanying tools to enhance INAS’ profile among decision-makers and the wider public, and to continue to influence the public fiscal space debate on social protection.

Challenges are related to delays in design of new programme procedures and information management systems, as these are quite complex for a low-income, low-capacity country. It takes time and consistent quality technical expertise to advocate for and manage change and build SP systems with multiple partnerships.

On-track

IR 6890/A0/05/402/003 National Social Welfare Systems strengthened with skilled social welfare workforce, child protection committees and community case management.

Progress:

Systems strengthening is a long-term process; work in 2013 focused on building the foundations of a holistic child protection system. In particular, the mapping of Child Protection systems was concluded, resulting in the identification of risks and challenges to be addressed across ministries in the Justice and Social Welfare sectors. The manual for Training of Trainers on case management was finalised, and a roll-out plan to establish a case management system in the field was completed, with Government commitment and resources leveraged for the roll out with partners, such as USAID and civil society groups.

The Ministry of Women and Social Action was supported for a training in planning and budgeting. Eleven provincial Social Welfare Departments received technical and financial assistance from UNICEF to coordinate and monitor programmes for OVC. The Financial Management capacity of the Ministry of Social Action was being strengthened at end-2013.

A social map indicating who is doing what, where, and how throughout the country to support OVC was in development with multiple partners from Government and civil society, combined with a directory of services and GIS map.

UNICEF supported MWSA to develop a costed HR plan for an adequate social welfare workforce. Some 49 students continued into their second year of the four-year licenciatura course for social workers. An 18-month distance course on “Community-based work with Children and Youth” was officially accredited by Government for community level 1 social workers and will be rolled-out in 2014 for 160 students.

Partnerships for Children with Disabilities have proceeded, with the National Platform of Persons with Disabilities leading to more awareness and knowledge on rights of persons with disabilities (PwD). Despite good progress in awareness-raising on PwD, this group in society is still behind in accessing adequate support services, like social welfare, health and education.

Despite good progress in curricula development for training various levels of social workers, the vacancy rate for social workers is still at 90 per cent at the community level, depriving poor and vulnerable households of adequate case management support.

On-track

IR 6890/A0/05/402/004 Scaled up Psycho-social support programmes implemented in line with quality standards, including in emergencies

Progress:

In 2013, UNICEF and the Ministry of Women and Social Action (MMAS) supported cascading training on psychosocial support (PSS) to 206 community committees nationwide, in strategic partnership with the Regional Psychosocial Support Initiative (REPSSI). For the cascading training to take effect, 140 MMAS technicians were trained as trainers in 2012. The purpose of the training is to create knowledge and practical skills for PSS provision at the community level targeted to orphans and marginalised children.
Child Protection continued its collaboration with International Child Development Programme (ICDP) to support family reintegration of children and improve the quality of care in residential care institutions. Linked to this, 40 Provincial Directorate of Women and Social Action (DPMAS) technicians were trained as trainers in three provinces (Nampula, Gaza, Maputo province and Maputo city). They will play a key role in expanding the quality of care in residential care institutions through follow up training and technical assistance to caregivers and managers of residential care centres. Working with community-based organisations also helped to reach out to poor and marginalised children and to influence social norms, since the community activists originate from the area.

UNICEF is building a solid foundation for PSS scale up across the country. This is a comprehensive process that started with the training of DPMAS technicans, who were then responsible for the cascading of capacity to community committees. With this foundation, there is commitment and knowhow for increased provision of PSS in the country.

Overall challenges and actions to be carried out:
1. Limited scale: UNICEF will reinforce its technical and financial support to DPMAS to undertake the cascade of the training to community committees, residential care centres and families. REPSSI and ICDP will play key roles through mentorship and technical assistance to MMAS and DPMAS throughout programme implementation.
2. MMAS leadership in coordinating PSS interventions across the country is weak: To address this, MMAS will be trained on PSS programming tools and guidelines. This is key to ensuring that harmonised approaches and tools are implemented across the country and that they meet the standards.
3. Documentation of PSS results and impact still needs improvement: To address this, MMAS and civil society, with support from UNICEF, committed to harmonise all existing M&E tools and supervision guidelines. UNICEF will also support MMAS in carrying out supervision and field visits for monitoring PSS provision by community committees, civil society and caregivers in residential care institutions.
4. Quality of PSS provision that needs to be assessed at children’s level: UNICEF, MMAS, REPSSI and ICDP will devote time and energy to assessing the impact of the programme on beneficiary children and using the information to define areas of improvements jointly with DPMAS and residential care institutions.

**On-track**

**IR 6890/A0/05/402/005 Multi-sectoral protocol for alternative care developed and endorsed and quality, regulated alternative care modalities functioning effectively in all eleven provinces**

**Progress:**

As a follow up to the 2012 visit by the Hague Secretariat, significant progress was made in addressing bottlenecks in legislation and policy and multi-sectoral collaboration between Courts, Social Action and the Attorney General to de-institutionalise children deprived of parental care and place them in family care.

Specific results for 2013 include:

1. Finalisation of Alternative Care Assessment and Alternative Care Regulations
2. Reduction of children living in institutions from 15,000 to 8,000
3. Heightened advocacy through Life Stories booklets: “When Change Happens” (Portuguese and English) developed and endorsed by highest level in GoM. The UN Resident’s Coordinator’s Office in Mozambique (RCO) presented these voices at the High-Level Panel in NY for Post 2015 debates.

All in all, in 2013 a solid foundation was built in terms of political will, multi-sectoral collaboration, enhanced capacity, policy and legal framework to ensure that in 2014 over 20,000 children without parents will be placed in a family environment.

The challenges are that the regulated placement of children through district-level judiciary and social welfare systems is time-consuming and costly (Mts. 4,000; or US$133 per child), and that the community simplified guardianship system still needs to be designed and built up to accelerate placement of children without parents in families at the community level.

**On-track**

**IR 6890/A0/05/402/006 Children in conflict with the law, orphans or victims of violence have access to child friendly, free legal services in 75 districts (baseline: 22 districts com GdA/ IPAJ. Target: 64 districts)**

**Progress:** Continuous support provided to bolster stronger collaboration between the Ministry of Justice (IPAJ) and Ministry of Interior (Police) to provide free legal aid to victims of violence, especially women and children, at all 23 police station-based violence victim support units throughout the country. This led to an increased number of OVCs that managed to keep their property, countering the common situation in Mozambique whereby extended family members ‘grab’ children’s belongings/property upon the death of parents due to HIV/AIDS.

**On-track**

**IR 6890/A0/05/402/007 Routine digitalised birth registration system operational in all 150 districts and civil registration programme expanded to provincial level**

**Progress:**
Birth Registration activities were carried out through mobile brigades composed of Conservatory staff, resulting in 784,358 children being registered in 2013. Collaboration with Health continues during the Child Health Weeks, with increased participation from Registry services, resulting in 111,000 children being registered in the May Child Health Week, and approximately 269,419 registered during the December event. The next step in this collaboration is the use of health personnel to sensitize new mothers during vaccination visits and antenatal care with regards to the importance of registering their children within the first 120 days of birth.

Provincial Registry services are taking active steps to register all children in orphanages, to facilitate their reintegration into the community or adoption. Up to 2,000 children were registered through the collaboration established with the National Institute of Social Action to ensure that families with children apply for the social protection dependency allowance.

2013 was also a ground-breaking year for Mozambique, when it was chosen to carry out the first comprehensive assessment on Civil Registration and Vital Statistics, which occurred in September with success. The results of the assessment will lead into the development of the costed Operational Plan for CRVS. Government will lead this design at the highest level and in coordination with other line ministries, including Health and the National Institute of Statistics, and partnership with UNECA, AfDB and UN agencies (UNICEF, WHO, UHCR, UNDP, UNFPA). The six-year costed Operational Plan will provide the basis and commitment to roll out a national CRVS system with linkages to Health, Interior and Vital Statistics, with support from EU, AfDB and UNECA and potential other bilateral partners and the private sector.

IR 6890/A0/05/402/008 Government and community capacity to protect children affected by emergencies is strengthened, especially in emergency prone-districts

PC 5 - Communication, advocacy, participation and partnerships

**PCR 6890/A0/05/501** Children, young people, civil society and private sector representatives and duty bearers participate in the formulation and monitoring of a transparent and equitable national development agenda

**Progress:**

The Communication, Advocacy, Participation and Partnerships (CAPP) programme works with public, private and citizen sectors to create an enabling and protective environment for children and their families, ensuring that they have fundamental rights related to information and to participation upon which their well-being, and even survival, depend.

Findings from the online survey “reflecting children’s voices” conducted in July 2013, corroborated by programme monitoring reports, demonstrate that most child participants in UNICEF-supported participation interventions were empowered (through training, active media programming and discussion) to claim their rights and those of their peers, including in the areas of health, nutrition, education, protection, water, sanitation and participation in decision-making forums.

Civil society organisations, through the partnership with ROSC, received support in advocacy and capacity-building actions over the two years. UNICEF support was focused on strengthening the monitoring of public sector child rights accountabilities, the provision of cost-effective training and briefing to NGOs in both cross-cutting issues (advocacy, M&E, HRBAP) and priority thematic areas.

More actors in the business sector have approached UNICEF for synergies and technical support for their participation in the realisation of children’s rights in the country. However there is still a need to establish a platform to enable a meaningful private-sector participation in a child-focused national development agenda, possibly involving an expansion of UNICEF engagement with the extractive industries from public-sector policy advocacy to greater direct engagement with the private sector around the Child Rights and Business Principles.

Despite the generally good results, the right to participation continues to face challenges in the development mainstream. For example, efforts to ensure that children’s voices are systematically heard in development for, through partnership with the National Youth Council, have not achieved satisfactory results and that collaboration will come to an end.

Increased efforts are required to institutionalise children’s participation in ongoing organisational and governance structures, as well as in policy-making processes. Moving forward, UNICEF will assess alternative—organic and formal—networks of children and young people with a view to developing a broader strategy for ensuring the participation of children in the development process, particularly in sectors with immediate relevance to their lives. The country’s Child Parliament, at present relatively weak and dependent on the inadequately resourced facilitation of the MMAS, may be a natural framework for mainstreaming child participation.

On-track

**IR 6890/A0/05/501/001** The Participatory Child Rights Media Network provides a media space for children’s participation at radio and television stations across the country and by 2015 an exit strategy and sustainability plan is developed

**Progress:** UNICEF has continued its support to the Participatory Child Rights Media Network, producing radio and television programmes across the country. Over 1,500 children have been engaged annually in media production clubs, reaching children and adults with media access in Portuguese as well as key local languages.

Programmes are undertaken with active participation by authorities from key sectors (i.e. education, health and protection), promoting demand for services and discussions related to important issues affecting children’s lives: the right to participation, access and quality of
education and health services, prevention of violence and abuse, prevention of child marriage and pregnancies and HIV prevention.

The results, validated in the 2011 Participation Evaluation, have been excellent, demonstrating that these interventions contributed to an increased understanding of rights knowledge, as well as accountability of service providers in fulfilling child rights. Children engaged in media production have expressed good knowledge and maturity in addressing key issues affecting their lives and those of their peers, with increased confidence while conducting intergenerational radio and TV programme debate. In addition, findings from a FORCOM baseline study conducted in 2012 at 11 community radios demonstrate that 54.3 per cent of radio listeners believe that C2C radio programmes contribute to an increased knowledge on child rights.

Meanwhile, most media clubs, particularly community radios, are faced with organisational challenges, which include lack of funding to run the stations, skills and knowledge development linked to constant staff turn-over, sustainability and donor dependency. UNICEF support to the PCRMN Network will continue in the coming years, focusing on scaling-up the strategy, and dedicating attention to quality improvement of media programming. This needs to be combined with emphasis on establishing an independent, cross-channel framework for the initiative, with particular attention to its sustainability and ensuring links to other participation for a, such as the Child Parliament.

**On-track**  
**IR 6890/A0/05/501/002** By 2015, the Civil Society Forum for Child Rights, the National Children's Council and relevant children's networks are effectively equipped to engage in policy advocacy and programme monitoring of child rights-related issues, with a focus on the meaningful participation of civil society including children in decision making.

**Progress:**

The past two years has seen the Civil Society Forum for Child Rights (ROSC) grow from a funded project of 12 NGOs to a broad network of over 250 civil society organisations whose secretariat has established itself as a key participant in child rights engagements with Government and other development actors. UNICEF support to the CSO Forum has contributed to strengthening their engagement in public policy advocacy for child rights at the national and international levels. The Network has now become one of the leading civil society reference groups on child rights in areas of advocacy, CSO capacity building and information-sharing. Since 2012, the Forum participated in production and revision of the National Plans of Action for Children (PNAC) and for Orphans and Vulnerable Children (PACOV) and provided inputs to the review of the penal code. They also took part in the analysis of the state budget allocation, to call Government attention to provincial and sectoral inequities.

ROSC has been very active in monitoring and advocating for the realisation of child rights, with a focus on the rights of CwD and child marriage. Apart from organising meetings and training, they produced and widely disseminated six position papers aimed at calling partners, Government, donor and media attention to the need to respect the rights of children. Due to the outstanding coordination role played, ROSC has gained recognition outside the country and has represented civil society at various fora abroad such as Child Rights Network in Southern Africa (CRNSA) and the Regional Advocacy Network for Children (RANCH).

In terms of longer-term vision, ROSC will need to review its sustainability strategy to diversify its network of donors and supporters and expand its inclusiveness to different levels of civil society, dedicating attention to collaboration with faith-based organisations, and begin to engage the country’s formal network of traditional healers, AMETRAMO.

**On-track**  
**IR 6890/A0/05/501/003** By 2015, the private sector is increasingly adopting the Child Rights and Business Principles and implementing child focussed corporate social programmes

**Progress:** The CAPP team has seen limited growth in the number of confirmed partnerships with private sector corporations despite a mutual increase in approaches and initial dialogue. The partnership incubation period is lengthy and the volatility, especially in staffing, of dynamic and often young companies, poses a barrier to relationship management and partnership development. Often company interest is extremely limited in scope and highly geographically focussed in a way that does not match UNICEF priorities or capacity. Despite this challenging situation, UNICEF established a partnership with Mcel (the major national mobile telecommunications provider) and the Ministry of Health, for massive awareness-raising messaging. A partnership is also being finalised with Lúrio Green Resources for their financial and in-kind support to Birth Registration programme in Nampula, in collaboration with The Swedish Embassy, Ministry of Justice and Ministry of Interior. Both represent an unprecedented type of UNICEF-led public-private partnership in the country for awareness-raising and the realisation of basic child rights. In addition, a number of companies expressed significant interest in reviewing partnership opportunities to advance child rights in the country, including major telecommunication providers (Vodafone, Movitel), whose in-kind (and in-branch) communication support is more readily available at the scale that UNICEF’s capacity and priorities make feasible, major banks (BIM, Standard Bank and Mozabanco) and a cotton producer (IFS/SAN), among others. As a result of UNICEF’s advocacy in the business sector, two consultancy companies initiated a dialogue (at their request) for potential collaboration for the implementation of Child Rights and Business Principles among their major clients, which is being discussed with PFP as part of a strategy development for private sector engagement and CSR in the country. It can be concluded that there were positive results this year and more progress to be achieved.

**On-track**  
**PCR 6890/A0/05/502** Children, young people, women and their duty bearers in targeted provinces and emergency prone areas adopt, sustain, and promote select behaviours, attitudes and practices, to improve their well-being of people, especially to reduce girls' vulnerability to HIV
A combination of interpersonal communication, mid-media and mass media strategies were used by UNICEF to reduce key knowledge gaps; maintain high demand for services associated especially with health and nutrition, HIV and violence prevention, WASH, children with disabilities and girls’ education; and promote pro-social norms reaching more than 1.2 million people with participation and behaviour change activities in high-priority provinces and districts.

The C4D programme has also been particularly effective in supporting communities affected by emergencies, such as seasonal floods and in supporting national vertical interventions, such as Child Health Weeks and other communication interventions and campaigns. UNICEF reached more than 3 million caregivers with messages promoting full adherence to the child vaccination calendar and 2.5 million caregivers with the integrated Rights of Children with Disability and the Violence campaigns.

CAPP also worked at national level to strengthen the capacity of Government, civil society, media and academic partners to implement C4D interventions, reinforcing the capacity of frontline workers such as CHWs and birth registration officers to increase their communication skills and equipping the inter-confessional religious network (COREM) with a child health and protection booklet to ensure that Facts for Life messages are delivered at community level. UNICEF’s work with faith-based organisations will be scaled up in the next biennium, and there is a need to mobilise additional networks, such as traditional healers, who influence multiple aspects of family life.

The current MTR process not only validated the crucial role that C4D outcomes play in engendering programme impact, but also highlighted the need for enhanced attention to effecting sustained change at the basic (i.e., beyond immediate and even underlying) societal level—by tackling pervasive anti-social norms.

This is likely only possible through extensive social and anthropological research, expanded investments in evidence-based interpersonal communication, a renewed coordination between line ministries and communication institutions like the Institute of Social Communication, through partnerships with different civil society networks and engagement of social influencers, meaningful entertainment-education initiatives, in conjunction with the ongoing mass and mid-media interventions that CAPP already executes.

**On-track**

**IR 6890/A0/05/502/001** Programme operations effectively supported with appropriate human and material resources

**Progress:**

Programme operations effectively supported with appropriate human and material resources.

**On-track**

**IR 6890/A0/05/502/002** Selected C4D Government and CSO partners have enhanced C4D capacity and are effectively supporting line Ministries to manage focused and coordinated multi-level, multi-channel interventions with a focus on four priority provinces

**Progress:**

One of UNICEF’s key C4D strategies is to create capacity among Government, civil society, media and academia partners to implement evidence-based C4D interventions.

UNICEF supported the Institute of Social Communication (ICS), which has a Government mandate to design and implement C4D strategies in the country, with the development of its 2013-2018 Institutional strategy. Although ICS has become a recognised C4D player at the provincial level, challenges remain in its capacity to leverage a coordination role at national level.

Technical assistance was provided to the National AIDS Council and the UN joint Team on AIDS to support finalisation of the Global Fund Round 9-II proposal and implementation of the UNDAF Joint Project in the Southern Transport Corridor, in coordination with UNFPA and IOM.

To strengthen community radio capacity to produce behaviour change programmes, three TOTs on Disability, HIV Prevention and DRR were conducted. The CWD module was rolled out in all provinces building capacity among more than 380 TV and radio producers. Over 120 radio and Government staff of the district departments of Education, Social Action and Police in seven provinces were trained on intensifying radio programming about sexual violence against children.

In terms of T4D solutions for C4D, the SMS for Life MoU with MoH and MCEL represents a new opportunity to reach the population with lifesaving messages. A partnership agreement was also signed with UEM-CAICC to use the software Frontline SMS for information dissemination with community radios and improve their monitoring capacity.

To strengthen the interpersonal communication skills of frontline workers and social mobilisation networks UNICEF produced, through a participatory approach, an FFL flipchart for CHWs, an FFL booklet for religious leaders, the birth registration IEC package and the MoH interpersonal communication module for health professionals. The latter three tools will be rolled out in 2014.
child marriage, malnutrition, lack of sanitation, and HIV infection

**Progress:** At the national level, with the aim of raising awareness and promoting service demand, UNICEF supported the planning, implementation and monitoring of several nationwide C4D interventions:

- Two rounds of the National Health Week
- The campaign on stigma against Children with Disability and the Zero Tolerance campaign on sexual violence, reaching over 2.5 million caregivers
- The introduction of the new vaccine PCV, with the finalisation of the KAP qualitative research on caregivers' perceptions on vaccination and the production of a media campaign to promote full routine immunisation reaching >3 million caregivers

Two C4D entertainment-education initiatives were conceived, with Radio Mozambique producing the pilot phase of the long running FFL radio serial and Goodwill Ambassador Stewart Sukuma, who produced a 17 songs for a 'Music for Life' album on key behaviours.

At subnational level, UNICEF implemented several cross-sectoral C4D interventions in Tete, Zambezia, Nampula and Cabo Delgado provinces with >1.200.000 people engaged in community video sessions on malaria, cholera, violence and HIV prevention, breastfeeding and girls’ education promotion; 50,000 people participated in community theatre performances.

In the context of the flood emergency in Gaza, >115,000 people participated in ICS awareness sessions and >50 lost children were reunified by the mobile units. Over 50,000 IEC materials were distributed by more than 100 volunteers equipped with activists’ booklets.

While UNICEF has been quite successful in improving knowledge and demand for services, in order to expand and sustain pro-social outcomes and health-seeking behaviours it has been recognised that a deeper causal analysis of the socio-cultural barriers to change – especially in the areas of early pregnancy, child marriage, chronic malnutrition, sanitation, and HIV – is needed. A sustainability strategy for some of the mass media and mid-media interventions is also required to scale up the interventions and ensure UNICEF’s exit strategy.

**On-track**

**IR 6890/A0/05/502/004** By 2015, progressive annual growth in the number and quality of news media coverage and high visibility public awareness initiatives about child rights informs the public discourse, influences decision makers, and maintains attention on priority issues

**Progress:** Some 1,051 journalists and communicators became members of the Child-Friendly Media Network (RECAC), being regularly supported with child rights content. RECAC successfully launched annual reports on media and child rights, two journalists received a grant through the Investigative Journalism Fund and five regional media briefings on social issues were carried out in priority provinces of Tete, Zambezia and Maputo, with participation of 134 RECAC members.

In 2012 RECAC became an independent association and is now engaged in resource mobilisation to ensure its financial sustainability. To maximise the quality of media coverage, RECAC capacity still needs to be upgraded, especially in relation to media monitoring and analysis. Challenges include the need to improve use of digital recording equipment for media tracking purposes as well as regular analyses of articles on children’s issues.

UNICEF further promotes media advocacy for child rights through continuous dissemination of information and materials to local and international media, resulting in significant media up-take: 2,907 articles in 2012, with >100 specifically referencing UNICEF, and 2,016 articles in 2013, of which least 63 specifically referenced UNICEF.

Between 2012 and 2013, two rounds of UEM child rights courses were implemented at the School of Communication and Arts for 65 students. An additional 40 students attended 18 seminars, whose guest lecturers included child rights specialists from UNICEF, GoM, UN agencies and NGOs. Three students have written their dissertation on child rights issues.

In June 2012, a Child Rights concert was produced in partnership with the GWA Stewart Sukuma, with 12 Mozambican artists and 300 children attending and broad media coverage. In 2013, awareness messaging from Sukuma were conveyed through UNICEF website and social media about child rights, his visit and solidarity concert for flood-affected areas, his meeting with young people (supported by UNICEF Brazil), the launch of the new vaccine against pneumonia, the closing ceremony of breast-feeding week, and a TV talk show on child rights with Regional GWA Oliver Mtukudzi and UN MDGs Ambassador Mingas.

During 2012-13, social media and civic engagement reached 1,434,848 people on Facebook, drew 25,779 online subscribers (Facebook-18,346 + Twitter-3,336 + Google Plus-2,467 + Pinterest-532 + Youtube - 98) and 142,013 readers to daily content on child rights in Mozambique on the website, microsites and blogs. More than 32,625 video views and 59,489 minutes watched on the Youtube channel. A Facebook Group was created for discussion and reached 1,010 members.
Strides were made particularly in showcasing the situation of children and budgeting for children at national and – to some degree – decentralised levels to leverage into national discussions. Specific achievements included:

**Strategic studies and analysis in social policy, ranging from the 2013 Situation Analysis of Women and Children to targeted studies focused on recent trends and developments vis-a-vis the social impact and fiscal management of natural resource wealth, were undertaken to inform high-level debates and dialogue.**

Ongoing support to public finance management systems continued to ensure efficient and more equitable use of scarce financial resources. Given that pending legislation will determine the macro-fiscal environment in the emerging natural resource context, direct technical assistance to the National Assembly’s Budget Commission strategically ensured analytical capacity to lead internal debate among parliamentarians prior to legislative approval. At the same time, dissemination of the UNICEF Budget Briefs, particularly with regard to the health sector, received notable media attention and expanded the debate regarding national sustainable investment in human capital and children.

To support generation, dissemination and use of evidence to inform policy and programming, UNICEF is strengthening the national statistical system by working alongside national partners within the National Statistics System, most especially the National Institute for Statistics, to support systems strengthening. Capacity development efforts at the National Statistics School allowed the development of new pedagogical and planning skills to produce sharper presentations and more concrete analyses.

Downstream, UNICEF continues to focus on the provinces of Tete and Zambézia, honing skills in data collection and management and in planning, while building inter-institutional linkages among key partners to strengthen evidence-based planning. Civil society assessments regarding the demand for social services were complemented by focused efforts to develop real-time data on supply of services, resulting in a provincial and district sample dashboard of performance against health and education indicators.

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<th>Programmes</th>
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<td>IR 6890/AO/05/601/001 Programme operations effectively supported with appropriate human and material resources.</td>
<td><strong>On-track</strong></td>
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**Progress:**

Programme operations were effectively supported with appropriate human and material resources.

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<td>IR 6890/AO/05/601/002 Policies and strategies for inclusive economic growth include measures targeting the most marginalised groups.</td>
<td><strong>On-track</strong></td>
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**Progress:** UNICEF’s innovative studies and analysis contributed towards dialogue on inclusive growth by creatively questioning whether GDP growth, Government spending increases and emerging natural resource wealth will translate into improvements in the well-being of children. At the same time, however, there was a limited interest in the pursuit and/or ownership of some plans and studies from Government – exacerbated by on-going lack of co-ordination among partner departments. In spite of this, good results were achieved in the year.

The 2013 Situation Analysis provides evidenced-based analysis of recent trends and developments, based upon the latest data of child-related indicators in the 2011 Demographic and Health Survey, as well as recent administrative data, policy and planning documents and studies. With poverty and persistent geographic inequities confirmed as key drivers of child deprivations, the SitAn explores supply problems, flags serious concerns about service quality and underlines the decline in Government expenditure and stagnation in per capita expenditure for the social sectors. UNICEF maintained its leadership position in presenting the investment case for children as crucial for balanced development and long-term poverty reduction, in the context of Mozambique’s natural resource wealth. Critical for the long-term natural resource management strategy developing at the national level, UNICEF collaborated with the IMF in their engagement with the Ministry of Finance to shape strategic priorities for investment of Mozambique’s capital gains tax. More specifically, it suggests re-investment of its recent capital gains tax in furtherance of the PARP’s third pillar (enhancing social and human development) through enhanced support to sector strategic plans in health, education and social protection.

UNICEF’s research on the emerging natural gas sector and social impacts of the mining industry were incorporated into nationally hosted events by the African Development Bank, the IMF, private sector seminars and summits and a dinner event with the UN Secretary-General with select CEOs and Ambassadors, focused on the extractive industries. UNICEF led UN efforts in the analysis of the Environmental Impact Assessment of the multi-billion dollar liquefied natural gas project, identifying key social sector impacts affecting women and children – from inadequate provision for water and sanitation to prevention efforts to avert the potential risks of boom-town impacts, such as the spread of HIV and AIDS and increased sexual exploitation of children.

Efforts to include an analysis of costed sectoral plans and macro-economic projections seeking to link gaps identified in the causality analysis to an investment case for natural resource revenues were bolstered by a study visit to Botswana for key Ministry counterparts. The visit brought research to reality, as equity-based budgeting and long-term reinvestment strategies with a focus on human capital development were debated with Botswana Government officials.

Through UNICEF’s leadership on the One UN Task Force on the Extractive Industries, UNICEF led efforts on a joint One UN study focused on links between the boom-town effect in coal-rich provinces with the spread of HIV and AIDS.
**IR 6890/A0/05/601/003** Child-focused investments are bolstered by strong and equitable national plans and budgets, legislative scrutiny and advocacy.

**Progress:** Challenges remain in the area of planning and public finance management: budgets are still not transparent, easily accessible to the public or detailed enough to allow for true accountability. However, on-going work in domestic accountability has yielded good results in both budget awareness within Government and civil society, and increasing the national appetite for transparency and dialogue mechanisms for public finance management.

Budget Briefs, which analyse the 2013 State Budget to identify trends, challenges and opportunities in social spending in social sectors, (Health, Education and Social Action) were being finalised in late 2013. Two briefs were already completed (Education and Social Action) and being disseminated electronically. The briefs simplify the State Budget and seek to expand the public debate on PFM issues and the push for equitable budgetary allocations as well as budget transparency.

UNICEF has taken the lead in producing these briefs, with inputs from the Community Development Foundation (FDC) and the Budget Analysis Donor Partner Group. The Child Rights Forum (ROSC) will support wider dissemination and advocacy efforts.

UNICEF continued its support to the Planning and Budgeting Commission of the National Assembly in supporting the analysis of the 2013 State Budget and 2014 State Budget Proposal. UNICEF is actively coordinating this analysis with donors through the Budget Analysis Group, and also involved civil society’s Budget Monitoring Forum in the process. The analysis will feed into the National Assembly and CSOs for advocacy around social sector allocations. UNICEF will continue to engage with Government, National Assembly, donors and CSOs in the planning and budgeting cycle throughout 2014. UNICEF supported the training-- delivered by the National Budget Directorate (DNO) in the Ministry of Finance-- of almost 2,000 Government technicians who develop the state budget, at central, provincial and district levels.

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**IR 6890/A0/05/601/004** National systems are strengthened to collect, analyse and disseminate high quality data on the situation of children to support adequate planning and investment

**Progress:** With technical and financial support provided by UNICEF, the National Statistical System (NSS) has improved its capacities for statistical training, data collection and analysis. The teachers of the National Statistical School and the technical staff from the National Statistical Institute that collaborate to lead statistics training at national and provincial levels have improved their pedagogical strategies and educational resources through a focused training delivered by “Leadership,” a locally based skills development NGO. Support will be given in 2014 to continue this solid approach to disseminate materials throughout the statistics system.

The original conceptual model and electronic platform for INCAF data entry were enhanced and national capacities were developed for dealing locally with this issue. The staff involved in the analysis of demographic, vital and social data enriched their technical competences in the use of a specialised statistical software (Stata). Discussion was also active through the year in developing additional INCAF modules in disability and disaster risk reduction. The latter was adapted and will be applied during the INCAF 2014 rounds, which will focus on poverty measurement.

A programme on pedagogical competencies for statistical training was carried out at the central level, and one pilot experience will be implemented at the sub-national level in Zambézia Province.

Further, newly forged South-South linkages with the Institute for Statistics in Colombia supported the development of new strategies for data dissemination. Key results include proposals for: a) the presence of INE in the social media and b) the elaboration of statistical information for children. This fruitful collaboration will also be supported in an on-going basis through 2014.

In spite of this good progress, much remains to be done in the long-term strengthening of data and statistical capacities, and overall strengthening of the national statistics system and its components over the coming years.

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**IR 6890/A0/05/601/005** Government plans and budgets are informed by child-focused data and information particularly in UNICEF target provinces of Zambézia and Tete

**Progress:** Substantial and on-going support has continued to the Provincial departments of the National Statistics Institute (DPINEs) in Zambézia and Tete (and other provinces) to improve collection, analysis and use of data. Successful pilot training launched in 2013 was replicated now in four provinces during the year, with others lined up for roll-out in 2014.

At the same time, analysis of the situation on the ground in terms of service delivery and statistics on children has continued, with the development of provincial maps and a ‘district dashboard’ of education and health indicators that shows trends in services and their impact on local communities. This Provincial support to Zambézia and Tete was well received, and officials showed an interest in training and UNICEF’s analysis and mapping of district data. However, there remain on-going concerns regarding the difficulties in accessing data and the weakness of some data at district level.

In Tete and Zambézia provinces, more than half of all children experience two or more social deprivations. Result-based management is an area that was identified with MPD to support planning and budgeting to ensure that provincial plans will be more result-oriented, with clear linkages between the different sectors and territorial levels. The programme budgeting approach, recently adopted by the Government, will be a core focus of the training.

With technical and financial support provided by UNICEF, a local CSO (CESC) with expertise in capacity building in governance issues (including decentralised planning and monitoring, civic engagement and community participation), implemented a decentralised...
planning and monitoring programme for school councils. The programme built school council capacity to identify key bottlenecks in achieving quality education and tackle the issues through School Plans.

Work in Tete and Zambezia will continue through 2014, with an accelerated agenda for provincial co-ordination of UNICEF and partner programming in these two provinces, which have had a worse than average performance against child indicators. Centring on the need for good data, analysis, planning and budgeting, SPPIM action will be at the forefront of increased Country Office action and presence on the ground to make a difference in these two provinces. SPPIM groundwork in data training and planning will be augmented with inter-sectoral co-ordination for capacities in these foundational areas, serving the wider UNICEF commitment to improve child indicators and service delivery in the two provinces.

PC 800 - Cross-sectoral costs

On-track

PCR 6890/A0/05/800 Effective & efficient programme management and operations support

Progress: 2012 was the first year of the current Country Programme of Cooperation, covering the period 2012-2015. The Office has adapted well to the new system, VISION, and played a key role in the implementation of the UNDAF management plan. Performance, as measured through various indicators, has consistently been satisfactory, as demonstrated by the progress shown in all IRs.

IR 6890/A0/05/800/001 Effective and efficient Governance and Systems

Progress:

- Representation support effectively provided in all programmes, with national partners and within the One UN Structure. UNICEF continues to participate effectively in cross-cutting UN Management teams for both Programme and Operations functions, and co-chairs the Social Development Results Group.
- All programme reviews and reporting completed in a timely fashion, and Mid-term review of the 2012 – 2015 Programme of Co-operation effectively conducted.
- Improving efficiency and effectiveness (E & E) in operations management to maximise support to the Country Programme continued to be the focus for this year, with the achievement of the following results:
  1. Monitoring and analysis of DCT payments started in June already showed good progress with the number of monthly payments reduced by 24 per cent, average payment increased from US$26k to US$51k and median from US$10k to US$18k.
  2. Reduced the processing time of bank transfers from three days to one day, while reducing by 100 transactions the number of bank transfer letters with the introduction of the electronic fund transfer system for MPO and payroll. This also simplified bank reconciliation, with 100 less entries to reconcile every month.
  3. Cutting the time (from four days to one day) and reducing workload for flight reservations and better control and application of flight entitlements with the implementation of the direct on line booking service (Amadeus).
  4. Reduced processing time for travel authorisations and claims from three days to one by fully utilising VISION functionalities.
  5. Savings of around US$50,000 and cutting transport request by 78 per cent in four months by rigorous review of car rental requests.
  6. Participating in a job fair attracted more than 300 candidates and saved around US$10,000 in advertising fees.
  7. Increased CRC limit from US$20,000 to US$50,000 reduced submissions and meetings and provided better quality and focused review of submissions.
  8. Increased petty cash limit led to reduced transaction costs, with less frequent replenishment and more flexibility.
  9. Reduced transaction cost on travel by including travel costs in contract for services in line with the global guidelines.
  10. Ongoing analysis of workload and redistribution of tasks to maximise efficiency, avoid duplication while still ensuring segregation of duties and more even distribution of workload.

Robust ICT systems continue to be a crucial component and function in the operation of the office. All ICT systems were maintained and available 24/7 within the general ITSS guidelines. The Office has revised the JD of the ICT Specialist with emphasis on T4D and E&E in line with the global process to transform ICT to serve the country programme better. Constraint of One UN IT operation is limiting bandwidth of internet access and increasing overhead costs.

IR 6890/A0/05/800/002 Effective and efficient Management and Stewardship of Financial Resources

Progress:

- Bank reconciliations were up-to-date and reconciling items were consistently reviewed and adjusted throughout the year. Analysis of open items and GL accounts were monitored on time and under control; monthly reviews were put in place in preparation for the mid-year and 2013 accounts closure. The SharePoint reports were reviewed and recommended actions were completed on time, before the preceding periods were closed. All of the 2012 receivables (VAT) which were still pending for the months of August, October and December were recorded and cleared. The processing time for the Government to complete closure of VAT claims also improved significantly; reimbursement time decreased from an average of four months to less than two months. To improve quality of cash flow forecasting, the Finance Unit facilitated a refresher training which was provided to Programme Assistants in programme and operations sections. The timing to make payments continued to improve; in above 90
per cent the payments were made within three days after submission. A refresher training is planned for the first quarter of 2014 to address identified challenges in parking invoices, which include inadequate completeness of VISION invoice parameters aiming at ensuring total quality in the payment processing chain in 2014.

- Office premises and equipment were regularly monitored and maintained; Nampula roof was replaced. Office assets regularly maintained and all PSB actions reflected in VISION Asset Master Records.
- Consolidated Supply Plan for US$10.9 submitted on time. Total Supply input for 2013 was US$9.8m divided into programme supplies (US$6.84m), operational supplies (US$0.3m), institutional services (US$1.76m) and individual services managed by HR (US$0.9m). 60 per cent of planned programme supplies were procured, in addition to US$3m of un-planned supplies, mainly related to sudden emergency needs. Total value of actual procurement in 2013 stands at US$10.8m (ratio 61/39 local/off-shore) – Maputo responsible for US$6.56m (46 per cent of the programme supplies and most of the services). Around 80 LTA’s cover the most frequently procured goods and services. Procurement Services amount to US$10.5m (half for GAVI and half for other partners). Especially the US$30m WB-financed HCSP and the new US$9.1m Nutrition Project require intensive involvement of Supply and H&N staff in planning/co-ordination. All PS activities equally need substantive in-country logistics support for customs clearance and freight/delivery monitoring. Inventory of Maputo and Beira warehouses confirmed during December count to be US$911,849 (mostly pre-positioned supplies), US$1.41m of supplies were issued during 2013. Supply readiness in line with EWEA scenarios. S&L staff now fully conversant with VISION, all long-standing problems solved through persistent follow-up with NYHQ, SD-Guidance received for 2013 AR, looking forward to standard KPI’s and ways to measure them for 2014. CO organised 46 road/air shipments (US$0.55m of supplies) within MOZ and received 84 containers/153 TEA by sea, plus 14 trucks and 25 air shipments for a total value of US$25.5m. S&L staff was heavily involved in support to flood emergency in Q1 and in the rehabilitation and installation of racking for the CdA warehouses in Beira (MoH). The emergency response, the extended absence of the Procurement Specialist (OneUN) and the S&L Manager doubling as OIC Operations for eight months hampered implementation of 2012 Peer Review recommendations, weakened UNICEF’s leadership role in OneUN procurement and didn’t leave time for more strategic/innovative PSM initiatives. Nevertheless new LTAs for online travel booking and electronic fuel cards were established and expected to yield significant cost and efficiency gains.

- Vehicle fleet regularly monitored and maintained. Fleet rationalised with disposal of four and replacement of three new, more economical, vehicles. Car rental process strengthened, focusing on reducing car rental use for town movements as discussed under IR 1.

**On-track**

**IR 6890/A0/05/800/003 Effective and efficient management of Human Capacity**

**Progress:**

- Recruitment process completed within the two months benchmark for IP (seven posts recruited with an average of 31 days, of which two were direct recruitment done within 23 working days, and recruitment of a JPO and a Procurement PME completed but not under the office control). Recruitment process also completed within the three months benchmark for local posts: two NOs at 25.5 working days and one GS at 84 working days.

- Staff training status as follows:
  - Office Wide: One of three completed (33 per cent completion rate). Remaining two postponed for 2014 (MP4R & Team Building)
  - Office Group: Initial 11 increased to 17, of which 10 completed (59 per cent completion rate), additional three are on-going. Planned Budget: US$118,300 with expenditure of US$29,337 or 25 per cent utilisation rate.
  - Regional /Global: Initial 11 increased to 17 of which 13 completed (76 per cent completion rate), additional one cancelled. Planned Budget: US$85,436 with expenditure of US$40,357, or 47 per cent utilisation rate.
  - Individual: Initial 34 increased to 35 of which seven completed (20 per cent completion rate); additional six on-going while two were cancelled. Planned Budget: US$37,883 with expenditure of US$34,495.64, or 91 per cent utilisation rate.
  - Regular updated staff lists (with eligible dependents) and wardens list are available and shared with the UNDSS Security Advisor. One Fire drill conducted with session on use of fire extinguishers, as well as a testing of the Communication tree conducted in November. Due to the unstable situation related mainly to a kidnapping, UNFOO conducted a session on security awareness and precautions with all staff.
  - Office fully compliant with MOSS requirements and All IP residences (except one) are fully MORSS compliant within three months of moving into residence.
  - Hospitalised staff members requiring support from the Office contacted by members of the CFU committee and helped when required and assisted on a regular basis.
  - Six staff gatherings under the UN-get together and one cultural day with the aim of reinforcing team spirit were held. These activities were also reinforced by the bi-monthly sports events involving UNICEF and staff from other UN agencies.
  - Improved canteen service for staff resulting in an increased satisfaction regarding the quality of meals served as evidenced by more staff having meals in the canteen.
  - Re-adjustment of staff dues for 2013, resulting in equitable contribution by all staff.
  - Two staff surveys conducted to assess the level of satisfaction regarding the office environment and priorities for the use of the staff welfare funds. Two humanitarian actions conducted; collecting goods for the victims of floods in Gaza and monetary contribution to support Syrian refugees.
  - 10 staff farewells organised by staff association - seven were IPs leaving UNICEF for other appointments, three (two NO and one IP) left for retirement.
  - All CFU activities were achieved.
  - Three JCC meetings held and four CMT meeting attended by the UMOSA EXCOM. Three all staff meetings held and One Staff Association general assembly conducted. Nine Staff Association EXCOM meetings were also conducted.
Effective Governance Structure

The Office has a number of statutory and non-statutory committees, task forces and working groups. The calendar of meetings is included in the 2013 Annual Management Plan. Through these fora programmatic and management performance indicators are regularly reviewed and solutions to improve efficiency and effectiveness designed or agreed.

The Country Management Team remains the central Statutory Committee for advice to the Representative on the overall Country Programme and UN Coherence, and meets monthly. The monthly Programme Coordination Meetings review of various management indicators promotes coordination between programmes and alerts the CMT when needed. The monthly Operations Group Management monitors the management and operations indicators approved in the Annual Management Plan. Fortnightly Section Meetings provide an opportunity for programme teams to review progress in implementing Annual Work Plans. The weekly Monday Morning Section Chief meetings, chaired by the Representative, informs of progress on priorities, identifies areas for immediate action, provides feedback on new developments and security and emergency issues. The Representative also calls bi-monthly meetings on the 10 office-wide priorities. The Disaster Reduction Coordination Management Team provides direction to both the Country Office emergency preparedness and response and disaster risk reduction work in sector programmes. It meets every two months but during the flood emergency in the first quarter of 2013 it met much more frequently and conducted a lessons learned exercise in May.

Bi-monthly Working Group Meetings are held on HIV/AIDS, Social Protection, Field implementation, Child Friendly Schools Working Groups for reviewing performance under key office programmatic priorities. The Office also maintains Task Forces on strategic issues such as fund raising, advocacy and partnerships and audit.

Gender, database, knowledge management, fundraising focal points support the Office’s efforts to ensure compliance with UNICEF and UN rules and regulations. Standard Operating Procedures provide detailed, written instructions to achieve uniformity of performance on specific processes.

Within the context of the UN DaO, UNICEF actively participated in the UN Country Management Team and the Humanitarian Country Team, which brings together the international humanitarian actors (UN, NGOs and Red Cross) working with Government in emergency preparedness and response. Within the management structure of the current UNDAF (2012-2015), UNICEF co-chaired the Social Development Results Group (SDRG) and actively participated in the economic and governance DRGs. Participation also included membership in the UN Monitoring and Evaluation Reference Group, the UN Joint Team on AIDS, the Gender Joint team, UN HACT Task Force, UN Operations Management Team. as well as a number of other working groups.

Strategic Risk Management

The Country Office updated its Risk Control Library, Risk Profile and Action Plan for risk management in line with the new simplified ERM process in 2012. As part of the MTR exercise started in 2013, the Office will be assessing the risks and proposing mitigating actions as well as identifying opportunities for implementing the remainder of the country programme.

The Business Continuity Plan was continually updated and recently implemented successfully during the local election. The essential staff list, communication tree and warden system were updated with the changes in staff and tested before the election. The essential staff that had to work from home during the election successfully managed to process financial transactions in VISION. Experience was documented and lessons learned were analysed for improvements.

The Early Warning Early Action System is updated twice per year to document the Country Office emergency preparedness levels (which include a minimum level of readiness consisting of pre-positioning of essential emergency response supplies to cover a population of 25,000 during the first 72 hours of an emergency) and
identified staff to support sector coordination in emergency preparedness and response.

**Evaluation**

UNICEF’s evaluation agenda for 2013 included planning for key studies in health and protection. A major undertaking is the final evaluation of the multi-year One Million Initiative (WASH), based on a strong baseline and M&E framework, to commence in December of 2013, with results expected in the first or second quarter of 2014.

Office-wide, pivotal work was done to reassess the situation of children and women in preparation for the 2013 Strategic Reflection (Mid-Term Review) process, using the 2011 DHS and a concurrent review of provincial and district data to identify key disparities faced by children.

The Situation Analysis of Women and Children 2013 is a three-part process, which will continue through the first half of 2014. A broad data analysis of the current realities facing Mozambican children was done in preparation for the Strategic Reflection, including an analysis of the major causes of child rights shortfalls and inequities, and recommendations of key strategies to address them. This will be followed by a costing exercise of these key strategies, and then by an analysis of available fiscal space to budget against these key national interventions. This overall advocacy piece is expected to be completed by mid-2014.

Sub-national analysis of data and disparities was another on-going focus of study. This work commenced with a geographical analysis of child vulnerabilities, during the planning stages of the current country programme, using the 2008 MICS. The provinces of Zambézia and Tete were found to be the two areas with the highest vulnerability scores against 25 indicators on poverty, health & nutrition, WASH, Child Protection, Education, Emergency and HIV & AIDS. The analysis was revisited, using 2011 DHS data, with similar results, confirming the need to focus service delivery on those two provinces.

This provincial analysis was enriched with administrative district data provided by the Ministry of Health and the Ministry of Education, the only available and relatively reliable data, and represents Mozambique’s MoRES. After dialogue internally and with partners, this analysis is being used to develop a preliminary district dashboard for each sector, to allow periodic analysis of district-level progress for children, starting in Zambézia and Tete, but potentially scalable to the rest of the country.

**Effective Use of Information and Communication Technology**

All ICT systems and applications were maintained as per globally prescribed ITSS standards, practices and guidelines. New backup (veeam) and patching/update (wsus) systems were implemented to ensure more efficient systems backup as well as operating system patching/update. The Office also successfully migrated to DHCP environment in a Class A private IP address space, which will also accommodate wireless connectivity that will be implemented shortly.

The ICT Unit continued to participate in the review of several ICT project proposals supported by different UNICEF programme sections, and provided advice on the different technologies available in the market and how they would fit in with existing Government systems. This continued to result in improved and less costly and more efficient implementations. However this function will need to be further strengthened as the CO embarks on increased T4D programming.

The ICT Unit also continued to provide technical assistance to the Ministry of Health’s Medical Supplies Warehouse project (supported by the Child Health and Nutrition Section), the Water and Sanitation Section’s project with the National Water Directorate’s IT systems in four provincial cities of Beira, Tete, Chimoio and Nampula.

As one of the major contributors to the One UN DaO Common Services, UNICEF paid for and utilised the common ICT Network services offered such as Internet connectivity, HF and VHF radio network support and training, hosting of our disaster recovery location, emergency ICT kit and backup tapes and drives, etc. The
major challenges have been the slow internet bandwidths at the client agency sites given increasingly higher demand by new systems and users, and the increased cost of the One IT, as these have not been offset by any savings in UNICEF. A plan to change from the current WiFi connectivity to fibre-based cable connectivity is in progress. This hopefully will overcome the bandwidth loss due to the proliferation of WiFi systems in the neighbourhood of the UN WiFi network, aggravating the already taxing shared bandwidth situation. The service provider selection process was completed in conjunction with the One UN procurement working group and an LTA is in place. Implementation is to start by the beginning of 2014.

Old ICT equipment was disposed of through the PSB in a secure and safe manner. The local recycling company, Pagalata, was contracted to collect such equipment for safe destruction at their recycling plant.

As a member agency in the Emergency Telecommunications Cluster, UNICEF ICT staff participated in Cluster meetings and discussions, and are ready for quick deployment in any emergency that might arise.

## Fund-raising and Donor Relations

Mozambique has a complex donor landscape with numerous traditional and emerging bilateral or multilateral donors providing general or sector budget support, project-based support or direct investment. The growing private sector is supporting several CSR initiatives.

The Country Office mobilised US$43,636,720, including US$3,434,684 for emergency response to flooding. These funds were from 12 bilateral donors (representing 71 per cent of funds raised), 11 UNICEF National Committees plus the Consolidated Funds for Schools for Africa (16 per cent of funds raised), UN funds for joint programmes and emergencies (9 per cent) and others (4 per cent). The CO also played a role in leveraging donor or Government funding through technical assistance or seed funding. The US$3.2 million of UNICEF support to SWAPs in health, WASH and education leveraged US$235 million of budget support and the US$80 million was leveraged in social protection. UNICEF also provided substantial technical support to the Ministry of Health to develop a successful HSS proposal to GAVI for US$25 million.

Donor engagement is led by the Representative, supported by section chiefs, to ensure UNICEF is well-placed to respond to opportunities in a strategic and coordinated manner. Fundraising efforts are closely coordinated with relevant implementation partners. All sections and senior management participate in bimonthly Fundraising Taskforce meetings to coordinate fundraising priorities, opportunities, donor engagement and advocacy. The CO also maintains an up-to-date 'funding pipeline' that monitors the status of resource mobilisation discussions and opportunities. On several occasions in 2013, donors requested UNICEF to submit proposals within a short timeframe and the CO was well-placed to respond. Following the flooding in January 2013 UNICEF and other UN agencies submitted a proposal for US$5 million within eight days of the Red Alert being declared.

Grant management of donor funds is overseen by the Deputy Representative. In 2013, the CO managed 131 separate grants worth over US$82 million. The CO aims to use funds on time; however 14 grants required an extension in 2013, over half because additional funding was received just before the expiry date. In 2013 the CO submitted 82 quality donor reports, all on time. Compliance with donor visibility guidelines is also important; sections coordinate with Communications to maximise opportunities for donor visibility.

2013 brought both fundraising opportunities and challenges. The CO’s good relations and standing with traditional donors contributed to successful fundraising efforts and will continue to be the major source of funding in the next couple of years, with Natcoms coming second. The private sector will be the focus mainly of leveraging and ensuring the respect of children’s rights in the foreseeable future, and not as a funding source, given the high transaction costs, risks and marginal returns. However, 2013 also brought challenges, including growing concerns within the donor community about standards of governance in Mozambique and the robustness of direct and sector budget support. In addition there was widespread unease, articulated by donors and partners alike, about the deteriorating security situation in parts of the country, adding additional complexity to programming in certain areas.
### Management of Financial and Other Assets

With the experience gained in implementing VISION, most of the technical issues encountered were addressed in-house, without need to create service calls. However, there were a few complex technical issues that were escalated to NYHQ and took a long time to resolve.

The management of financial transactions continued to improve with the regular and close monitoring of open GL accounts balances. Analysis of open items and GL accounts were timely monitored and under control; monthly reviews were put in place in preparation for the mid-year and year-end accounts closure. The SharePoint reports were reviewed, and recommended actions were completed on time, before the preceding periods were closed. All prior year payables and receivables (VAT) still pending at the beginning of 2013 were monitored and cleared. The processing time for the Government to review and close VAT claims improved significantly; reducing the reimbursement time by half (from four months on average to less than two months).

The cash flow forecasting process was closely monitored by the Finance Unit to ensure realistic estimates and bank optimisation. Bank reconciliations were up to date and reconciling items were reviewed and adjusted timely throughout the year. The Table of Authority was revised four times to reflect staff movements and new assignment of roles and responsibilities.

A physical count was performed in July 2013 for the mid-year closure of accounts and 100 per cent of registered assets in VISION were accounted for. An additional 15 assets (mainly assigned to One UN and servers) were allocated and entered in VISION. Four PSB meetings were conducted in 2013, which resulted in the disposal of obsolete items. The Office transport fleet was reviewed and three old vehicles were replaced by more economical ones.

This year, the Institutional Budget was 100 per cent utilised for non-post costs. Savings in local post costs were used by the Regional Office for other regional priorities.

The Office continues to implement HACT with partial success. A total of 22 micro-assessments (16 by UNICEF and 6 by UNFPA for shared implementing partners - IPs) were conducted in 2013. While there is partial compliance with the micro-assessment and audit of IPs, there is a need to strengthen risk assurance activities through spot-checks. In spite of the opportunity of using spot-checks to improve IP fiduciary capacity, due to heavy workload of programme staff, there is little time for combining spot-checks with programme activities.

The limited number of shared IPs among UN agencies and differing audit policies limited joint HACT activities on micro-assessments. The UN HACT Task Force was not active in 2013. In any case, UNICEF being the largest UN agency with the most IPs, does not benefit much from the One UN HACT, as the majority of UN agencies do not use HACT.

The Admin Specialist has served as the HACT Focal Point on a temporary arrangement. The challenge is coordinating this function between operations and programme, while considering workload and capacity but also using this opportunity to harmonise with national processes. Given the large amount of DCTs, the Office is reviewing the best option for managing HACT implementation, considering a dedicated function, outsourcing or using the national Government auditing system.

While HACT provides an opportunity to strengthen national fiduciary capacity and alignment with global accounting principles and transparent governance, it also involves many challenges. The CO hired consultants/contractors to support the training of IPs on basic accounting principles and practices as well as financial control procedures, focusing on areas of weaknesses identified in the micro-assessments and audits (supported by donors). Nevertheless, this begs the question of UNICEF’s mandate. Similarly as the Supply Unit has increasing responsibility for strengthening national PSM systems, one could argue that the Finance and Accounts Unit should contribute to strengthening capacity of Government and partners’ financial management systems. This should be considered when discussing the restructuring of the Operations Section in the context of E&E.
Supply Management

A consolidated Supply Plan (US$10.9 million) was submitted on time, identifying the need for US$7.4m of supplies (38 per cent to be sourced locally), US$3.5m in services (US$2.2m institutional) and 52 Long Term Agreements.

Actual total supply input (Sales Orders and Requisitions) amounted to US$9.8 million, covering: programme supplies (US$6.84m), operational supplies (US$0.3m), institutional services (US$1.76m) and individual services managed by HR (US$0.9m).

Tracking of implementation indicates that around 60 per cent of planned supplies were procured, in addition to US$3m of un-planned supplies. A possible explanation for the latter can be found in changing programme priorities and unforeseen new donor funding, particularly for emergency response and pre-positioning.

Total value of procurement in 2013 was US$10.8m (ratio 61/39 local/off-shore). Procurement performed by Mozambique accounts for US$6.56 million: 46 per cent of the programme supplies (US$3.64 million local compared to US$4.2m off-shore), 88 per cent of operational supplies and 100 per cent of services. The Office also has about 80 LTAs in place, covering the most frequently procured goods (13 per cent of the 2013 throughput for printing, 12 per cent for school desks, 11 per cent for motorbikes, 7 per cent for learner’s kits) and services (airline bookings, car rental, transport, graphic design, HACT micro-assessments, language training and translations). The top-three institutional contracts (each around US$200,000) were for C4D, WASH impact assessment and the SitAn. The 2012 contract for implementation of a social security system (US$871,000) continued into 2013. Average and maximum value per local PO/contract line were US$7,246 and US$240,080.

S&L staff is now fully conversant with VISION and long-standing problems were resolved with the assistance of many experts in NYHQ. The SD-guidance on year-end reporting was most welcome, for 2014 a clear set of standard KPI’s and instructions to measure them is needed.

Value of supplies channelled via Procurement Services (PS) in support of the MoH reached US$10.5 million in 2013, US$5.04 million for GAVI and US$5.46 million for other partners (WB, MoH and UNITAID). Especially the WB-financed US$30 million Health Commodity Security Project (closed Dec/2013) and the negotiation/planning of the new US$9.1 million Nutrition Project (MoU signed in Dec/2013, with validity until Dec/2016) required intensive Supply and H&N involvement. This includes processing of cost estimates and planning of staggered deliveries; re-programming of unused balances; follow-up on no-objection and disbursement procedures. PS activities equally need substantive in-country logistics support for customs-clearing (pre-departure and fy to sanitary inspection and Green Light procedure) and freight/delivery monitoring. The CO introduced faster and more economical multi-modal freight options and assisted the MoH with container guarantees and funding for last-mile activities (e.g. distribution of LLIN’s).

While most programme supplies are immediately handed over to partners, some transit through warehouses in Maputo and Beira. The value of the inventory of programme supplies controlled by the Mozambique CO and confirmed during the December count stands at US$911,849 of which US$858,276 are pre-positioned supplies. Existing pre-positioned supplies combined with outstanding orders (ETA in early 2014) comply with the minimum level of readiness established in EWEA scenarios.

US$1.41 million of programme supplies were issued (through 230 release order lines) from the UNICEF-controlled warehouses during 2013, bringing the total value of supplies managed (= issued + existing stock) by the Mozambique CO to US$2.32 million.

The CO organised 46 road/air shipments to various destinations within Mozambique for supplies worth US$0.55 million. Forty-four containers (153 TEU) were received by sea, in addition to 14 trucks and 25 air shipments, representing 80 customs processes for a total value of US$25.4m - 4.51 million for programmes supplies (89 TEU/5 trucks/10 air); US$0.26 million for operational supplies (1/1/8); US$16.43 million PS-GAVI (4/0/5); and US$4.2 million PS- for others (59/8/2).

Supply & Logistics response to the flood emergency in Gaza province and to cholera outbreaks in Nampula and Cabo Delgado included dispatch of pre-positioned supplies, procurement of replenishments, participation
in the logistics cluster and deployment of logistics staff to coordinate warehousing and distribution in the affected areas.

Office mobilisation for the emergency response, the extended absence of the Procurement Specialist (OneUN) and the S&L Manager having to double as OIC Operations for eight months hampered the implementation of some recommendations of the November 2012 ESARO Peer Review. For the same reasons UNICEF was not able to sustain its leadership role in the Delivering as One procurement activities or develop new strategic/innovative PSM initiatives. Nevertheless new LTAs for travel services using an online booking system and for an electronic fuelling system are expected to yield significant cost and efficiency gains. The delivery of the handling equipment and installation of the racking system in the CdA-warehouse in Beira completed the hardware part of the PSM support to MoH. S&L remains actively involved in the Medicines Working Group.

**Human Resources**

The Office went through a major change at the senior management level with the arrival of a new Representative, Deputy Representative and Chief of Operations within 5 months of each other. This brought a new dynamic to the Country Programme and its management, enriching the Mid-Term Review exercise and the preparation of the Integrated Budget submission.

Using competency-based interviews, technical assessments and direct recruitment, the Office finalised the recruitment of several positions that had become vacant due to retirement or movement of incumbents. A total of 10 IP, one NO and one GS positions were recruited, while maintaining the Office commitment to the principles of equal employment. The overall gender ratio is 54 per cent female and 46 per cent male. Most international staff come from industrialised countries; Latin America and Asia are represented but Africa is under-represented.

The Office embarked on innovative ways to identify and attract National Professionals not only for regular positions that might become vacant but also for the Office consultant's roster. This included increasing the use of media and communications sites for advertisements as well as participation, for free, in the job fair organized by ELITE Company, resulting in identification of more than 300 potential candidates for future posts. To facilitate communication with local candidates, a specific HR e-mail box was established.

The 2013 learning plan was based on global and regional priorities, and individual development outputs as indicated in the PERs. Sixty-five per cent of planned group events were implemented, including a PPP training, due to large number of new professionals, VISION (Webex and on the job) and Competency Based Interviewing. For individual and external learning requests, the Office shared cost of either fees or DSA and other travel-related expenses with staff. The Office participated in 76 per cent of the regional group events. Individual development outputs were too ambitious, with a completion rate of only 20 per cent. UNICEF Mozambique staff members were able to provide in-country support to several countries in the areas of Audit and Emergency Response (Syria).

One hundred per cent of the 2012 Performance Evaluation Reports were completed by end-March 2013, while 100 per cent of 2013 competency-based key assignments were completed by end-April 2013, for both IPs and NOs.

The Office continues to comply with the minimum standards on HIV and AIDS in the workplace and actively participated in the UN Cares Committee, as Vice-Chair. A survey was conducted with parents on the subject of HIV prevention amongst their adolescent children. The staff association conducted two staff surveys to assess the level of staff satisfaction regarding the Office environment and preferences for use of the staff welfare fund.

Security was a major concern of staff, especially with the increasing number and frequency of kidnappings in Maputo. Three staff members were present at the bank when a bank robbery took place and lost cash and other valuables, which were later reimbursed by the bank. They also suffered from this traumatic experience and were offered counselling.


Efficiency Gains and Cost Savings

The Office continued to streamline and simplify business processes and took advantage of VISION to reduce transaction costs, resulting in the following efficiency gains:

- The high number and the low median value of HACT payments has been a concern as cash transfers represent almost 50 per cent of the throughput of the CO. Thus, in June 2013 the CMT called for a reduction of the number of payments by 50 per cent, increase of the average payment from US$26,000 to at least US$50,000 and the median from US$10,000 to US$35,000 within a year. Good progress was made from June to October, with the number of monthly payments reduced by around 24 per cent, the average increased from US$26,000 to US$51,000, and the median also increased from US$10,000 to US$18,000.
- Introduction of the electronic fund transfer system for payroll and MPO payments significantly reduced processing time for bank transfers, simplified the bank reconciliation and provided real-time credits to the staff bank accounts. Instead of over 100 bank transfer letters having to be signed by paying officers, only one file is now required, sent electronically to the bank. Staff bank accounts are credited within the same day, compared to several days in the past. With 100 less entries, bank reconciliation is also simplified.
- Implementation of direct online booking service (using Amadeus) is saving considerable time and workload, cutting the time needed for making a reservation from five to one days; providing better control and application of flight entitlements and reducing costs by providing better cost comparisons.
- Electronic filing and transfer of documents in VISION to process travel authorizations and claims has reduced processing time from three to one days, reduced workload and decreased the printing and filing of documents.
- Rigorous review of car rental requests, assigning car rental only for field trips, and enforcing use of taxi service for town movements reduced the number of transport requests by 78 per cent during a four-month period, with savings of around US$50,000.
- Increasing the CRC financial ceiling from US$20,000 to US$50,000 reduced CRC submissions and meetings and provided better quality and focussed review of submissions.
- Increasing petty cash from US$500 to US$1,000 reduced transaction costs, with less frequent replenishments and more flexibility.
- The Office embarked on innovative ways to attract national professional for vacant posts by participating in the first job fair, organised by Elite Company, which attracted more than 300 candidates and saved the organisation around US$10,000 in advertising fees.
- Reduced transaction costs on travel by including travel costs in contracts for services, in line with global guidelines.
- In preparation for the MTR PBR submission, the Operations Section is performing an analysis of the workload and division of labour in each unit. This will enable the review of the staffing structure and redistribution of tasks to maximise efficiency, avoid duplication while still ensuring segregation of duties and more even distribution of workload.

Changes in AMP & CPMP

In 2013 UNICEF Mozambique engaged in a Strategic Reflection (MTR) process involving the entire Office and partners. This process concluded in the selection of 10 Country Programme-wide priorities for the coming three years, based on mandate, comparative advantage, greatest need, criticality of determinants and feasibility of showing results at scale. The priorities are organised along five sectoral programme areas: (1) Improved Child Survival, through community-based interventions for reducing child, neonatal and maternal mortality; (2) Reduced Chronic Under-Nutrition, through access to essential services and adequate infant feeding; (3) Improved Quality Education, through improved teacher training and social mobilisation; (4) Expanded Social Protection and Child Protection, through community-based case management of vulnerable children; and (5) Total Sanitation, scaled-up at the national level. Each of these priority areas has a defined set of outputs that will be programmatic imperatives through the rest of the programme period. Five cross-cutting outcomes will contribute to these results: eliminate MTCT, accelerate paediatric AIDS
control and review prevention of HIV amongst adolescents; address social norms that underlie and impact outcomes for early pregnancy and marriage, HIV, chronic malnutrition and sanitation; enhance child participation; increase investment in children through improved advocacy, budgeting and monitoring; and reduce impact from natural disasters. The actions, fundraising efforts and funds utilisation in the CO will rally around these priorities. They will also inform a full mid-term management review planned for the first quarter of 2014, which will culminate in a new PBR Submission to the regional office.

As part of the upcoming PBR, and in the context of the improvement of efficiency and effectiveness, the programme will review its programme structure to support these priorities, bearing in mind the need to keep recruitment to a minimum and relying as much as possible on consultants, outsourcing, partnerships and leveraging. Finally, the Operations Section is engaged in revising the staff structure, based on workload and division of labour as well as review of processes, in order to maximise productivity and minimise costs.
### Other Publications

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### Lessons Learned

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