

2021

# The Situation of Children in Mozambique Summary Report

*The Situation of Children in Mozambique: Summary Report*

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Figure 1:

## THE LIFE CYCLE FRAMEWORK



Source: Based on Britto et al. (2017)



# Introduction

*Mozambique is at a critical juncture. While the outlook was optimistic up to 2015, the country has since been contending with a national debt crisis and the devastating impacts of Cyclones Idai and Kenneth in 2019, and more recently by the coronavirus disease (COVID-19) pandemic and the violent conflict in the north of the country (European Commission, 2021).*

Mozambique's vulnerability to climate shocks – including floods, droughts, cyclones and coastal erosion – are ever-present threats that are likely to increase over the coming years (The Netherlands, Ministry of Foreign Affairs, 2018; Global Centre for Risk and Innovation, 2019.). Although the economy is projected to recover during 2021, this recovery is contingent on factors such as favourable conditions for foreign direct investment, national stability, better emergency preparedness and a successful COVID-19 vaccination programme.

This Situation Analysis of Children in Mozambique provides a comprehensive gender-sensitive and equity-focused report on children throughout the life cycle and examines progress on relevant child-related Sustainable Development Goals (SDGs). The life cycle approach details the phases of development, starting from a mother's health during pregnancy, to adolescence. It targets the needs of children at critical periods, including transitions throughout their lifetime, and in particular, links the early childhood development experience with poverty, linear growth, health and well-being into adolescence and adulthood (Lake & Chan, 2015; Britto et al., 2017).

Figure 1 illustrates the framework for the life cycle adapted for the Mozambican context. Cross-cutting issues such as child violence, child trafficking and child labour, which children experience anywhere along the life cycle, are integrated across the phases of middle childhood and adolescence, whereas gender, social inclusion, participation, and access to water, sanitation and hygiene (WASH) are integrated across all phases. Although the analysis and interventions in each life cycle phase are broadly focused on these age groups, they are not mutually exclusive and there are overlaps when transitioning from one phase to another. The phases are:

1. Pregnancy and birth (pregnancy to 1 month)
2. Infancy and early childhood (1–60 months)
3. Middle childhood (5–11 years)<sup>1</sup>
4. Adolescence and youth (10–19 years).<sup>2</sup>



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1 In 2017, when the Census was conducted, a child could enter primary school in Mozambique in the year that they turned 6, capturing 5-year-olds. However, with recent legislative changes a child can enter school at the age of 5 if they turn 6 in the first term, so no child aged 5 is eligible in the second semester.

2 Adolescents are defined by UNICEF and the World Health Organization as persons aged 10–19 years, hence the overlap with middle childhood.

The report is based on a desk review of key sources, grey literature reports from 2015 onwards and secondary analysis of official national data, including Mozambique's Census of 2017 and the 2014/15 and 2019/20 Household Budget Surveys. In addition, the report considered the 2015 Immunization, Malaria and HIV/AIDS Indicators Survey, the 2018 Malaria Indicator Survey, the 2019 Violence Against Children Survey and other national health, education, police and justice administrative data. Stakeholder interviews were conducted with the Government of Mozambique, hereinafter referred to as 'the government', development partners and civil society to validate the Situation Analysis findings. In addition, using SMS Biz, children participated in a national poll to understand and identify their priorities. Children from Nampula, Maputo and Zambézia also attended a workshop hosted by UNICEF to validate the findings of the Situation Analysis.

Over the past years, the government has developed strong national policies and strategic plans. The challenge is to enable government systems to turn policies and strategies into evidence-informed services and actions. The focus is to build infrastructure to sustain activities, particularly in the north of the country, and to start removing the multiple inequities children confront. Children should be at the forefront of inclusion to ensure their participation in all areas of their lives. This will present an opportunity to consolidate and implement

policies to prepare for the demographic dividend and avoid reversing progress made over the past 20 years for the children of Mozambique. Investments are required for strengthening governance and service delivery for children, the diversification of the economy, rebuilding resilient infrastructure and alleviating bottlenecks for a business sector that potentially could provide training and employment for young people.

The findings of this analysis illustrate that children in Mozambique face striking geographic and socioeconomic inequities, which are exacerbated by disparities in the distribution of funds and interventions addressing the deprivations. The life cycle approach demonstrates a complex interplay of biological, behavioural, psychological and social risk factors that shape health, developmental, educational and protective outcomes across a child's life span. Examining these inequities through a life cycle approach can recalibrate how programmatic interventions could be analysed, planned and organized to foster cross-sectoral coordination to maximize results for children. The life cycle approach considers the context and environment in which children live and identifies critical intervention points for preventing and responding to adverse childhood experiences so that children can survive and thrive throughout their development.

This report summarizes the main findings and recommendations of the full Situation Analysis of Children in Mozambique report.



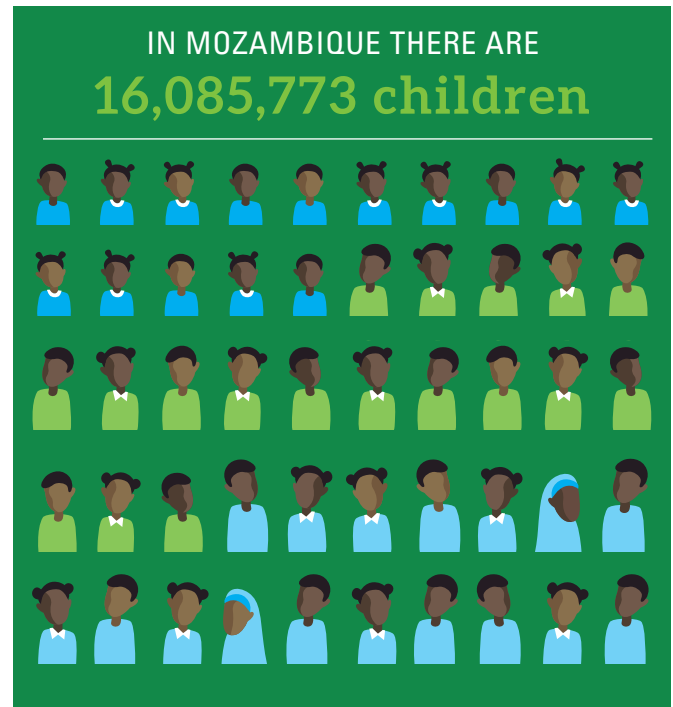
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# Demographic outlook

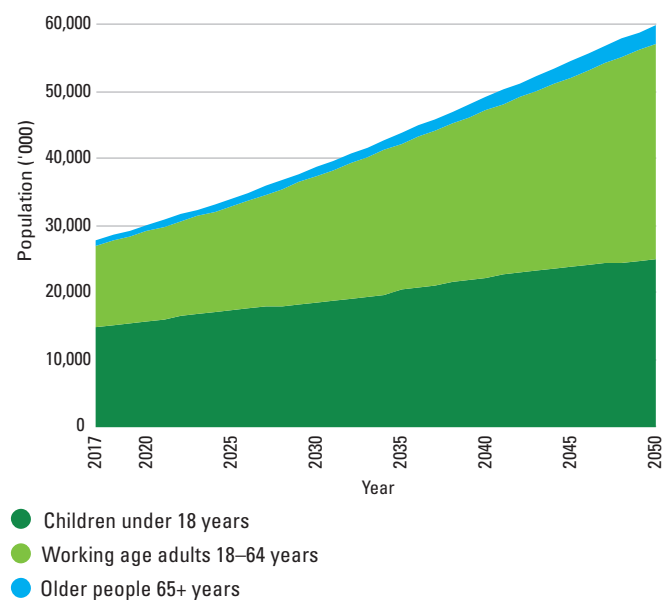
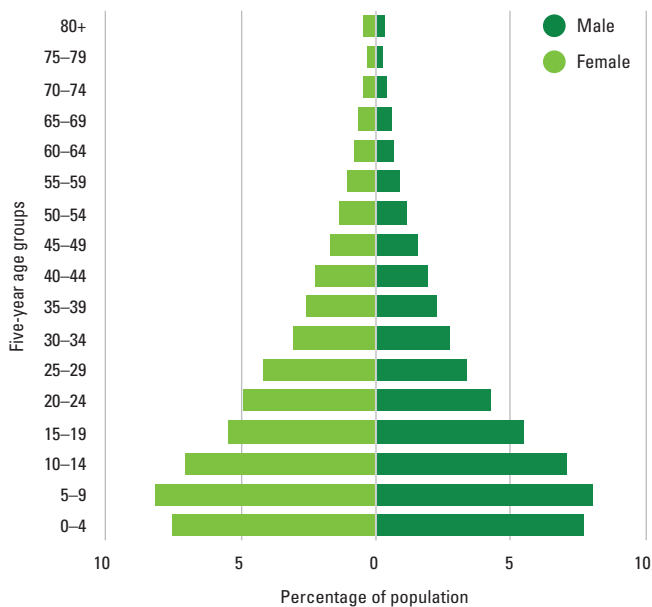
Children under the age of 18 account for 52 per cent of Mozambique’s population, or approximately 16.1 million people, with equal proportions of girls and boys (National Institute of Statistics (INE), Population Projections 2017–2050).

As demonstrated by Figure 2, which illustrates Mozambique’s population pyramid, the country’s young population causes an extremely high age-dependency ratio of around 0.95.<sup>3</sup> In other words, the working age population is almost equal to the population of children under the age of 15 and older persons aged 65 years and over. Such a high dependency ratio creates many challenges for the economy and the financing of public services, as well as for ensuring that children have access to quality services across the life cycle.

Figure 2 also highlights the estimated population trend of children, working-age adults and older people from 2017 to 2050. By 2050, the child population is projected to be approximately 25 million, which is around 1.5 times the current child population. This growth in child population without adequate investments will significantly impact on the country’s ability to provide adequate services. However, as observed in other countries with similar demographic profiles, Mozambique is poised to benefit from a demographic dividend (United Nations Population Fund, 2020).<sup>4</sup> To maximize these benefits, Mozambique must work on



4,699,516 aged 0–4    5,909,255 aged 5–10    5,477,002 aged 11–17



**Figure 2:** Mozambique population pyramid and projections  
Source: INE, Population Projections 2017–2050

3 Age dependency ratio is measured as the ratio of children under 15 years plus older people aged 65 and over to working age adults (15–64 years).  
4 Demographic dividend is the economic growth potential that can result from shifts in a population’s age structure, mainly when the share of the working-age population (15–64 years) is larger than the non-working-age share of the population (14 years and younger, and 65 and older). This eventuates with a rapid decline in fertility and child mortality rates.



a combination of investments including, but not limited to family planning, health, education and job creation, and ensure that young people are equipped with the right skill sets. Otherwise, the inflow of unskilled young people seeking work into the job market could result in more unemployment or low earnings.

In addition to high population growth rates, Mozambique has experienced, over the past decade, rapid urbanization driven by a lack of economic opportunity in rural areas, climate change and conflict. More than a third of the population now lives in urban areas (INE, Population Projections 2017–2050).

## Child poverty

*Approximately half the children in Mozambique live below the national poverty line (49 per cent) (Figure 3). Up until 2015, child poverty had steadily decreased since 1996, however, the decline was unequal, with substantial regional disparities.*



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Child poverty is considerably higher in the northern and central provinces than in the south of the country. A child in Cabo Delgado is nearly three times more likely to be living in poverty as a child in Maputo City (United Nations Children’s Fund (UNICEF), 2020a). There are also disparities in age, with children under 13 years more likely to live in poverty than older children (UNICEF, 2020a).

The Multidimensional Poverty Analysis of Children in Mozambique tracks deprivations across 8 dimensions

and 17 indicators (UNICEF, 2020a).<sup>5</sup> Using this measure, UNICEF estimates that 46 per cent of children in Mozambique are multidimensionally poor, with a significant urban–rural disparity wherein 57.6 per cent of rural children are multidimensionally poor, compared to 18.6 per cent for children in urban areas (UNICEF, 2020a).

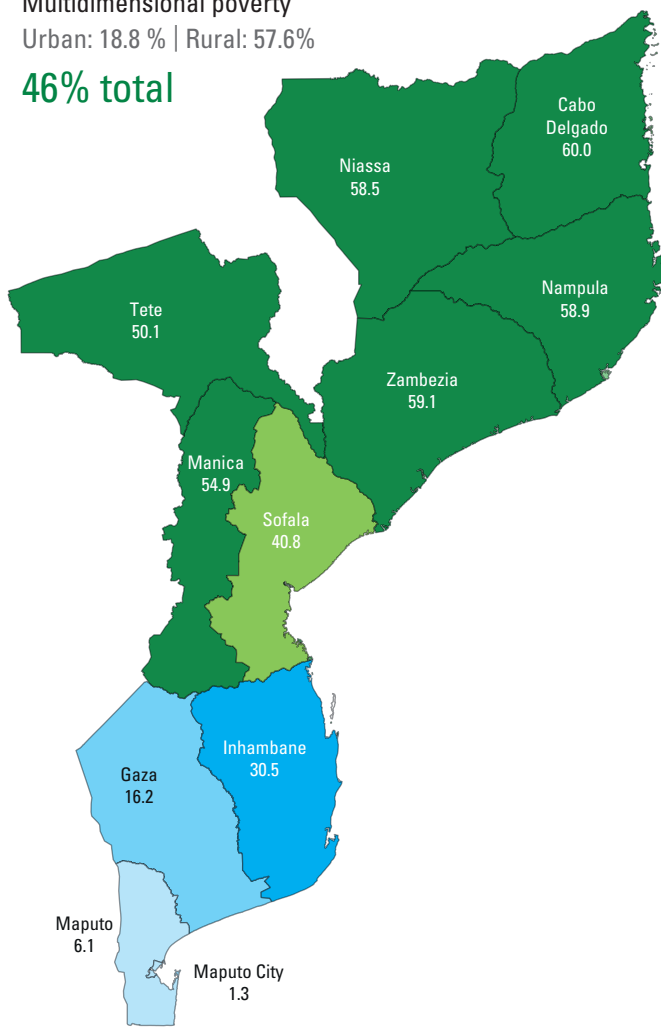
The latest data from the 2019/20 Household Budget Survey indicate that household spending has decreased over the past five years and therefore childhood poverty is likely to have risen (INE, 2021a). On average, household per capita expenditure is 1,695 meticals (MZN), at least 17 per cent less than it was in 2014/15 in real terms. In urban areas, household per capita expenditure has decreased by close to 24 per cent, almost twice what was observed in rural areas (13 per cent decrease). Because the survey interviewed many households during the COVID pandemic, it likely captured the effects of the economic crisis arising out of the pandemic, which has affected disproportionately more urban households.

The Household Budget Survey also reveals high levels of inequalities. There are significant urban and rural differences in household per capita consumption. In urban areas the average household per capita expenditure is MZN 2,606, while in rural areas it is MZN 1,207. Furthermore, while the population in the lowest decile represent less than 1 per cent of the country’s total expenditure, the richest decile represents 43 per cent (INE, 2021a).

The decisions governments make about funding social policies and services are critical to children and equitable development. If budget allocations are insufficient, implemented poorly or concentrated on better-off groups, then children, especially the most

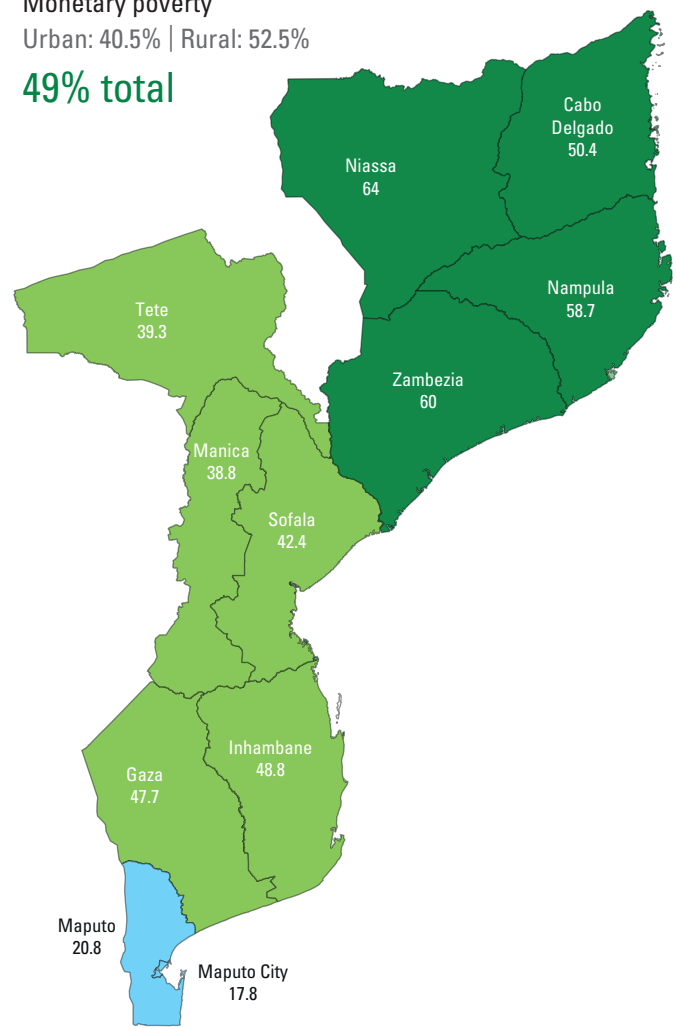
5 The analysis used the 2014/15 Household Budget Survey. The dimensions (indicators) were housing (crowding, floor and roof, electricity), participation (information), family (no parents, child marriage), nutrition (stunting, underweight, wasting), WASH, (drinking water, water distance, sanitation), health (bednets, distance to health facility), education (not enrolled, not completed primary education), and child labour.

**Multidimensional poverty**  
 Urban: 18.8 % | Rural: 57.6%  
**46% total**



Multi-incidence rate (%)  
 < 12.5   12.5–25   25–37.5   37.5–50   > 50

**Monetary poverty**  
 Urban: 40.5% | Rural: 52.5%  
**49% total**



Monetary poverty rate (%)  
 < 12.5   12.5–25   25–37.5   37.5–50   > 50

**Figure 3:** Multidimensional and monetary child poverty using national definitions, by province  
 Source: UNICEF (2020a)

disadvantaged, are less likely to have access to services such as health and education, live in a clean and healthy environment, be free from violence and exploitation and have an equitable chance in life (UNICEF, 2017). Reducing the growing poverty divide between the country’s north and south and urban and rural areas is essential to provide equitable opportunities for all Mozambican children across the life cycle.

Overall, since 2018 there has been a steady nominal increase in the budget for these social sectors. In 2020, the budget set for the four social sectors was 20 per cent greater in nominal terms than the 2019 budget, which was also 20 per cent greater than the 2018 budget. However, this is mostly because of COVID-19, given that in the proposed 2020 budget there was no overall increase for these four social sectors. (UNICEF, 2021b). Furthermore, budget allocations to the social sectors,

such as the education sector, are not equitable across the country with significant differences in the budget allocations per capita between the different provinces (UNICEF, 2021a). Some inequities could be addressed if the budget processes were more participatory, child-focused and evidence-based. However, participation in budget processes is minimal in Mozambique (International Budget Partnership, 2019). With the proposed decentralization plans, budget processes must be more transparent and participatory in the future to increase equity and minimize funding of low-impact interventions and fragmented spending where multisectoral interventions are required, for example, to address nutrition and child violence prevention (UNICEF, 2017).

The Five-Year Plan promotes social protection as a key pillar of economic growth and development, and poverty reduction. The Ministry of Gender, Children and

Social Action has developed an adequate framework of laws and policies approving the National Basic Social Security Strategy (ENSSB II) in 2016 and the Council of Ministers Decree No. 47/2018 establishing the social services programme. The ENSSB II builds on a life cycle approach, which was established in the first strategy that was approved in 2010 and includes specific grants for children. However, while there has been an increase in the number of households

benefiting from the social protection programmes since 2010, implementation of the proposed life cycle programmes under ENSSB II has been hampered by insufficient domestic funding and human resources. Recently, efforts have been focused on piloting the child grant programme and the government is currently preparing to expand the programme to other locations, prioritizing areas of highest levels of poverty and vulnerabilities.

## RECOMMENDATIONS

### *High levels of child poverty*

- Protect increased government spending on child-sensitive social sectors and increase its efficiency. These expenditures on child-focused policies and sectors should be protected, even during economic slowdowns, using programme-based budgeting as the catalyst for generating evidence to maintain and enhance spending that benefits outcomes for children.
- Maintain and strengthen the implementation of results-based management within the new programme-based budget reform.
- Institutionalize assessment of multidimensional child poverty as a part of policy action so that progress is accurately measured and monitored.

### *Low coverage of social protection programmes*

- Expand child-sensitive social protection programmes, such as child grants, to address widespread monetary and multidimensional poverty.



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# Child well-being through the life cycle

This chapter presents an analysis of children in Mozambique using the life cycle approach. Each section reports on a specific phase of development, starting from a mother’s health during pregnancy and continuing

through childbirth, infancy and early childhood, middle childhood and adolescence, and investigates the broader social determinants and needs of children at critical periods, including transitions, throughout their life.

## PREGNANCY AND BIRTH

*The maternal mortality ratio in Mozambique remains high at 452 per 100,000 live births. Maternal mortality is especially high among adolescents between the ages of 15 and 24 years. Proportionally, deaths due to maternal causes are higher among this age group than in any other reproductive age group (Figure 4).*

The highest number of facility-based adolescent maternal deaths in 2018 was reported in the northern provinces. Nampula province, for example, reported 50 of the 182 adolescent maternal deaths (Ministry of Health, 2018). While Mozambique is on track to meet its national target of 250 deaths per 100,000 live births by 2030, it is not on target to meet the global goal of 70 deaths per 100,000 live births.

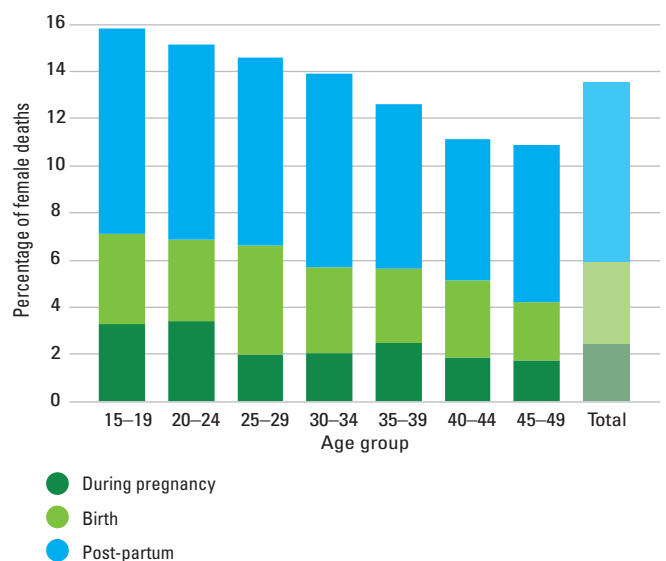
The neonatal mortality rate is 30 per 1,000 live births in Mozambique (UNICEF, n.d.). The Ministry of Health’s 2018 administrative data show that of the 2,958 neonatal deaths recorded in health facilities, more than half (51 per cent) were from adolescent and young mothers. The high proportion of neonatal deaths aligns with the similar proportion of maternal deaths among adolescent girls.

At the same time, there have been significant improvements accessing skilled birth attendants. While 2011 data showed only two provinces had more than 80 per cent of births assisted by skilled health professionals, by 2015 that had increased to 6 of the 11 provinces (USAID, n.d.). However, access to skilled birth attendants was much lower for women and girls in the country’s north, consistent with their higher rates of mortality.

The 2018 Service Availability and Readiness Assessment revealed key constraints to reducing facility death rates. These constraints include the significant shortage and uneven distribution of health care, and limitations in the quality of care (Ministry of Health, 2018). The distance to the facility, long waiting times, a previous experience of disrespectful treatment and expectations for illicit payments are also barriers to seeking care, as are cultural practices and the preference for birthing at home. Only 52 per cent of health facilities had access to an improved water source and only 4 per cent of health facilities were equipped to provide comprehensive obstetric care. Among the provinces with the lowest share of health facilities with access to improved water are Niassa (36 per cent), Tete (49 per cent) and Nampula (50 per cent), which have the highest adolescent maternal mortality rates.



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**Figure 4:** Deaths of women of reproductive age due to maternal causes, by age group

Source: Authors’ calculations based on a 10 per cent sample of the Census (INE, 2017)

## RECOMMENDATIONS

### *High maternal and neonatal deaths among adolescent girls*

- Utilize existing evidence to identify and improve the quality of skills of maternal and child health nurses to deliver protocols for antenatal care, safe delivery and the post-partum period.
- Equip health facilities to meet requirements for basic and comprehensive obstetric and newborn care.
- Improve knowledge and use of specialized medical equipment at district level by training health workers and technicians in equipment use and maintenance and other clinical care protocols.
- Enhance coordinated efforts between stakeholders for WASH as a critical component of maternal and neonatal health strategies.
- Increase recurring health budget allocations for WASH equipment maintenance. Identify health facilities for WASH infrastructure and create WASH standards for types of health facilities.
- Ensure the application of appropriate hygiene training interventions for health workers, with a focus on health facilities in the provinces with the highest adolescent mortality rates, such as Nampula, Niassa and Tete.

## INFANCY AND EARLY CHILDHOOD

*Whilst Mozambique has made steady progress in increasing overall child survival, despite some improvements, the prevalence of chronic malnutrition at 38 per cent is still very high by World Health Organization standards (Figure 5) and there has been no notable change in the prevalence of diarrhoea, malaria or tuberculosis. In addition, up to 2017, only half the births of children under the age of 5 had been registered in Mozambique (INE, 2019).*

Mozambique has reduced the infant mortality rate from 64 per 1,000 live births in 2011 to 55 per 1,000 live births in 2017. There are similar declines in under-five mortality. The under-five (as well as infant) mortality rate is higher among boys than girls.

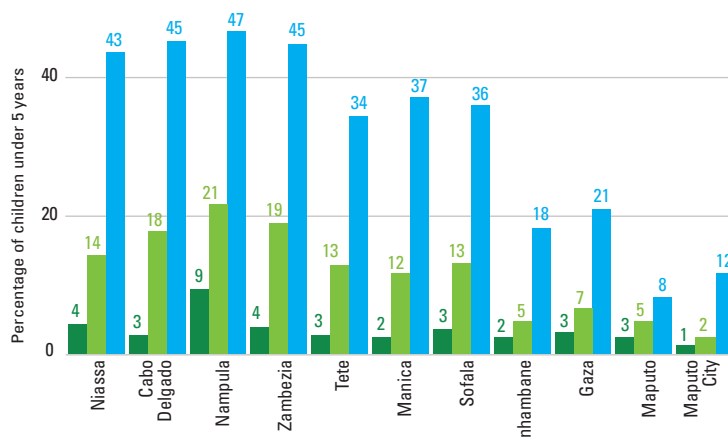
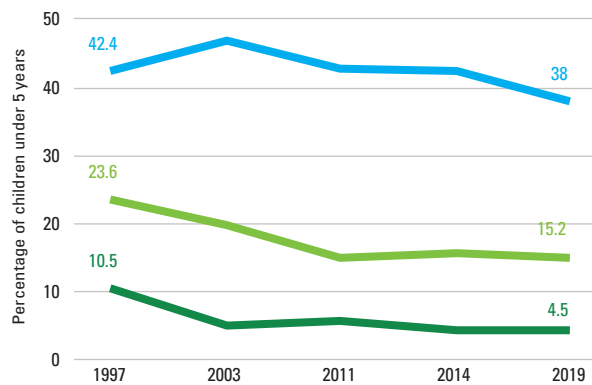
The greatest stunting reduction rates were seen in the southern part of the country, where the reduction is more than half when compared to 2011 (INE, 2021b). The high rates of stunting, particularly in the north of the country, correlate with the large share of households in Mozambique that remain with inadequate access to water and sanitation. According to the Census data of 2017 and demonstrated by Figure 6, only 56 per cent of households in Mozambique have adequate access to water and 39 per cent have access to improved sanitation.

To increase birth registration, in 2018 the government introduced an electronic registration and statistics system using SMS messaging to issue unique identification numbers. However, uneven system roll-out has meant inequity gaps remain between urban and rural registration, and across wealth quintiles.

There has been slow implementation of the National Strategy for Early Childhood Development, which was introduced in 2012. According to the 2017 Census, less than 7 per cent of children of preschool age are enrolled in a preschool, early learning or parenting programme. The lack of trained preschool teachers and facilities is a constraint, with most of the early childhood development opportunities existing in urban settings and the capital, Maputo. Furthermore, there are considerable barriers to integrating children with disabilities into these programmes.



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● Children wasted ● Children underweight ● Children stunted

● Children wasted ● Children underweight ● Children stunted

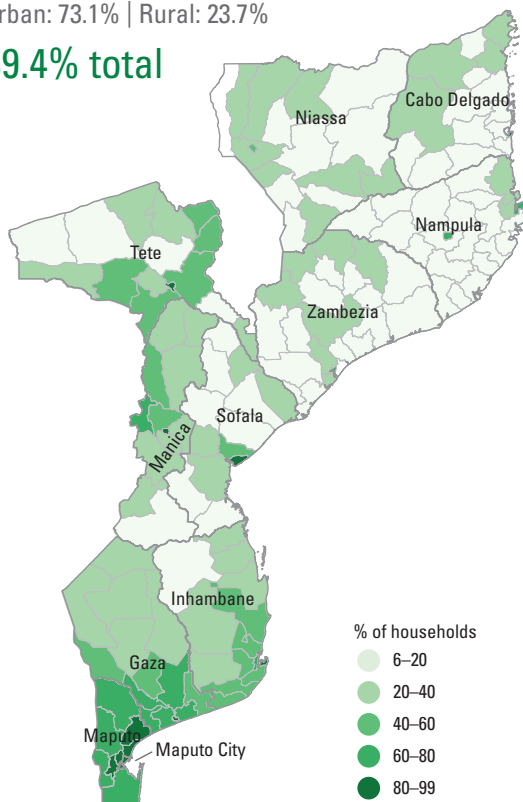
**Figure 5:** Trend in stunting, underweight and wasting, 1997–2019 and by province

Source: Ferrone, Rossi and Bruckauf (2019) and Household Budget Survey, 2019/20

Note: Because acute malnutrition is well known to vary considerably by season, the trends by year from different sources should be analysed with caution. Not all surveys considered collected data during the same periods of the year.

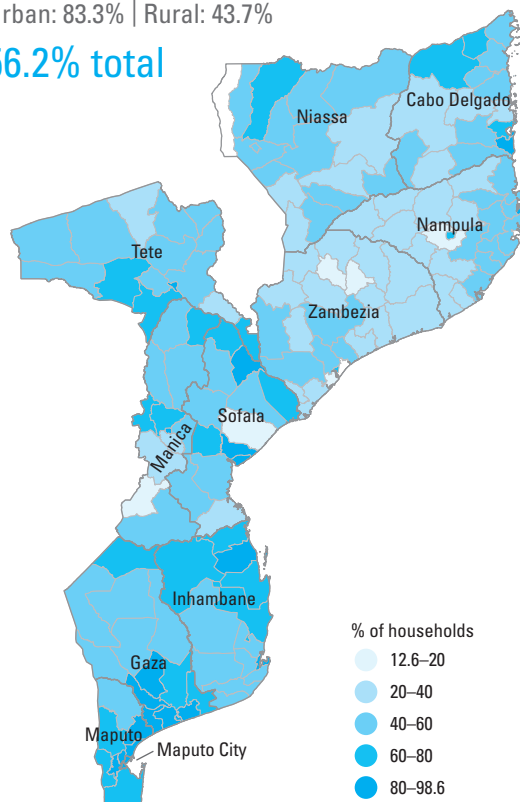
Percentage of households with access to improved sanitation  
Urban: 73.1% | Rural: 23.7%

**39.4% total**



Percentage of households with access to improved water source  
Urban: 83.3% | Rural: 43.7%

**56.2% total**



**Figure 6:** Household access to improved water and sanitation, by district

Source: Authors' calculations based on a 10 per cent sample of the Census (INE, 2017)

Note: Improved drinking water sources include piped water into dwellings, yards or plots; public taps or standpipes; boreholes or tube wells; protected dug wells; protected springs; packaged water; delivered water; and rainwater.



## RECOMMENDATIONS

### *Low levels of birth registration among children under 5 years*

- Remove family-borne costs associated with birth certification, including the potential for subsidized birth certification for children under 5.

### *High prevalence of chronic malnutrition among children under 5 years*

- Strengthen government-led multisectoral coordination across health, food security, WASH and education to reduce chronic malnutrition and child stunting.
- Enhance coordination between different ministries and government agents to increase access to improved sources of water, sanitation and hygiene, especially in rural areas. Clearly define the roles and responsibilities between the ministries involved in delivering WASH services.

### *High prevalence of infant and childhood diseases*

- The Ministry of Health to implement a recruitment and retention plan that includes mentoring health personnel and community health workers who are adequately trained to prevent and respond to the specific needs of children and adolescents, and to identify, refer or treat, thus bridging the gap between community and health facilities.

### *Low access to early childhood education*

- The Ministry of Education and Human Development, Ministry of Health and Ministry of Gender, Children and Social Action to operationalize and scale up the Early Childhood Development Strategy, including supporting the organizational division of roles and responsibilities across the relevant ministries.
- Maintain and integrate the accelerated school readiness model into a national programme under the Ministry of Education and Human Development, with a focus on the northern provinces.



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## MIDDLE CHILDHOOD

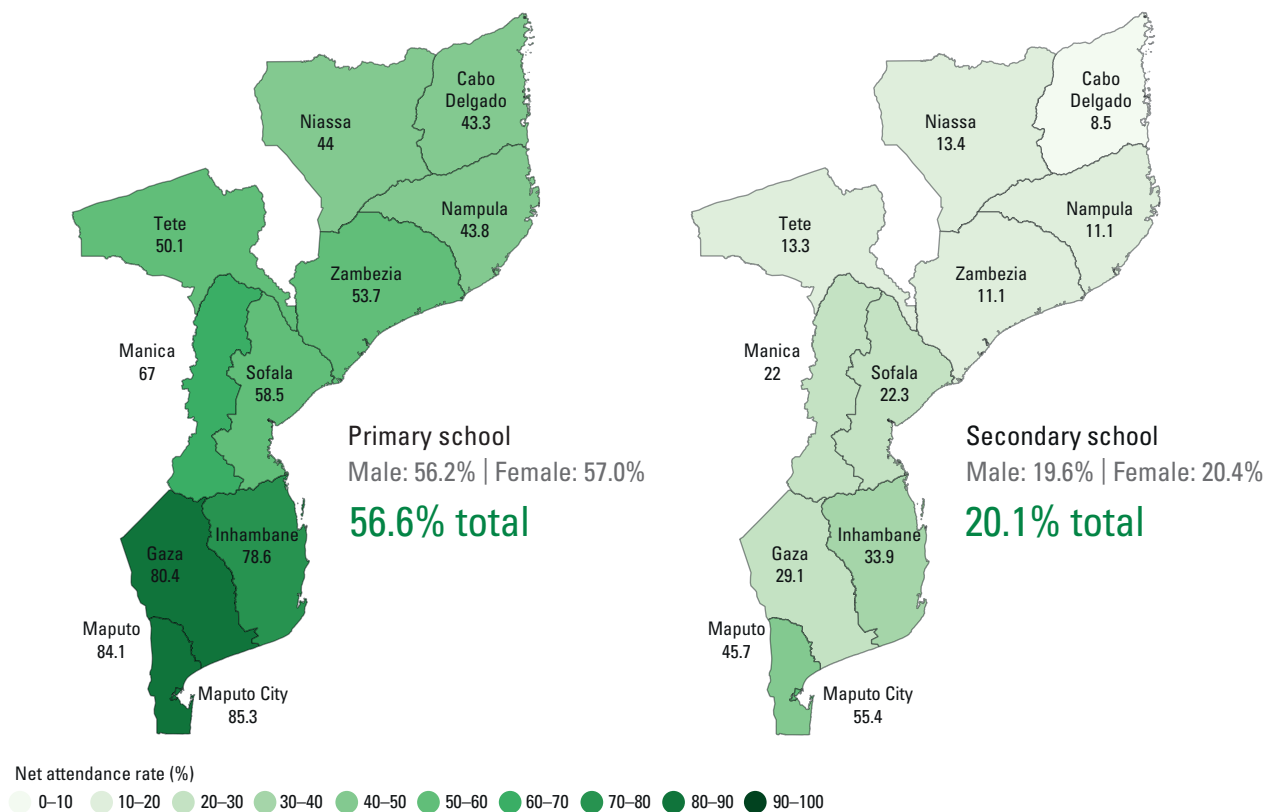
*For Mozambican children, opportunities for education beyond attending primary school are limited. Fewer than 5 per cent of Grade 3 primary school children are proficient in Portuguese and fewer than 8 per cent have sufficient maths skills (National Learning Assessment, 2016). Although the Ministry of Education and Human Development consistently reports over 90 per cent enrolment rates (2018, 2019, 2020), just over half of primary school-age children attend primary school, according to the 2017 Census. Furthermore, there are significant geographical disparities in school attendance, with much lower attendance rates in the north (Figure 7).*

Overall, there are extremely high repetition rates in early primary grades, possibly associated with low preschool availability in Mozambique. Seventy-one per cent of students in Grade 1 repeated that grade (UNICEF, 2020d). Furthermore, children in the country's north are far less likely to attend school than their peers in the southern provinces, where preschool attendance is also far lower. Only 4 per cent of children aged 3–5 years are attending preschool in the northern provinces compared with 10 per cent in southern provinces. Primary school absenteeism and dropout are linked to family and ceremonial commitments, inadequate infrastructure and resources, and the poor quality of teaching. Efforts to address these factors and enhance primary school retention, the quality of learning and the much-needed support for students to transition to secondary school are crucial. Mozambique's teachers require considerable further training. Only 3.3 per cent of teachers have the minimum knowledge of mathematics and just 1 per cent of Portuguese (Bassi, Medina and Nhampossa, 2019). Investment in improving teachers' skills and those of teacher trainers in mathematics and Portuguese is critical.

Poor school conditions, including lack of WASH facilities and school equipment, diminish children's motivation for attending school (UNICEF, 2020b). The government is challenged to provide adequate hygiene facilities in school, particularly given the need to address the reconstruction efforts after the 2019 cyclones. The Service Delivery Indicator Survey of 2018 indicated that only 20 per cent of schools had adequate handwashing facilities which puts children at increased risk of COVID-19 and other transmittable diseases (Bassi, Medina, and Nhampossa, 2019). The menstrual hygiene study conducted in 2019 found that inadequate hygiene facilities also resulted in absenteeism in school among girls. A slow steady, accumulation of absenteeism can explain subsequent poor performance and eventual dropout of girls (UNICEF, 2019).

The COVID-19 pandemic has increased household poverty and existing vulnerabilities and exposed weaknesses in the education sector in Mozambique, further exacerbating school dropout. While many distance-learning programmes were offered via radio and television, they were not available to most children





**Figure 7:** School attendance rates, by school level and province

Source: Authors’ calculations based on a 10 per cent sample of the Census (INE, 2017)

Note: Primary and secondary school net attendance rates are the number of pupils of official primary school age (6–12 years) and secondary school age (13–17 years) who are attending primary and secondary education as a percentage of the total children of the official school-age population at the time of the survey, respectively.

(see Figure 10 in the next section). To support children in rural areas, non-governmental organizations and UNICEF started a teaching mentors’ programme to deliver teaching materials to communities (Save the Children, 2020).

Article 4 of the 2018 National Education System Law states that inclusion, equity and equal opportunity should be implemented in all subsystems of education. Despite this favourable law, and the recently approved Inclusive Education Policy tool by the government, there are distinct barriers that impact practical implementation. In 2019, according to administrative data, 53,612 children with disabilities were registered across all classes of primary education (cycle 1) (EP1), which is equivalent to 0.9 per cent of all children registered in school in EP1 grades. This indicates that many children with disabilities are out of school, as the disability prevalence among children aged 6–12 years is 1.4 per cent, according to the 2017 Census.<sup>6</sup>

Many children in primary school interrupt or permanently leave education to work to support the household. Over 21 per cent of children aged 7–9 years are engaged in some form of child labour, which involves children working at least one hour per week in an economic activity and/or being involved in unpaid domestic work for more than 21 hours per week. Furthermore, there are industry reports that indicate that children are engaged in the worst forms of work exploitation and are extremely vulnerable to child trafficking (Ramos, 2018). There is a strong correlation between school attendance and the socioeconomic conditions of the community in which the school is located (UNICEF, 2020b), which demonstrates the cyclical relationship between poverty and school attendance, with children from lower wealth quintiles being forced to drop out of school while their wealthier counterparts continue learning and developing (UNICEF, 2021a).

<sup>6</sup> The difference is likely to be higher because the Census data on child disability is likely an underestimation of the actual situation of children with disabilities in Mozambique. The Census survey did not use internationally recognized questions on disability, such as the Washington Group questions on child functioning and disability, which are more sensitive to capturing disability in child populations.





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## RECOMMENDATIONS

### *Low school attendance, particularly of girls and children with disabilities*

- Maintain current efforts to enhance quality education and teacher training that guarantees the development of teachers' knowledge, skills and ethical–moral values, as well as alternatives to corporal punishment to end violence in schools.
- Improve retention of experienced teachers in primary education through adequate and dignifying living and working conditions and remuneration.
- The Ministry of Education and Human Development and relevant ministries to coordinate to operationalize the Inclusive Education Strategy, including ensuring the appropriate budget allocation across ministries.

### *Inadequate school infrastructure and WASH, which contribute to school absenteeism and dropout*

- The Ministry of Education and Human Development to continue and increase the construction of safer schools through quality and resilient reconstruction of damaged infrastructure. Develop a costed plan for the construction, rehabilitation and maintenance of school infrastructure, particularly in terms of the compulsory basic education in nine classes.
- Develop an equity-based allocation formula that is utilized for and supports schools most in need of resources, with a focus on rural areas and the northern provinces.
- Expand school WASH infrastructure and associated hygiene behaviours. All infrastructure improvements should take into consideration access and use for children with disabilities.
- Advocate for changes in the legislation to explicitly prohibit all forms of corporal punishment. Specifically, repeal all legislative provisions that are interpreted as justification for the use of corporal punishment in domestic and school settings.

### *Presence of worst forms of child labour*

- The Labour Inspectorate to enhance monitoring of employment practices and effectively implement the laws and policies on child labour, particularly in the agricultural and mining sectors.
- The Ministry of Labour, Employment and Social Security to develop programmes and intersectoral coordination mechanisms to identify and protect victims of child labour, including in the informal sector.

## ADOLESCENCE AND YOUTH

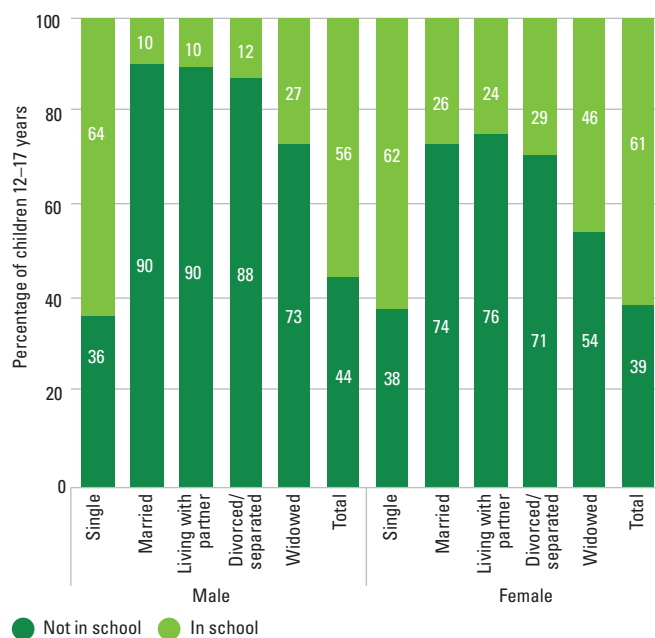
Adolescence is one of the most critical periods of growth and development, involving rapid physical, mental, social and emotional changes, as well as sexual maturation. It is also an important time of transition from primary to secondary school, as it is a high-risk period for school dropout among children in Mozambique. The net attendance rate for secondary-level education in the 2017 Census was only 20 per cent for boys and girls aged 13–17 years and, consistent with other indicators, the northern provinces have the lowest rates (Figure 8).

Girls face distinct gendered challenges to stay in school, including lack of privacy during menstruation and expectations of marriage and fertility. The attendance rates shown in the Census highlight this. While attendance rates for girls are higher than for boys at 55 per cent compared to 45 per cent at the age of 13, by the age of 17 years 54 per cent of boys are attending school compared to 46 per cent of girls. For girls aged 17, the literacy rate remains at around 69 per cent. For boys, the literacy rate increases to 77.5 per cent by the age of 17.

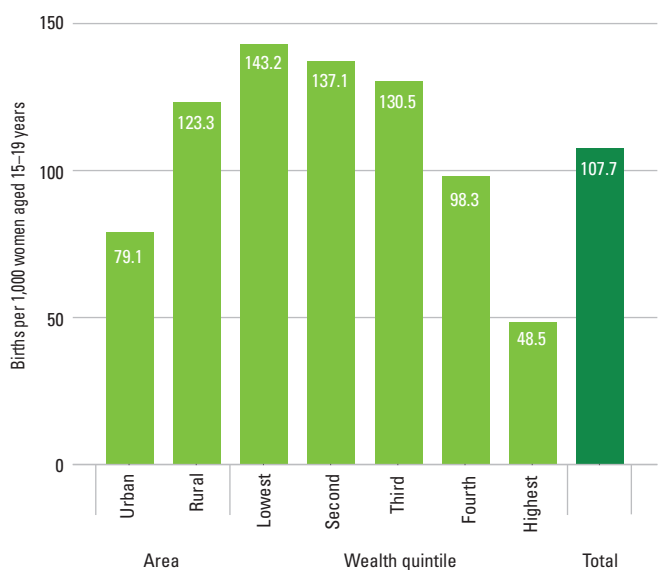
For adolescents who remain in education, there are few opportunities to find employment on completion. Forty-three per cent of boys and 32 per cent of girls (under 25 years) were neither in work nor attending school in 2017. For those children who are in conflict with the law, access to child-centred justice services

and reform interventions are minimal in Mozambique with only one designated juvenile rehabilitation centre in Boane, Maputo Province (UNICEF, 2020c). Children are often held beyond the legal detention period. Those that are imprisoned are sometimes held with adults, and some reoffend on release (UNICEF, 2020c).

Mozambique has one of the highest rates of child marriage in the world. Forty-one per cent of girls (aged 18–24) are married, or live with someone as if they were married, before the age of 18 (National Institute of Health et al., 2019). Child marriage appears to impact on school retention. Figure 8 shows that only 1 in 10 girls (10 per cent) aged 12–17 years who are married are attending school, while for single girls close to two thirds (64 per cent) are attending either primary or secondary school. Early indications from the landmark law to stop premature union or early marriage in 2019



**Figure 8:** Teenage marriage and school attendance  
 Source: Authors' calculations based on a 10 per cent sample of the Census (INE, 2017)  
 Note: The figure does not distinguish school attendance between primary and secondary school levels.



**Figure 9:** Adolescent birth rate, by area of residence and wealth quintile  
 Source: Authors' calculations based on a 10 per cent sample of the Census (INE, 2017)  
 Note: The SDG indicator for adolescent birth rate is a measure of the number of births to women aged 15–19 years per 1,000 women in that age group in the past 12 months.

has seen increased reporting of child marriage through the Linha Fala Criança (child helpline) (UNICEF, 2021a). However, to fully understand the implications of the legal change, more time and further analysis are required.

Early marriage is highly correlated with teenage pregnancy (UNICEF, 2015). The most recent national survey data from the 2011 Demographic and Health Survey revealed that 14 per cent of girls had a child before the age of 15, as did 57 per cent of girls before the age of 18 (UNICEF, 2015). Estimates from the Census in 2017 show that, on average, for every 1,000 adolescent girls aged 15–19 years, there are 108 live births (Figure 9). Girls (15–19 years) in rural areas are more likely to have given birth in the past 12 months (129 births per 1,000 girls) than their urban counterparts (79 births per 1,000 girls) and girls in the lowest quintile are nearly three times as likely to give birth as girls in the highest wealth quintile.

Mozambique also has an extremely high prevalence rate of HIV in the adolescent population at around 2.5 per cent in boys and 6.2 per cent in girls (Praticò and Pizzol, 2018). Adolescence is a crucial phase to focus on to ensure adherence to antiretroviral therapy. However, non-adherence to antiretroviral therapy is common amongst adolescents in Mozambique, not only because of the dynamic phase of life, but also because of the transition of case management from paediatric to adult services. In particular, testing and adherence is challenging for boys (Ha et al., 2019). To date, interventions in sexual and reproductive health have emphasized girls, with an increasing focus on assisting girls with disabilities to access information and services. Future interventions should focus on the gaps in understanding access to health services for boys and the situation of mental health issues in adolescents.

## RECOMMENDATIONS

### *Low secondary school retention*

- Expand support for upgrading primary school to basic school, which covers lower secondary education.
- Explore options for an adolescent stipend to facilitate secondary school retention.
- Strengthen the effort to expand alternative learning options for children who are out of school.
- Ensure the inclusion of a gender curriculum in lower secondary schools to mitigate the issues on gender and child marriage.

### *Low access to adequate vocational training*

- Expand local market-driven vocational training opportunities, particularly for children in the northern provinces, girls and children with disabilities because of the lower rates of secondary school attendance and completion.
- Explore partnerships with the private sector regarding establishing an industry-wide code of conduct to prevent child abuse and sexual exploitation, starting with industry-specific areas such as tourism before exploring alternative sectors.

### *High levels of child marriage*

- Expand government and community advocacy and outreach on the law on early unions, including work with community influencers, men and boys, and enhance efforts to disseminate the law in local languages and culturally appropriate ways.
- The Secretary of State for Youth and the Ministry of Gender, Children and Social Action to work with the private sector to identify and create economic and training opportunities for girls.
- Expand existing efforts to increase access to family planning for adolescent girls to prevent teenage pregnancy and expand sexual and reproductive health interventions for boys.

### *High levels of violence against children*

- The Ministry of Education and Human Development to implement and scale up a multisectoral mechanism of prevention, referral and response for violence against children at primary and secondary schools. With this implementation, ensure that the 2019 recommendations from the Committee on the Rights of the Child of banning corporal punishment in schools are met.
- The Ministry of Education and Human Development to ensure that teachers and directors are trained and are implementing the 2019 recommendations from the Committee on the Rights of the Child for Mozambique on banning corporal punishment in schools.



# Children's participation

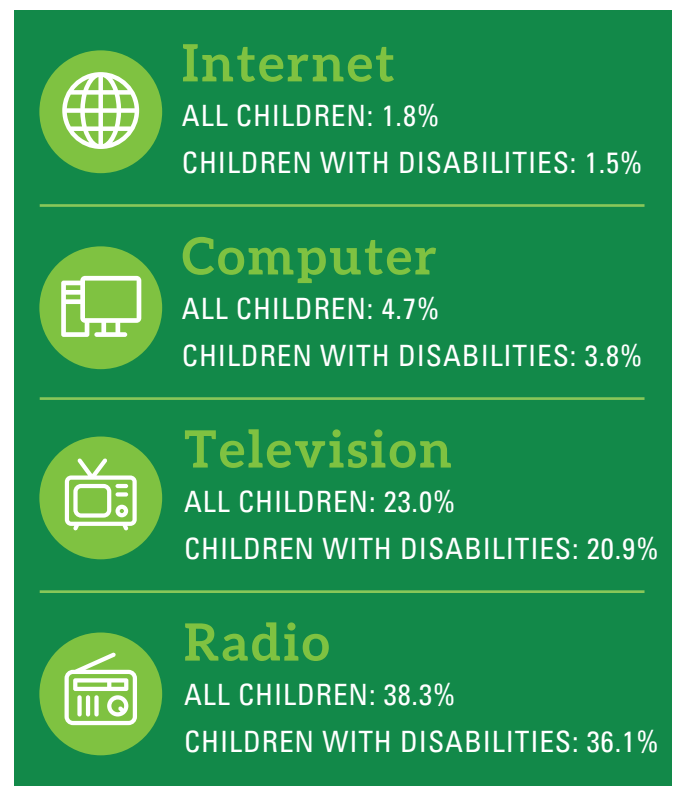
*The Mozambican Constitution encourages the participation of young people in state-building and national unity. The current Five-Year Plan sets out strategic objectives to promote the involvement and empowerment of youth, especially in sociocultural, sporting and economic activities. The Five-Year Plan also emphasizes the importance of raising awareness among children on issues such as sexual and reproductive health and the harmful effects of alcohol and substance abuse.*

Despite the long-term establishment of institutions such as the Mozambican Youth Organization, Youth and Children's Parliaments and youth journalism programmes, the 2019 Concluding Observations from the Committee on the Rights of the Child and the Five-Year Plan acknowledge the limited opportunities for young people to participate meaningfully (Committee on the Rights of the Child, 2019).

While social media and technology have been useful tools to extend reach of information, there are still barriers to reaching children, in particular children in the lower wealth quintiles, in rural areas, and children with disabilities. Much work is needed to increase access to information and communications technology for children and to promote affordable access to the Internet (INE, 2019). Figure 10 shows that only around 2 per cent of children have access to the Internet, and 1 in 20 children live in households with access to a computer. Children with disabilities are further disadvantaged by generally less access to technology in their households. Mobile phone ownership is less than 10 per cent among all children under 13 years of age. From 13 years onwards boys have increasingly higher ownership than girls and therefore greater access to information. According to the Census, at 17 years of age, boys' ownership is approximately 35 per cent compared with that of girls at 27 per cent. Today, this number is expected to be higher. According to the 2019/20 Household Budget Survey, just over 60 per cent of households own mobile phones (INE, 2021a).

Various initiatives, such as mobile radio, film and communications units, have attempted to bridge the technology gap by providing forums in the community and including children in the design and delivery of programmes. However, dangerous roads and conditions inhibit access to the most remote communities. The financial constraints impact the reach, quality and practical

implementation of these initiatives. Programmatically, UNICEF has emphasized communications for development to promote the participation of young people, and the programme has been actively engaged in supporting government interventions such as Geração Biz, Ouro Negro and Model Families to reach nationally set priorities such as ending child marriage and early childhood education and reducing stunting.



**Figure 10:** Children's access to information and communication technology

Source: Authors' calculations based on a 10 per cent sample of the Census (INE, 2017)

## RECOMMENDATIONS

- Integrate child engagement across all child-relevant programmes by including a modality of working and consulting that elevates and validates the voices and views of young people through the life cycle approach.
- Find alternative ways to extend reach to children who do not have access to the Internet, radio or television.
- Support children to engage with their communities and exercise the civic educational right to participate.

# Children in emergency and humanitarian situations

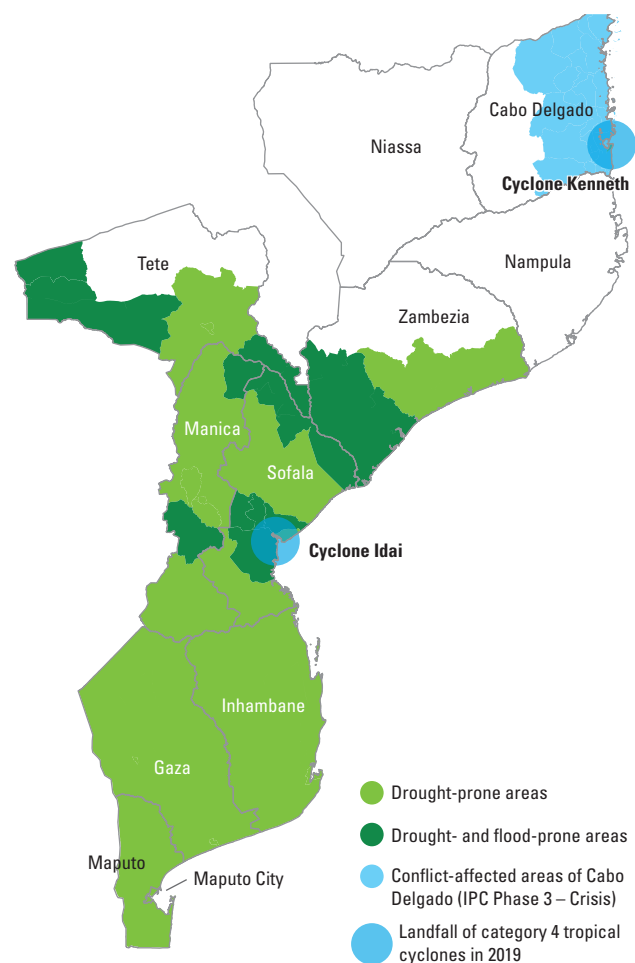
*The REFORM Risk Index ranks Mozambique 11th out of 191 countries at extreme risk due to conflict and climate change (European Commission, 2021). The ranking includes the government's limited capacity to prepare and respond adequately to such risks, despite having institutions in place to assist in mitigation.*

The past 15 years have seen an increase in climate-related hazards, including cyclones, droughts and floods. Figure 11 shows the extensive areas in Mozambique that are prone to drought and flood. These climatic events and severe weather patterns have resulted in death, displacement, extreme food insecurity, increasing disease outbreaks, such as cholera and malaria, and the destruction of schools and health facilities (The Netherlands, Ministry of Foreign Affairs, 2018; Global Centre for Risk and Innovation, 2019).

There is an ongoing children's crisis in Cabo Delgado with one emergency compounding another. This northernmost province, which is still recovering from Cyclone Kenneth that struck in 2019, is experiencing a major armed conflict (Figure 11). The conflict-driven instability in the north of the country has exacerbated migration rates, with an estimated 850,000 people, including children, fleeing their place of origin to either other locations in Cabo Delgado or to other provinces in the country (INGD, 2021). While Mozambique ratified the United Nations Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict in 2004, the government is currently not reporting on the targeting and recruitment of children by the non-state armed actors. The situation in Cabo Delgado is also affecting parts of Nampula and Niassa, neighbouring provinces. Nampula has received the second largest number of internally displaced persons and is working to integrate displaced persons into communities. While approximately half of these displaced persons are children, nearly 2,000 children have been separated from their families (IOM, 2021).

Exposure to these continuing and frequent hazards is deepening child vulnerability by restricting access to key services and increasing adverse childhood experiences. Children are in need of psychosocial support; nutrition services to prevent and treat acute malnutrition; and access to overall maternal and child health services, with consideration for those who require medication for HIV. Responsive service delivery has been weakened by the lack of rapid funding and resource distribution. There is a great need to strengthen existing services and extend the reach of current services to adapt to the changing context of population displacement. Schools have been forced to operate three or four shifts per day in order to adhere to the physical distance measures required. Child

protection services are stretched, as children who have witnessed and experienced extreme violence in conflict areas, including sexual violence and kidnapping, seek support (Save the Children, 2020).



**Figure 11:** Mozambique's flood- and drought-prone areas and conflict zones

Source: Authors' own elaboration based on The Netherlands, Ministry of Foreign Affairs (2017) and Famine Early Warning Systems Network Integrated Phase Classification (IPC) Phase 3 (Crisis)



## RECOMMENDATIONS

### *Violence against children in a conflict setting*

- Report on the involvement of children in armed conflicts as per the commitment under the Convention on the Rights of the Child Optional Protocol on the Involvement of Children in Armed Conflict.

### *Limited and overstretched government capacity to provide the required child protection services*

- Strengthen capacity of security and defence forces and child protection services to address vulnerabilities and protect children affected by armed conflict. The Government to exercise its due diligence of protection and prevention from acts of such violence and punish responsible parties.
- The government to ensure safe and unrestricted access to humanitarian organizations for the provision of assistance.

### *Lack of inclusion of children in emergency preparedness and response*

- Develop inclusive education and training programmes that can be delivered to children on disaster risk preparedness, resilience-building and climate-adaptation that can be expanded and implemented across the country.



## Progress on child-related SDG indicators

*Sustained efforts are required to progress towards achieving child-related SDGs. Mozambique has pledged commitment to the SDGs, and in 2020, the country participated in a United Nations voluntary national review. The table below provides complementary analysis to the review, and a national baseline of child-related SDG indicators from which to monitor progression. These indicators are elaborated further in the situational analysis, analysing further the regional disparities and inequalities that impact on children's well-being and development as they relate to the different phases of the life cycle.*

SDG TARGET	CHILD-RELATED SDG INDICATORS <sup>7</sup>	LATEST VALUE	SURVEY (YEAR)
SDG 1.1	Proportion of children living below the international poverty line (US\$1.90 PPP a day)	60%	IOF (2014/15)
SDG 1.2	Proportion of children living below the national poverty line	49%	IOF (2014/15)
	Proportion of children considered multidimensionally poor (Multidimensional Poverty Index)	46%	IOF (2014/15)
SDG 2.2	Prevalence of stunting among children under 5 years of age	38%	IOF (2019)
	Prevalence of wasting among children under 5 years of age	4.5%	IOF (2019)
	Prevalence of underweight among children under 5 years of age	15.2%	IOF (2019)
SDG 3.1	Maternal mortality ratio (deaths per 100,000 live births)	452	Census (2017)
	Proportion of births attended by skilled health personnel	73%	Mozambique AIDS Indicator Survey (2015)
SDG 3.2	Under-five mortality rate (deaths per 1,000 live births)	107	Census (2017)
	Neonatal mortality rate (deaths per 1,000 live births)	30	Demographic and Health Survey (2011)
SDG 3.3	Number of new HIV infections per 1,000 uninfected children 0–14 years	1.1	UNAIDS, 2019
	Malaria incidence among children under 5 years (number of children to have had malaria per 1,000 children)	389	Malaria Indicator Survey DHS (2018)
SDG 3.7	Proportion of women of reproductive age (aged 15–19 years) who have their need for family planning satisfied with modern methods	43%	Mozambique AIDS Indicator Survey (2015)
	Adolescent birth rate (age 15–19 years) per 1,000 women	108	Census (2017)
SDG 3.b.	Proportion of children aged 12–23 months who received the third dose of the diphtheria, tetanus and pertussis (DPT3) vaccine	82%	Mozambique AIDS Indicator Survey (2015)
	Proportion of children aged 12–23 months who received the measles, mumps and rubella (MMR) vaccine	83%	Mozambique AIDS Indicator Survey (2015)
	Proportion of children aged 12–23 months who received all basic vaccines: BCG (bacille Calmette-Guérin), polio4 (four doses of polio vaccine), DPT3 and MMR	66%	Mozambique AIDS Indicator Survey (2015)
SDG 4.1	Proportion of children achieving at least a minimum proficiency in reading and mathematics in primary school	Portuguese: 5% Maths: 8% <sup>8</sup>	National Learning Assessment (2016)
SDG 4.2	Participation rate in organized learning of children aged 3–5 years	7%	Census (2017)
SDG 4.4	Proportion of youth (aged 15–24 years) that have used computer-related activities in the past three months	15–19 years: 5% 20–24 years: 9%	Census (2017)

7 The initial selection of the child-related indicators was based on the indicators of which UNICEF is custodian or co-custodian. Some of the indicators have been modified for the purpose of the Situation Analysis.

8 This is based on Grade 3 students.

SDG TARGET	CHILD-RELATED SDG INDICATORS <sup>7</sup>	LATEST VALUE	SURVEY (YEAR)
SDG 4.5	Parity indices (female/male) for school net school attendance rates	Primary: 1.02 Secondary: 1	Census (2017)
SDG 4.a	Proportion of classrooms with (a) electricity; (b) basic drinking water; and (c) single-sex basic sanitation facilities	20% <sup>9</sup>	Service Delivery Indicators Survey (2018)
SDG 5.3	Proportion of women girls 13–17 who are married or in a union	21.5%	VACS (2019)
	Proportion of women aged 18–24 who were married or in a union before age 18	41.1%	VACS (2019)
SDG 5.5	Proportion of youth (aged 15–24 years) who own a mobile telephone, by sex	Male: 45% Female: 32%	Census (2017)
SDG 6.1	Proportion of households using an improved drinking water source	56.4%	Census (2017)
SDG 6.2	Proportion of households using safely managed sanitation services	39.5%	Census (2017)
SDG 8.7	Proportion of children aged 7–17 years engaged in child labour	19%	Census (2017)
SDG 16.2	Proportion of young women aged 18–24 years who experienced sexual violence by age 18	14.3%	VACS (2019)
SDG 16.9	Proportion of children under 5 years of age whose births have been registered with a civil authority	49%	Census (2017)

## Key regulatory achievements

*The following table summarizes the key achievements in enhancing the rights and well-being of children across the life cycle in Mozambique over the past five years.*

KEY REGULATORY ACHIEVEMENTS
Revised Civil Registration Law and the Civil Registration Code, aligning to international recommendations; <sup>10</sup>
National Strategy for Basic Social Security 2016–2024 (ENSSB II) including the introduction of the under-two child grant pilot;
Adoption of National Inclusive Education Strategy 2020–2029;
Policy on Multisectoral Mechanisms for Violence Against Children in Schools, March 2020;
Passing of the Law on Premature Unions banning all child marriage under the age of 18 and some progress on the dissemination of the law in 2019;
Revocation of a 2003 decree that placed a ban on pregnant schoolgirls from attending day classes and restricting them to night classes in 2018;
Introduction of programme-based budget reform to improve results-based management, including the revision of the state Financial Administration System (SISTAFE) Law of 2020;

<sup>9</sup> This is based on a minimum infrastructure binary indicator based on (i) functioning toilets and (ii) classroom visibility shown in Bassi, Medina, and Nhampossa (2019).

<sup>10</sup> Law 12/2018 issued on 4 December, 2018.

# Conclusion

*The Situation Analysis of Children in Mozambique presents a comprehensive gender-sensitive and equity-focused report on children throughout the life cycle. By presenting the findings and recommendations from a child's life cycle perspective, the report assists policymakers and stakeholders to identify specific gaps and areas of intervention that are required to make improvements to the lives of children in Mozambique.*

Children in Mozambique have been exposed to a barrage of shocks on a background of sustained poverty. Over the past 15 years there has been an increase in climate-related hazards, including cyclones, floods and droughts, which have resulted in death, displacement, extreme food insecurity, disease outbreaks and the destruction of schools and health facilities. The intensification of the armed conflict in Cabo Delgado in 2020 has added another dimension of complexity in the north, with children exposed to violence, forced migration and family separation. There are also ongoing political tensions in the central provinces impacting children's health, mental health and well-being. In 2020 and 2021, the COVID-19 pandemic further challenged the government, exacerbating the pre-existing vulnerabilities of the economy and disrupting education for children. Furthermore, in 2020, Mozambique recorded its first economic contraction in three decades.

The analysis reveals that while Mozambique has a progressive policy environment and has adopted major child rights legislations, challenges remain to ensure children's rights and well-being throughout the life cycle and equitably in all provinces. The analysis shows that there are distinct and repeating patterns of geographic inequity with unequal access to services and resources for children. Nearly half of Mozambique's children live below the national poverty line, and poverty is considerably more prevalent for children living in the northern and central provinces than in the southern provinces. Children in these regions, who experience more deprivation, are less likely to grow up and have secure relationships, decent homes, access to good nutrition, and adequate water and sanitation. Many children will leave school having had poor quality educations and have inadequate qualifications and skills to prepare them for adulthood.

This analysis also found that children in Mozambique have a strong sense of responsibility to contribute to a future that is resilient, free and respectful of their rights. Children want to meaningfully engage with things that matter to them, such as tackling climate change, being involved in urban planning design and access to services, including health, hygiene and their fundamental right to attend school. In Mozambique,



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while there are extensive efforts to engage young people, penetration is narrow and restricted to children from mostly urban and wealthier households. There is a need to further reach out and improve the participation of young people in the design and co-creation of policies targeting children and youth.

Sustained efforts are required to avoid a reversal of the progress made over the past 20 years for the children of Mozambique and ensure equitable opportunities for all children. A long-term investment in a life cycle approach can provide high returns through a child's life and into adulthood and contribute to social and economic development. A life cycle approach requires synergistic, holistic and long-term policy and multisectoral investment strategies that promote better health, education, protection and participation for children. At the same time, high-quality child-relevant data, research, monitoring and evaluation are required across all sectors to be analysed, communicated and used to influence policies and programmes that support the life cycle approach and realize the SDGs.



## Acronyms

<b>AIDS</b>	acquired immunodeficiency syndrome
<b>COVID-19</b>	coronavirus disease 2019
<b>ENSSB</b>	National Basic Social Security Strategy
<b>HIV</b>	human immunodeficiency virus
<b>INE</b>	National Institute of Statistics
<b>IOF</b>	Inquérito do Orçamento Familiar, 2014/15 (Household Budget Survey)
<b>IOM</b>	International Organization for Migration
<b>MZN</b>	Mozambique metical
<b>PPP</b>	purchasing power parity
<b>SDG</b>	Sustainable Development Goal
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNICEF</b>	United Nations Children's Fund
<b>US\$</b>	United States dollar
<b>VACS</b>	Violence Against Children Survey
<b>WASH</b>	water, sanitation and hygiene



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