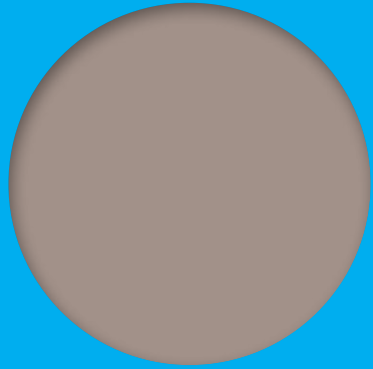


Mozambique  
Annual Report  
2016

Building  
Resilience



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**Mozambique  
Annual Report  
2016**

**Building  
Resilience**



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## Foreword

I have pleasure to share with you the 2016 annual report which is told through the stories of Mozambicans. Each of our programme areas is introduced by children who participate as child radio producers, a vibrant programme at Radio Mozambique that is supported by UNICEF and involves around 1,600 of child reporters throughout the country.

You will also hear the stories of some of the most vulnerable women and children – orphans, children in remote rural areas and poor urban areas. For example, you will hear the voices of a mother who lost children and had a high-risk pregnancy, and a mother living with HIV who recently tested her baby for HIV (fortunately, like most babies whose mothers adhere to the prevention of mother-to-child transmission of HIV programme, the baby tested HIV negative). You will also hear from a mother who now enjoys running water in her home for the first time; mothers who have learnt how to treat their malnourished children; a child victim of sexual violence who is determined to study; a girl who returned to school following an early pregnancy; and children from some of the poorest families who are being supported to access their basic rights.

You will hear how they were assisted last year, often by Mozambicans in their community with support from the government, UNICEF and other partners.

Importantly, you will hear how these mothers and their children have become more resilient and motivated to confront and overcome the huge challenges they face. Their stories are told in the context of the reality in Mozambique where, despite the progress made since 1990, the recent debt crisis, security challenges and drought have put pressure on many families who still struggle to access essential services, notably healthcare, water, sanitation and hygiene, as well as education. Children in rural areas and in poor urban areas are particularly vulnerable, yet they are not giving up, and with the vital support they receive are motivated to push ahead for a better future. We must continue to support them in this effort.

**Marcoluigi Corsi**  
UNICEF Mozambique Representative





Hortencia with her twins

© UNICEF Mozambique/2017/Ruth Ayisi



# HEALTH

## APE (Community Health Worker) Plays Critical Role Reducing Maternal and Neonatal Mortality in Remote Rural Areas

**Six months ago**, Belamina Judith, a community health worker, received an emergency phone call from Antonio Manuel. His wife, Hortencia, was expecting twins and had gone into labour before she had a chance to reach the hospital.

Straightaway, Judith trekked for one hour across sandy pathways that cut through a landscape of endless palm trees to reach Hortencia's home, in Catine, a remote locality in the district of Homoine, in the southern province of Inhambane. She found Hortencia had given birth to a baby girl at home with the help of her mother-in-law, but the second baby was still inside and hardly moving.

As the only public transport for the day had already gone, Judith organized a private taxi that cost 1,000 meticaís (around US\$20). They travelled together on the bumpy dirt tracks with the baby girl still joined to Hortencia by the umbilical cord. Hortencia was suffering acute labour pains with the second unborn baby. It took them four hours to reach the health centre. "I had to tell the driver to go slowly," says Judith.



**"I want to work in rural areas because so many doctors are concentrated in cities"**

— Mardel, 14

MARDEL JUMA, a child radio producer in the capital, Maputo, and an activist (volunteer) for sexual and reproductive health gives talks at schools and community centres to sensitize young people about all preventable illnesses. In the future, Mardel would like to continue to make radio programmes but also wants to be a doctor.



APE Stands for *Agente Polivalente Elementar* or *Community Health Worker* in English.

When they arrived at the health centre, a midwife attended to Hortencia, and Judith waited for four hours until Hortencia finally gave birth to a boy. But as the boy had difficulties breathing, Hortencia and her babies were rushed by ambulance to the hospital in Homoine, at which point Judith made the journey back home alone.

Six months later, Judith is holding baby Laura, who is trying her best to play with Judith's smart phone, while Judith chats to Hortencia, who is cradling baby Albert. The babies look healthily chubby, belying their traumatic entry into the world.

Hortencia looks well too, although she complains of aches, hardly surprising as she has a heavy workload which includes fetching water twice a day, each trip taking over one hour. Moreover, Hortencia is a mother of six children; and she lost two children under the age of 5 years due, she says, to "fevers". "They died at home as there were no APEs in those days," says Hortencia, who has also had one miscarriage.

As they chat and play with the twins, the warm rapport between Hortencia and Judith is obvious. Hortencia comments that Judith looked after her well during her pregnancy, and visited her soon after she returned home from hospital in order to give her chlorhexidine gel to stop infection of the umbilical cord. Judith then visited Hortencia every couple of days during the first 28 days after giving birth, a critical period as more than one third of all child deaths occur during the first 28 days. Hortencia concedes, "She (Judith) had told me to go to the maternity waiting home at the eighth month, but I didn't make it." Hortencia, however, made three out of the four recommended antenatal visits at the health centre. She also remembers clearly the long trip to the health centre. "She (Judith) kept telling the driver to go more slowly. And when she returned home, she phoned me regularly at the hospital to ask how we were."

Hortencia is just one of many who appreciate the work of community health workers, known as *Agente Polivalente Elementar* (APE), or 'Multi-use elementary agent' in English. The Chief Doctor at Homoine hospital, Milton Mozambique, says, "We need more APEs as they are playing a major role in reducing child and maternal mortality."



*APEs have also been trained to use a health application called "upScale" on smartphones provided to them, which has improved child case management.*

**EVA NELSON**, Like many child radio producers say they have suffered from malaria. They take prompt treatment for granted.

***"Recently I had Malaria, it gave me a fever for three days. My parents took me to the hospital by car, five kilometres away from my home. I would've felt very bad if I had to walk; I might have lost my life"***

— Eva, 13

He adds that the APEs have also been trained to use a health application called "upScale" on smartphones provided to them, which has improved child case management. "We are able to monitor the APEs' management of each case through the application." The smartphone programme, is implemented by the Ministry of Health with the support of Malaria Consortium and UNICEF and financial support of UKAID. As well as receiving vital information through the smartphone which is used for health prevention, diagnosis and treatment of childhood illnesses, the APE must enter all the data about each case he or she treats.

Nurse Edita Joao agrees that since she first started working as a nurse 19 years ago, she has seen a huge improvement in mother and child health care, partly due to the APE programme. She highlights that, "The APEs are contributing to family planning and sensitizing pregnant women to come to the health centres to deliver."





Adolfo Guambe with baby Laura and APE, Judith, talking to Hortencia who is holding her other twin, Albert.

© UNICEF Mozambique 2017/Ruth Ayisi

***“About 60 per cent of Mozambique’s population live more than eight kilometres from a health facility, a national commitment to deploy APEs in remote communities is a critical step to improve access to health care.”***

**— James McQuen Patterson,  
UNICEF**

Last year, the hospital at Homoine reported two cases of maternal mortality, one of whom was a woman who had spent three days in labour and had sought treatment from a traditional healer before coming to the hospital. “The baby was born alive but the mother died 30 minutes later,” says nurse Joao.

Like all APEs throughout the country, Judith only had to be able to read and write and be elected by the community to qualify for APE training. The course consists of four months basic training, a further two weeks of training to use the smart phone application, Commcare, and, last year, another two-week training was introduced with UNICEF support on how to care for pregnant women and new mothers and their infants. This training included how to use chlorhexidine gel for umbilical cord care and misoprostol to prevent and treat postpartum haemorrhage.

UNICEF Chief of Health and Nutrition, James McQuen Patterson, highlights how APEs help bring health care closer to people in need. “As about 60 per cent of Mozambique’s population live more than eight kilometres





APE Judith with baby Laura

© UNICEF Mozambique/2017/Ruth Ayisi

*“Now I know  
how to diagnose  
and treat children  
for fevers and other  
illnesses at home.”*

— Judith,  
APE, Inhambane

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*“It has made a big  
impression on me that  
both Hortencia and  
Belamina (Judith) lost  
children during a time  
when there was no  
APE and now with the  
APE programme, their  
children are surviving.”*

— Adolfo Guambe  
Public Health Officer and  
Coordinator of the APEs

from a health facility, a national commitment to deploy APEs in remote communities is a critical step to improve access to health care.”

As for Judith, she too appreciates the fact that she was selected to be an APE. Although the work is demanding – sometimes she has to walk about three hours to make home visits and she only receives 1,200 meticias a month (about US\$20) – she says it is worth it. “I have been able to improve the health of my community and also my own children. She remembers how, like Hortencia, she lost two of her children to fevers, possibly malaria, one on the way to the hospital. “Now I know how to diagnose and treat children for fevers and other illnesses at home.” She has also learnt how to refer cases of malaria, diarrhoea and pneumonia with complications.

Adolfo Guambe, the public health officer and coordinator of the APEs at provincial level, who uses the opportunity to help Judith enter some data on her smart phone, says he is encouraged with the work of the APEs. “It has made a big impression on me that both Hortencia and Belamina (Judith) lost children during a time when there was no APE and now with the APE programme, their children are surviving.”

Judith also feels encouraged by the number of women she has been able to convince to deliver at the hospital. “Most women now give birth at the hospital, she says.



# KEY ACHIEVEMENTS IN HEALTH

## 1. COMMUNITY HEALTH WORKERS PROGRAMME

UNICEF supported the Ministry of Health to develop a five-year Strategic Plan for the Community Health Worker (CHW) Programme and outreach through mobile brigades. Along with WHO and the World Bank, UNICEF provided support to the Ministry of Health to scale up the community health workers programme in all rural districts. During the first nine months of 2016, countrywide refresher training, involving a total of 3,442 CHWs, was implemented to include integrated management of child illness as well as newborn care at community level, vitamin A supplementation, screening of severe and moderate acute malnutrition, prevention of postpartum haemorrhage, family planning and retention to anti-retroviral (ARV) treatment and the Prevention of Mother to Child Transmission of HIV PMTCT programme. Furthermore, improvements have been made to the newborn module, allowing newborns from home and facility births to be assessed or followed up three times in the first week, and referred to a health facility by community health workers in cases where danger signs are identified. To prioritize distribution of next round of APE, UNICEF is piloting a community mapping of health services in four districts of Zambézia in order to understand gaps and priorities. In line with this, funds have been mobilized to fill gaps by expanding coverage of CHW in Zambézia, Tete, Nampula and

Sofala. Some 200 new CHWs have started training contributing towards full coverage in priority districts. To address quality issues, UNICEF is supporting the implementation of 'mHealth' (use of mobile phones in health care) for CHW, called Upscale, in Inhambane and Cabo Delgado provinces.

## 2. MEDICAL ASSOCIATIONS

UNICEF has coached, mentored and fostered partnership with professional associations. Investments have been made in 2016 in improving the quality of the supervision and monitoring of health service providers, including the development of interpersonal communication (IPC) modules for training of health staff and community health workers. In particular, the integration of the IPC training module in the Mother and Child Health (MCH) and Immunization (EPI) training cascades is expected to improve the capacity of health professionals in the way they communicate with patients and care-givers.

## 3. EQUITY

UNICEF has supported the country to implement the Reaching Every Community (REC) strategy to ensure equitable immunization coverage. Following the pilot work of REC during 2014–2015 in two districts of Zambézia, REC approach has been scaled up to include three additional districts in Zambézia Province. Three additional high priority provinces

(Nampula, Tete and Manica) are under preparation to initiate the phased implementation of REC in early 2017.

## 4. IMMUNIZATION

Vaccination coverage has been steadily increasing in the country. The 2015 IMASIDA reports Pentavalent (Diphtheria, Pertussis, Tetanus, Hepatitis B and Haemophilus influenzae type b), vaccine coverage reaching 82 per cent, compared with 76 per cent in 2011 (DHS). Measles coverage has also increased by two percentage points, reaching 83 per cent. There were a number of key areas of progress in immunization during 2016, including the successful switch from tOPV polio vaccine to bOPV vaccine. (The switch eliminates the slight risk of vaccine-associated paralytic polio and circulating vaccine-derived poliovirus). UNICEF played an important role in the logistics of vaccine distribution and contributed to capacity building to manage the transition.

### National Health Week

High coverage of high-impact nutrition interventions was maintained through the NHW, reaching more than 85 per cent of children aged 6–59 months with vitamin A, deworming, immunization, and mid-upper arm circumference (MUAC) screening and referral for acute malnutrition. Family planning and birth registration were also part of the expanded package provided during NHW activities.

# PRIORITY AREAS FOR HEALTH IN 2017

## UNICEF WILL SUPPORT:

- The expansion of the APE programme, resulting in 900 additional APEs in 2017.
- The strengthening and expansion of the national cold chain by installing additional cold rooms at provincial level to accommodate new vaccines and requirements of a growing population.
- The finalization of the national investment case for improving Reproductive Maternal, Newborn, Child and Adolescent Health (RMNCAH) and the development of operational plans at provincial level.





# NUTRITION

## Battling child malnutrition on all fronts

**Raquel Meque**, 19, a mother of a 4-year-old girl and a 1-month-old baby boy, realises how dangerous malnutrition is.

She remembers how last year her daughter, Vina, got sick and her legs began to swell. "I thought she was losing blood, so I took her to a traditional healer who gave me some powder to put on her food to cleanse her body."

The powder gave Vina diarrhoea and it did not reduce the swelling in her legs or make her eat. Raquel waited for another two days, but when she saw that Vina was getting worse, she rushed her to the nearby health centre.

The nutritionist, Lourinda Sardinha, explained Vina was suffering from marasmus, a severe form of acute malnutrition, which was also complicated by malaria. Vina was immediately hospitalized at the health centre in Chitima, in the district of Cahora Basa, in the northern province of Tete. Over three weeks, besides treatment for malaria, Vina was given therapeutic milk and a high-energy peanut-based mixture, which is supplied by UNICEF through health facilities.



*"If a child eats a balanced diet but then has diarrhoea due to poor hygiene and sanitation, the weight they have gained will just fall off"*

— Clayton, 15

When asked about the causes of malnutrition, young reporters CLAYTON BANDA, 15, and ROSA AZEITE, 15, know about the importance of a balanced diet as well as good sanitation and hygiene.

Nearly half of all children are stunted (chronic malnutrition) in Mozambique, the ninth highest rate in Africa



Today, in the grounds of the bustling health centre, Vina is a different girl. There seems to be a special bond between Vina and the nutritionist, Sardinha, who is plaiting Vina's hair whenever Vina sits still for a few minutes.

According to Sardinha, Cahora Basa district has about 800 cases of children who are being treated as outpatients for acute malnutrition. Besides these cases of moderate and severe acute malnutrition, the chronic malnutrition levels in certain districts and indeed countrywide are a major challenge.

Nearly half of all children are stunted in Mozambique, the ninth highest rate in Africa. Dr. Benedito Toalha, nutrition specialist at UNICEF, says that these children have "suffered chronic malnutrition as a result of poor nutrition and environmental factors, like poor sanitation. Tragically, if the condition of the child is not taken care of during the critical 1,000-day window, his or her physical and cognitive growth will be irreversibly impaired.

Fabula Da Silva, nutrition manager for the Ministry of Health in Tete province, points out that although social services have improved, there is still a need for more provision of safe water and sanitation facilities at household level, as many families still have no toilets and some even have to dig in dried up river beds for their drinking water. He adds that families too need to change their behaviour, particularly around infant feeding practices. Although breastfeeding rates are good, exclusive breastfeeding for the first six months is still a challenge. "Mothers often breastfeed while walking or doing chores and the baby is unable to feed properly. Then, when the baby cries and the grandmother says the baby is hungry and needs shima (maize meal), the mother gives in, and feeds shima to her baby when the baby is less than six months."

Da Silva adds that the high prevalence of teenage mothers also contributes to high levels of malnutrition. "Many girls start having babies at around 15 years of age, before they are physically and mentally ready, and this can lead to low birthweight babies who tend to be more vulnerable to illness and malnutrition."

Therefore, malnutrition needs to be tackled on all fronts. To this end, Mozambique approved a Multi-sectoral Action Plan for the Reduction of Chronic Undernutrition (PAMRDC) in 2010, coordinated by the Technical Secretariat for Food and Nutrition Security (SETSAN) within the Ministry of Agriculture, in collaboration with government representatives from education, health and WASH (Water, Sanitation and Hygiene).



"Mothers often breastfeed while doing chores and the baby is unable to feed properly. Then, the mother gives in, and feeds shima to her baby when the baby is less than six months."

— Fabula Da Silva  
MoH, Tete

"If the condition of the child is not taken care of during the critical 1,000-day window, his or her physical and cognitive growth will be irreversibly impaired."

— Benedito Toalha  
UNICEF

The 1,000 day window is the time between pregnancy and a child's 2nd birthday

**Mothers should exclusively breastfeed and should make sure they give their infants a balanced age-appropriate diet, and should not have children at a young age**

— Rosa, 15

Rosa is different from many girls in Tete, and indeed in many parts of Mozambique. She is still in school and is thinking about her future career rather than having children.





Raquel Meque with her daughter Vina

© UNICEF Mozambique/2017/Ruth Ayisi

In the Health and Nutrition sector, the government focus is on promoting exclusive breastfeeding and preparing nutritious, well-balanced and age-appropriate infant feeding. “Infant feeding has improved in recent years, particularly with the help of volunteers who have learnt how to prepare nutritious food, often after their own children were treated for malnutrition,” says Da Silva. “They do food preparation demonstrations and other activities around nutrition in the community and at the health facility.”

Moreover, Da Silva says as traditional healers have such a strong influence in rural areas, the government, with UNICEF support, runs regular training sessions for them. Last year, a 14-day training for traditional healers focused on how to identify and refer cases of malnutrition. “We teach them to recognize childhood illnesses, including malnutrition, and stress the importance of referring them to the health facilities, allowing them if necessary to ‘cleanse the child of evil spirits’ after they have been treated.”

Ezequiel John 39, who has been a traditional healer since 2005, says he welcomed the training last year. “I learnt when a child’s upper arm measurement is on the yellow or red area, I must fill out a form and refer the child to the hospital.” John adds that, although he knows how to treat a variety of illnesses, he now knows to refer them to the health centre if the child is not getting any better.

Many traditional healers and mothers, however, are not as sensitised to the dangers of malnutrition in all its forms. In Vina’s case, it could have meant her losing her life; in many others, malnutrition results in children never reaching their physical or cognitive potential, a loss for the individual and for the country.

**Many traditional healers and mothers are not as sensitised to the dangers of malnutrition in all its forms.**

# KEY ACHIEVEMENTS IN NUTRITION

## 1. ENABLING ENVIRONMENT FOR NUTRITION

UNICEF has provided technical and financial support to develop multi-sectoral action for nutrition. This includes several national strategies such as the social, behaviour change communication (SBCC) strategy, launched in September 2016.

## 2. BREASTFEEDING

The promotion of breastfeeding and complementary feeding continued to expand, with the infant and young child feeding (IYCF) package training 94 health workers and 922 community health workers and volunteers at community level in Zambézia, Sofala, Tete and Manica. In addition, community WASH activists in three districts of Zambézia started a formative pilot scheme to integrate sanitation and hygiene promotion alongside promotion of IYCF. UNICEF technical support has led to better coordination of activities and expansion of IYCF outside the health sector, including training 85 agriculture extension workers and supporting WASH community volunteers.

## 3. SUPPLEMENTS TO REDUCE ANEMIA IN GIRLS

Supplements for adolescent girls have been expanded to cover more districts in the four target provinces, along with training of school teachers and health workers. The coverage of iron and folic acid (IFA) supplements to adolescent girls has improved as a result of the National Health Week (NHW), in which mobile teams were deployed to schools and health facilities to enrol adolescent girls into the programme and sensitise school boards and leaders. In total, 3,640,893 adolescent girls aged 10–19 years received IFA supplements during the July round of the NHW.

**922**

community health workers and volunteers at community level received training in IYCF.

## 4. TREATMENT OF SEVERE ACUTE MALNUTRITION

UNICEF continues to support more than 600 health facilities to provide severe acute malnutrition (SAM) treatment. In 2016, the support included purchasing anthropometric equipment (measuring boards and scales), therapeutic milk and Ready-to-Use-Therapeutic Food (RUTF). Furthermore, providers at the provincial and health facility level received training and job aids. During the July NHW 10,881 children were identified with acute malnutrition and referred.

## 5. SALT IODIZATION

UNICEF continued to lead the support to the Government's Universal Salt Iodization (USI) programme, and major progress has been made in terms of merging the USI programme with the Food Fortification programme. Joint legislation was passed, and UNICEF advocacy led to the development of a joint food fortification strategy.

## 6. NUTRITION INFORMATION SYSTEMS

Technical assistance to strengthen nutrition information systems and in particular the integration of nutrition data into the Health Management Information System is now in place.

**600**

health facilities receive UNICEF support to provide severe acute malnutrition (SAM) treatment.





## **PRIORITY AREAS FOR NUTRITION IN 2017**

### **UNICEF WILL SUPPORT:**

- **Integration efforts for high quality behaviour change on nutrition, particularly for infant and young child feeding and water and sanitation in priority districts of Zambézia and Nampula provinces where there are high levels of chronic malnutrition.**
- **The assessment and capacity building of provincial and district leadership on nutrition, providing more skills and resources for a multi-sectoral approach.**
- **The maintenance, expansion and quality of the programme to treat acute malnutrition.**







# HIV

## No more long anxious waits

**Last year, Isabel,** a mother of six, had been prepared for another long, anxious wait to find out the HIV status of her baby, Tomas. She remembers how, in 2007, it took three months for her second child's HIV test result to be sent to her local clinic. "I kept going to the clinic only to be told they had not received the test result," says Isabel. (The names of the mother and baby have been changed to protect their privacy).

Despite having to make many trips to the clinic, Isabel persisted. She had already lost a son at the age of 3 months in 2004 before he was tested for HIV.

Last year, however, was a different story, thanks to the recently introduced Point of Care technology which undertakes HIV tests for infants under 18 months. The nurse was able to test the blood from Tomas when he was only 1 month old and told Isabel that she would receive the result on the same day. "I was so surprised when the nurse told me to sit down and wait for the results," says Isabel. "I was scared about the result, but at least I didn't have to wait long to find out he was HIV negative. I was so relieved."

Six months later, Isabel brings Tomas to be weighed at the Ponto Gea Health Centre in Beira city where she sits with a crowd of mothers and their babies, many breastfeeding, who are waiting outside the consulting room in a sheltered open space. Some of the mothers have brought their babies for an HIV test and others for growth monitoring.



*,"I think girls who don't go to school or who drop out of school are particularly vulnerable as they are out there alone and are susceptible to all kinds of bad treatment."*

— Rosy, 14

ROSY MANUEL, 14, and MARCEL JUNIOR, 16, discuss issues they feel strongly about. They both mention how girls are more vulnerable to HIV, how discrimination against people living with HIV is still a challenge, and how fathers should be more involved in bringing up their children.

Point of Care (PoC) technology undertakes HIV tests for infants under 18 months in less than an hour





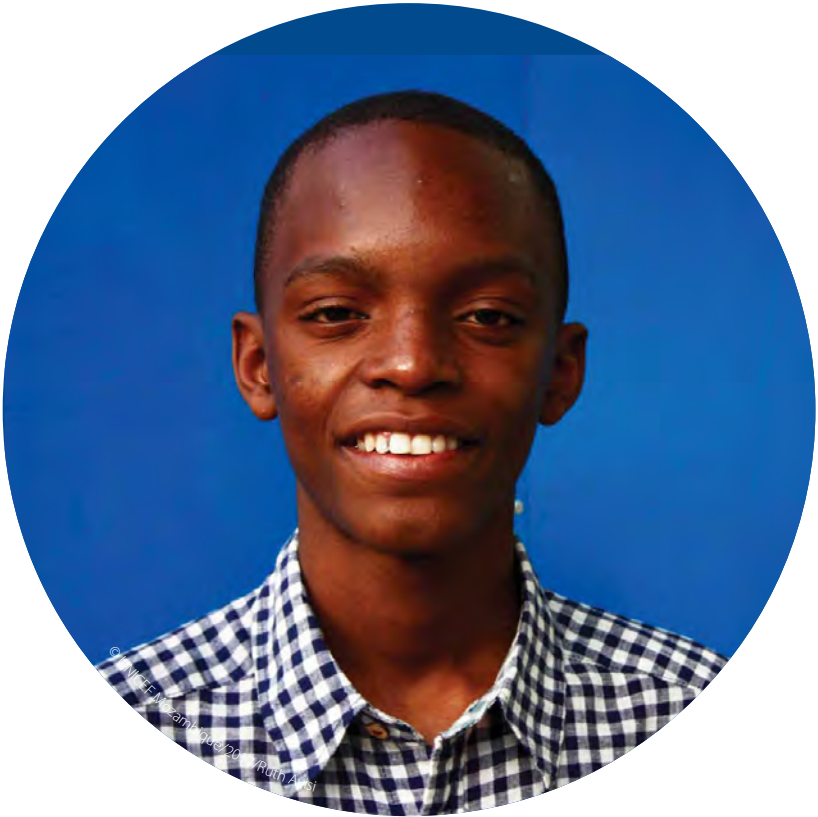
One at a time, they enter the cramped consulting room, yet the nurses handle the point-of-care machine with ease. It looks like a desktop printer, and can deliver a test result for HIV in just 50 minutes.

Nurse Josefa Menezes is one of its main users. Last year, she took part in a two-day UNICEF-supported training, after which, she says, she finds the machine easy to use. She is excited when she explains how, since they began to use the point-of-care machine in July 2016, their work has become much easier. "Before, we had to send the tests away; and we would have to keep telling mothers that we hadn't received the results and that they needed to come back again another day. There was a time it took up to three months, then we lost track of some of the mothers and their babies. Some would move to different areas, some did not register with the clinic, and we did not even know if the babies were still alive."

Dr. Dezi Mahotas, UNICEF health specialist, highlights that the point-of-care machine has other benefits too. "Many children's lives have been saved as if they do test positive, we are able to put them on treatment straightaway, whereas before they would often only get treated once they had developed HIV-related illnesses and by then it was often too late. Now we need to scale up testing with the point-of-care machines throughout the country."

**The views of Marcel and Rosy are pertinent. Lack of paternal involvement at the local mother and child clinic is one of the main obstacles in the prevention of mother-to-child transmission (PMTCT) of HIV for the nurses at the antenatal and postnatal clinics. Many women living with HIV still fear they will be discriminated against and abandoned by their partners, and some do not even reveal their HIV positive status to their partners. Yet this is slowly changing and, in the last year, significant advances in HIV prevention, diagnosis and treatment of newborns have been made.**

*"We need to scale up testing with the point-of-care machines throughout the country."*  
- Dr. Dezi Mahotas, UNICEF



***"Fathers are less involved in childcare as they work outside the home and some think that childcare is women's work. But this should not be the case as it is important for a father to be involved too; he needs to spend time communicating with his children."***

— Marcel, 14

Marcel is a child radio producer at the local radio station in Beira city, in the central province of Sofala, Mozambique. His dream is to be a pilot but is still at school. In his spare time he works as a child radio producer covering issues related to child rights, including sexual and reproductive health.



All photos: © UNICEF Mozambique/2013/Alexandre Marques

On average, at the Ponte Gea Health Centre, about 50 babies delivered by HIV positive mothers are being tested every month, and of those, around five babies are testing HIV positive. “We are not satisfied with this result,” says nurse Menezes. “I will only be happy when all our babies test HIV negative.” One of the biggest challenges, she adds, is the lack of involvement of fathers. “Women are scared that their partners will abandon them, or talk badly about them in the community and discriminate against them, so some just hide their status and take their tablets in secret.”

Menezes adds that although stigma around HIV has reduced dramatically, it still exists. “Some mothers prefer to go to another health centre to receive the medication as they are scared that someone they know will see them.” She also states that during regular group discussions with HIV-positive mothers, HIV stigma and cases of discrimination always comes up. “I always tell the mothers that whatever they discuss in the groups should remain in the group, and that they must not disclose outside.”

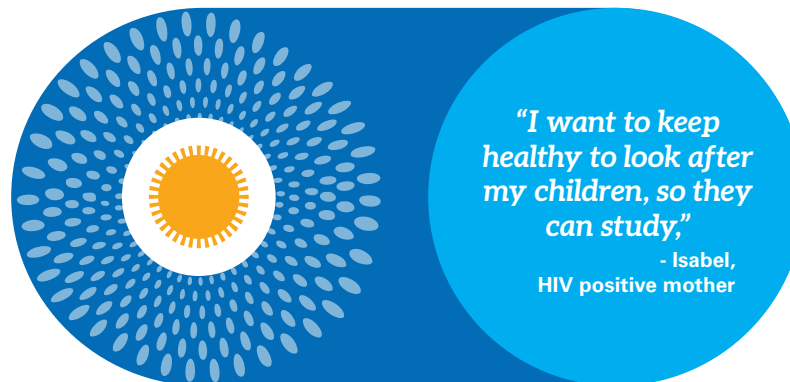
At the antenatal clinic nurse Inez Germano confirms that lack of paternal involvement is a problem. She explains that besides the usual counselling messages for HIV-positive pregnant women – to adhere to antiretroviral (ARV) treatment, to deliver in a hospital, and to exclusively breastfeed for the first six months – healthcare workers also stress that women should

“Some prefer to go to another health centre to receive the medication as they are scared that someone they know will see them”





© UNICEF/MOZA2013-00311/Alexandre Marques



bring their partners for HIV testing. But she estimates that about 1 in every 5 partners of HIV-positive women either do not know about their partner's HIV positive diagnosis or are not supportive. "Some even beat their wives and throw them out of the house. We need to improve our counselling and get more men involved," she says.

Nurse Germano points out that the health centre is making efforts to involve men. For example, at the antenatal clinic, a pregnant woman who comes with her partner will be attended first, and the clinic also counsel men about the importance of the test.

Meanwhile Isabel, who is preparing to make the 10-kilometre journey home on public transport, says her husband, who tested HIV negative at the clinic, is supportive. Despite this, she prefers to be treated in this health centre rather than at her local health clinic. She also does not disclose her HIV positive status to friends; her mother, a single parent, died when she was young.

Yet, she says, she is thankful for the support at the health clinic. All her children are HIV negative, and she has kept healthy, managing to adhere to her antiretroviral medication. Moreover, despite long hours at a market selling fish, Isabel, who does not know her age, has also enrolled in adult education and at lunch time, is studying the equivalent of Grade 1 primary school. Yet her dream for the future is more about surviving for her children's sake. "I want to keep healthy to look after my children, so they can study," she says, kissing her baby on his forehead.

***"I estimate that 1 in 5 partners of HIV-positive women either do not know about their partner's HIV positive diagnosis or are not supportive. Some even beat their wives and throw them out of the house. We need to improve our counselling and get more men involved,"***

**— Inez Germano,  
Nurse**

# KEY ACHIEVEMENTS IN HIV

## 1. PREVENTION OF MOTHER-TO-CHILD TRANSMISSION

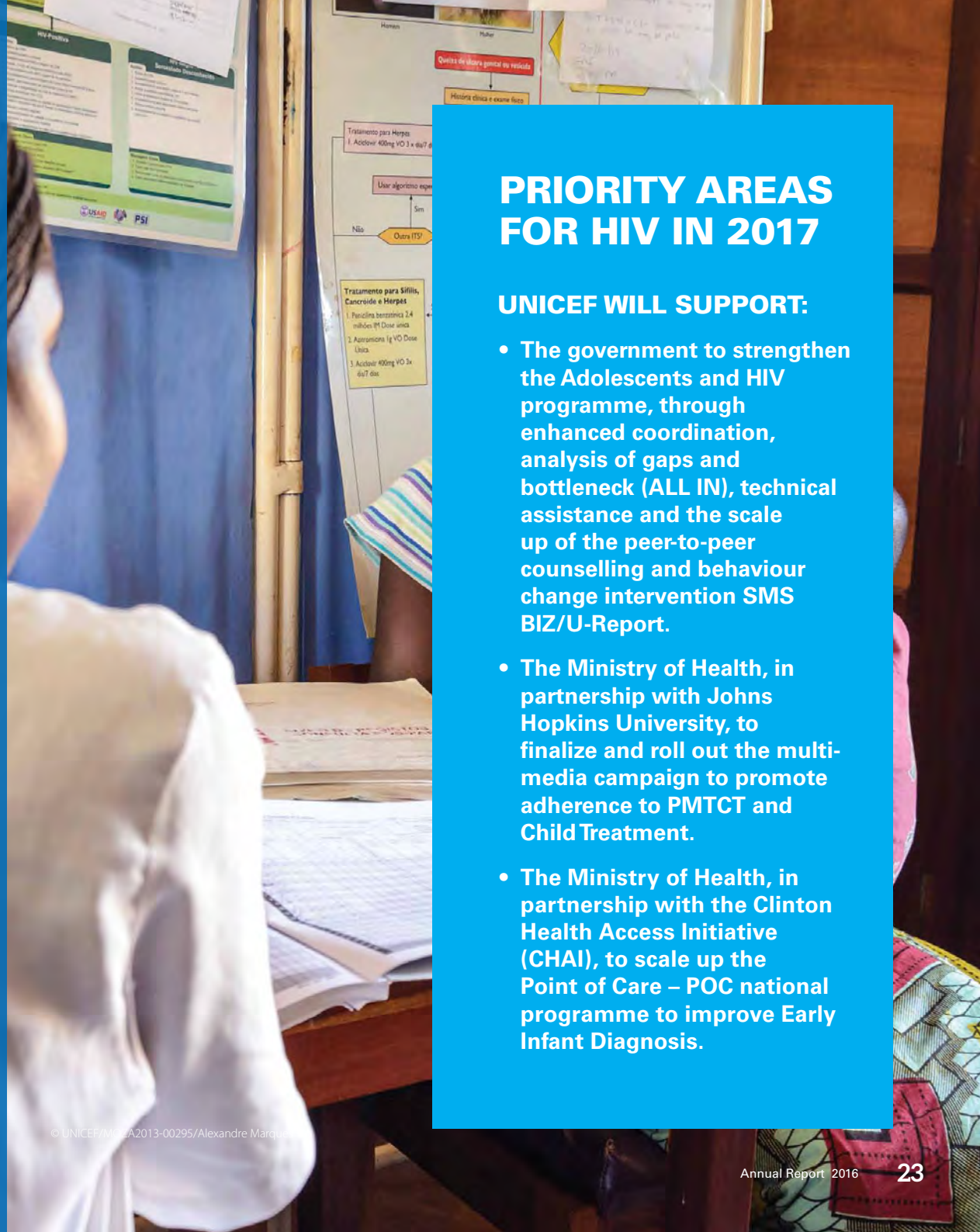
UNICEF has contributed to policy development through studies on the most effective approaches for identification and retention of mothers and children on the Prevention of Mother-to-Child Transmission (PMTCT) of HIV and Paediatric HIV programmes.

## 2. POINT OF CARE TECHNOLOGY FOR EARLY INFANT DIAGNOSIS

A long-term partnership with the Clinton Health Access Initiative (CHAI) has provided evidence for Point of Care Technology for Early Infant Diagnosis, which gives the basis for a national scale-up. During 2016, UNICEF contributed to the pilot of early infant diagnosis, using innovative 'point of care' technology to provide results of HIV tests more quickly. UNICEF's contribution has been to conduct readiness assessment of facilities that have been upgraded to ARV sites.

## 3. ANTI-RETROVIRAL THERAPY TREATMENT TRAINING FOR NURSES

UNICEF supported three provinces in training more than 220 maternal and child health (MCH) nurses in anti-retroviral therapy (ART) treatment protocols for option B+ (pregnant women living with HIV receive treatment for life regardless of their C4D count) and paediatric treatment. This has also contributed to an increase of children on ART; the number of children under the age of 15 years who are on treatment reached 70,138 at the end of June 2016.



# PRIORITY AREAS FOR HIV IN 2017

## UNICEF WILL SUPPORT:

- The government to strengthen the Adolescents and HIV programme, through enhanced coordination, analysis of gaps and bottleneck (ALL IN), technical assistance and the scale up of the peer-to-peer counselling and behaviour change intervention SMS BIZ/U-Report.
- The Ministry of Health, in partnership with Johns Hopkins University, to finalize and roll out the multi-media campaign to promote adherence to PMTCT and Child Treatment.
- The Ministry of Health, in partnership with the Clinton Health Access Initiative (CHAI), to scale up the Point of Care – POC national programme to improve Early Infant Diagnosis.







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# WATER, SANITATION and HYGIENE

## Enjoying a shower for the first time

**Last year (2015)**, Veronica Nhamassa, 25, had running water in her home for the first time in her life. She lives with her husband and 19-month-old daughter Eulisia in a one-bedroom home in the peri-urban area of Jangamo, in the arid southern province of Inhambane.

Nhamassa proudly demonstrates how water flows from the taps of her new sink and her newly fitted shower in a small outside enclosure which she had built last year. She carefully collects the water in a beaker so as not to waste it. "Before, I had to fetch water in a bucket from my brother-in-law's house and I took my bath using a bucket. I enjoy the shower so much. It's much easier than taking a bath with a bucket and it saves time and water. It is also very cheap, much cheaper than the private water supplier." She then shows off her new toilet. "This too is much better than the latrine I had outside."



"Although water and sanitation coverage is better in urban than rural areas, access to water in small towns is actually lower than both,"

— Chris Cormency  
UNICEF

*"My friend, Carlos, has to search for water before he goes to school because he has no running water in his home. He is suffering a lot; sometimes he is late for school because he is looking for water"*

— Exarque, 13

EXARQUE MAMBO, 13, a child radio producer in Inhambane, reflects how difficult it must be not to have water at home.

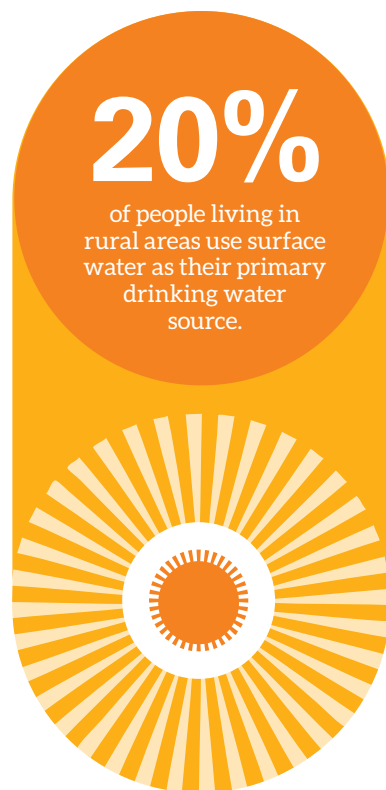


***“We use all means of communication, in particular radio, talks, and house visits, to persuade people to change this behaviour, understanding the importance of not just having access to water but also to good improved sanitation and to practise good hygiene.”***

**– Juvencio Nhaule  
UNICEF**

Nhamassa’s family, who live in a small town in Inhambane province, have benefited from a government programme, implemented in partnership with UNICEF and the EU, to install piped water supply at household level. This means that they have running water either inside the home or from a tap in their yard at affordable prices.

“Although water and sanitation coverage is better in urban than rural areas, access to water in small towns is actually lower than both,” explains Chris Cormency, UNICEF Chief of Water Sanitation and Hygiene (WASH). Moreover, “having access to WASH services is critical to extend social services and development in these fast growing populations centres. UNICEF’s support helps ensure that the improved access is both sustainable and equitable, reaching the poorest parts of the community.”



For those who live in unplanned urban areas where piped water is impossible to install, water kiosks have been set up in strategic places, often becoming part of a shop selling other items as well, where people in the surrounding area can access cheap, safe water.

Although, nationally, the proportion of people without access to improved water sources declined from 65 per cent in 1990 to 49 per cent in 2015, in rural areas, one in five still use surface water as their primary drinking water source. Moreover, Mozambique has higher open defecation rates than any other country in sub-Saharan Africa (39 per cent). Some 79 per cent of the population lack access to improved sanitation facilities, 90 per cent in rural areas and 58 per cent in urban and peri-urban areas.

Water-borne diseases and diseases associated with poor sanitation and hygiene are a significant problem in Mozambique. For example, in 2015 there were 8,858 cholera cases and 65 deaths registered in 21 districts of six provinces. Young children are particularly at risk. Despite reductions in child mortality, 97 children under 5 die per 1,000 live births, and diarrhoeal diseases remain one of the leading causes of death among children. Moreover, evidence suggests that WASH is an essential intervention to reduce stunting; 43 per cent of children under 5 are severely or moderately stunted in Mozambique.

Women and girls are particularly vulnerable due to lack of WASH services. For example, girls lose time at school as they can be required to collect water, sometimes taking up to two hours of their day, and they are especially at risk of sexual assault if they have to go to the toilet in the bush at night. And children with disabilities can be denied access to a school education when accessible WASH facilities are unavailable or inadequate.

To benefit from the piped water installation, families in the peri-urban areas and small towns need to have at least an improved latrine outside their homes. However, as Juvencio Nhaule, the UNICEF WASH specialist in Inhambane, points out, “Engaging people in new positive collective practices such as building improved latrines or installing flush toilets, has been the most challenging part of the programme. We use all means of communication, in particular radio, talks, and house visits, to persuade people to change this behaviour, understanding the importance of not just having access to water but also to good improved sanitation and to practise good hygiene.”

Carolina Guirrujo is an activista (volunteer) who does house visits to educate people about good hygiene and the importance of using a toilet. She has managed to convince most people to build latrines, even those with little money to spare. She says that a UNICEF-supported training last

year helped her to develop key messages for the community and also guided her on how to encourage individuals to set up saving groups in order to be able to afford to pay for the toilet. In these revolving funds, each person contributes a certain amount each week; with the surplus being pooled so that each member is able to take out a lump sum to build a toilet in due course.

Farida Sileimane, a mother of five children, says if she had not been encouraged to join with her neighbours to pool the funds, she would not have been able to afford to build one. It meant that she had to take on extra work farming on someone else's plot. "It's worth it. I now have an improved latrine and a water tap in my yard. The old (traditional) latrine was not good, and the surrounding area was very slippery. I know this one is better for our health, and I now have piped water." The water supply comes out of a tap in her yard.

Indeed, Guirruogo says that her key message is about good health. "We tell them that flies that sit on uncovered faeces will come back to your food."

Guirruogo earns 1,000 meticaïs a month (less than US\$20) for her sensitisation activities. "I like this work as I learn a lot and I am able to share this information with my community."

**79%**

of the Mozambican population lack access to improved sanitation facilities

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***"I now have an improved latrine and a water tap in my yard. The traditional latrine was not good, and the surrounding area was very slippery. I know this one is better for our health, and I now have piped water."***

**— Farida Sileimane,  
Mother of five**



Veronica, with her baby seeing water coming out of the tap for the first time

© UNICEF Mozambique/2017/Ruth Ayisi



# KEY ACHIEVEMENTS IN WATER, SANITATION AND HYGIENE

## 1. CAPACITY DEVELOPMENT

Various external shocks had a detrimental impact on Mozambique in 2016 and had direct repercussions on the WASH sector. UNICEF's continued support to upstream work and coordination directly contributed to keeping over US\$ 6.0 million donor money in country and in the sector. In addition, UNICEF successfully advocated with partners for the continuation of the SWAP Common Fund, in spite of donors' shifting partnership modalities.



## 2. SANITATION AND HYGIENE

With UNICEF support, in rural areas and small towns, over 86,000 people gained access to improved sanitation.

UNICEF support has focused on the development of town-wide sanitation plans, which includes promoting demand through interpersonal and mass communication, sanitation competitions, innovative financing, and promoting the diversification of supply through sanitation marketing.

In the second half of 2016, UNICEF piloted the integration of anti-stunting nutrition priorities into the WASH community sanitation programme. The learning from this initial attempt will inform a larger joint WASH-Health-Nutrition stunting reduction programme starting next year.

**59,000**

people gained access to a clean water supply in 2016

## 3. SAFE WATER

UNICEF continued to support improved WASH access through a capacity-building approach that supported the government's procurement, contracting and monitoring of infrastructure projects.

In 2016, more than 59,000 people gained access to a clean water supply.

## 4. SCHOOL WASH

UNICEF WASH and Education worked together to support the launch of a national review of latrine designs in keeping with a set of national standards and plans, which will include gender considerations and disability access.





## PRIORITY AREAS FOR WASH IN 2017

### UNICEF WILL SUPPORT:

- The revision of the rural WASH strategy document (PRONASAR) as well as the development of the national sanitation strategy.
- The implementation of drought resilient water systems for over 100,000 people so that they access clean water through multi-use small water systems.
- Over 163,000 new users access safe water supply systems, and will improve these services in targeted rural and small town communities.
- 310,000 new users in targeted rural and small town communities to use safe and sustainable sanitation and will support activities to improve hygiene practices.





The school council is made up of community members, parents, teachers and pupils



# EDUCATION

## School councils keep children from dropping out

Jeni Tito, 14, says she found it difficult to attend school on an empty stomach and without school materials and school uniform. So, last year, when she started a relationship with a boy and got pregnant, she decided to drop out of school. "My mother was angry and wanted me to find the boy but he had disappeared."

It is the school holidays and Jeni has come to her school, the EPC Lobo Primary School, in Nicoadala, some 45 kilometres from the provincial capital of Quelimane in the northern province of Zambézia.

Smartly dressed in a denim skirt and T-shirt, Jeni sits on a narrow, rickety, wooden bench in her classroom which was built by parents using wood and mud. When it rains, water enters the gaping holes between the wooden planks but, fortunately, today is not wet.

Jeni places her new large school bag beside her, rather than on the dirt floor. The bag was bought by her grandmother, who now takes responsibility for Jeni and her younger sister, Ruth, 10, as their mother is very sick. "I got the bag, and Ruth got the uniform," says Jeni proudly.

Jeni lost her baby two months into her pregnancy. "Then, I wanted to go back to school, but I was ashamed. I had told my friend that I was pregnant, and she had told the whole class."



*"In urban areas, poverty makes some parents send their children to work when they should be at school.. and in rural areas some of the children do not have good conditions to learn. Some are learning under trees."*

— Laucenia, 15

LAUCENIA LUIS, 15, a young reporter in Quelimane, is already in the second year of university. Yet she is aware that most children have not had the same opportunities as she has had

"In my bairro there are young girls who get pregnant and marry. This is taking them out of school. They are our future and they haven't yet reached their potential."

— Romo Joao Andre, 13  
Young radio producer







Jeni sitting in her classroom

© UNICEF Mozambique/2017/Ruth Ayisi

**6.3%**

of third grade students  
had basic reading  
competencies.

**1.2m**

(million ) children  
in Mozambique are  
currently out of  
school

After two months at home, Jeni had a visit from a member of the school council. The school council member told her she should return to school. "He said I couldn't stay at home doing nothing and if I didn't go to school, he would come personally to my home to collect me," says Jeni.

Although Jeni was apprehensive about returning to school, it was much easier than she thought. "The other children treated me well, like I was their friend."

Jeni is one of 39 children who the school council – made up of community members, parents, teachers and pupils – managed to get back into school last year. The school council president, Fina Viano, explains that in most cases hunger and lack of school materials had made children drop out of school. "Last year was particularly bad due to hunger caused by the drought. Other years, more girls tend to drop out, especially when mothers keep them home to look after the younger ones while they farm. We try to educate the mothers not to do this," says Viano.

Keeping children in schools is a challenge for the whole country. Despite progress in primary enrolment, less than half of children complete primary education; many drop out in the first five years. About 1.2 million children are currently out of school. Even for those who attend, the quality of education is a challenge. According to the 2013 national learning assessment, only 6.3 per cent of third grade students had basic reading competencies.

UNICEF Education Chief, Iris Uyttersprot, highlights the important role played by school councils. "UNICEF assists the Ministry of Education with technical support who, in turn, provide training for school councils. Already we are seeing encouraging results, particularly in the case of vulnerable

children who are being given that extra critical encouragement and support to stay in school. Moreover, school councils are also contributing their time to school administration activities.”

One of the first priorities at Jeni’s school is to make the school more conducive to learning. Viano highlights the poorly-built classrooms and the fact that younger pupils have to have classes under the trees.

“Last year, we held a meeting with parents and asked them to bring bricks to school to help lay the foundations of new classrooms. We will then hire local builders in the community to finish the job,” explains Viano.

The money for construction will come out of a fund called “apoio direito para escola”, a subsidy from the government that is managed by the school council along with the school administration. “The fund is important because it allows the school to operate without having to ask parents, many of whom are subsistence farmers and have no spare cash, for any major contributions,” explains Uyttersprot.

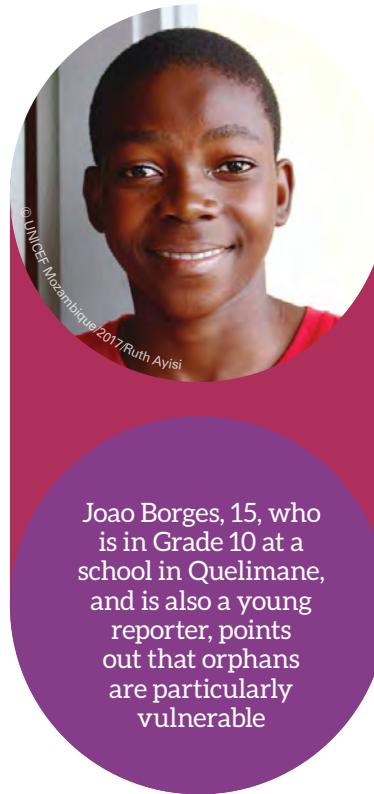
Besides improving the classrooms, the council also set aside money to buy school materials for vulnerable children, who are identified by the teachers. To help ensure transparency, the council has three commissions made up of school council members: one commission is in charge of planning how to spend the money, the second is in charge of purchases, and the third commission receives and monitors the use of the school materials.

Last year, the teachers identified 197 out of a total of 858 pupils as vulnerable, Jeni being one of them. Viano regularly visits Jeni. “Their house is in such poor condition, I don’t think it will withstand the rains we’re having,” says Viano.

As Jeni’s mother, a single parent, is so sick, Jeni is taking on more household chores, which includes fetching water from the public tap before she leaves for school at 6 a.m. They have no toilet or electricity and when it rains waters comes into their home. “Her mother is so sick now, she cannot even stand by herself. We are praying for her,” says Viano.

The director of the school, Carlos Lisboa, talks to Jeni, stressing how important it is for her to remain in class. He adds that, despite the challenges, the community is easy to mobilise as they want a better school for their children. “We need to move ahead,” he says.

Jenni is determined to move ahead too and says she wants to stay in school now. “I don’t want to marry. I want to know how to read and write first so I can live well in this world.”



Joao Borges, 15, who is in Grade 10 at a school in Quelimane, and is also a young reporter, points out that orphans are particularly vulnerable

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***“They do not have their parents to show an interest in their schooling. I say this as I have a friend who lost his mother and his father abandoned him, and the family where he stays do not accept him. But he’s a talented poet. Lots of poems relate to his life. He expresses himself through his poems.”***

— Joao, 15

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***“We need to sensitize parents that they must keep their children in school, especially in rural areas. Girls tend to drop out due to child marriage, poverty and early pregnancy. It’s not easy to study when you’re pregnant,”***

— Iris Valeria da Silva Jamal, 14, a young radio producer in Nampula.



# KEY ACHIEVEMENTS IN EDUCATION

## 1. EARLY LEARNING AND SCHOOL READINESS

UNICEF supported the development of an accelerated, low-cost school readiness pilot as well as launch of its initial test phase reaching out to 900 children and their parents in 15 communities in the district of Milange in Zambézia, in partnership with Save the Children and the Ministry of Education. The initial (testing) phase started in the final quarter of 2016

UNICEF also continued its financial support of Zizile, an umbrella group of civil society organizations advocating for the rights of young children, facilitating their participation and advocacy on policy issues related to early childhood development and early learning.

## 2. QUALITY AND LEARNING (PRIMARY EDUCATION)

The national in-service training strategy for primary teachers, developed by the Ministry of Education with UNICEF support in 2015, was approved and implemented for the first time in 2016. The strategy provides for in-service training on participatory teaching methods for two experienced teachers in every primary school cluster or ZIP throughout the country. In 2016, approximately 3,500 experienced teachers were trained directly, 730 in UNICEF's target provinces of Zambézia and Tete. These trained teachers have been sharing their newly-acquired knowledge and skills with peers

in their respective school clusters, with the aim of reaching all teachers who teach Grades 1 to 5. A total of 9,410 teachers have benefited from these peer-to-peer sharing sessions at the school-cluster level nationwide, of whom 2,851 were from Zambézia and Tete.

The quality standards applicable to primary schools were piloted in 2015 and an evaluation was conducted and finalized in 2016. Drawing on the evaluation findings, UNICEF supported the revision of the standards in the last half of 2016.

Key partners included the Teacher Training, Primary Education and Quality Departments of the Ministry of Education and Human Development, the National Institute of Education Development, teacher training institutes, provincial and district education officials as well as the Universidade Pedagógica.

## 3. ACCESS AND RETENTION

### School Councils

UNICEF contributed to the national training on the functioning of school councils, supporting this training in 15 districts in Tete (reaching 318 district education officials and 15 school council focal points) and all 22 districts in Zambézia.

Additionally, an agreement was signed with Oxfam-IBIS to reinforce the impact of the national training as well as develop a training of school councils in

the districts of Pebane, Nicoadala and Maganja Da Costa in Zambézia starting in 2017. The focus is on the school council's social role, reaching out to children who miss school, helping to prevent absenteeism and school dropout, as well as help prevent violence, early marriage and pregnancy.

### Girls, Violence against Children and Children with Disabilities

UNICEF provided technical support to the dissemination and implementation of a revised national gender strategy for education that reinforces the importance of girls' education, their transition to secondary education and the prevention of early pregnancy and marriage. UNICEF supported the training of all provincial gender focal points in the education system, and in the two UNICEF priority provinces. The capacity development initiative was further rolled out to district level.

UNICEF supported the establishment of anonymous suggestion boxes to report complaints and suggestions, in primary schools in the UNICEF priority districts of Tete and Zambézia,

UNICEF supported the training of over 600 education officials in Tete and Zambézia on integration of cross-cutting issues, such as HIV prevention and life skills, into the primary curriculum.

## 4. SYSTEM AND GOVERNANCE

### Educational Management

UNICEF has been rolling out the training of POEMA (Portuguese acronym for Planning, Budgeting, Execution, Monitoring and Evaluation) for over 80 education managers at Provincial and District Directorates in Tete and Zambézia.

Additionally, self-study materials for primary school directors were developed in partnership with the National Directorate of Teacher Training and GIZ. The manual is expected to complement existing School directors' training (a national pilot) and serve as resource material for the thousands of school directors who have not benefited yet from the training.

### Research

UNICEF partnered with the National Institute for Educational Development (INDE) to conduct the second National Learning Assessment with 3rd graders. The study is expected to determine whether there has been improvement in reading learning outcomes since 2013 and will also provide a baseline for math learning outcomes.

UNICEF financed the University of Pedagogy to conduct research on primary school clusters (ZIPs), which will inform the roll out of in-service teacher training.





## PRIORITY AREAS FOR EDUCATION IN 2017

### UNICEF WILL SUPPORT:

- A low cost Accelerated School Readiness (ASR) pilot programme for over 2,500 children in 45 communities of the districts of Morrumbala, Derre and Milange, Zambézia province.
- Continued technical and financial assistance for national in-service teacher training, expected to train 6,600 teachers, and to provide supplementary training for over 600 teachers and community members in the UNICEF target provinces of Zambézia and Tete.
- Training of over 200 school councils on prevention of dropout, violence and early marriage in the districts of Pebane, Nicoadala, and Maganja da Costa in Zambézia province, and the development of a similar intervention in Tete.





# CHILD PROTECTION

## Phoning for help

Fatima's face lights up with a charming smile when she greets Raquel, a pseudonym used by the psychologist who is visiting Fatima in her new home in the heart of Mozambique's bustling capital, Maputo. The psychologist is accompanied by a teaching assistant, known as the "year mother".

Fatima fetches plastic chairs for her visitors and sits beside them, looking excited by the visit. There are no other children her age; instead there is a baby crawling in the sandy yard, a young woman who is preparing samosas to sell on the street, and her aunt. Two cats cuddle up together, which makes Fatima giggle.

When the teaching assistant asks why she is not at school, Fatima suddenly looks anxious. "My uniform did not dry in time," she says, casting her eyes down like she has done something wrong. At that point her aunt interrupts. "She only washed her uniform at 10 a.m. this morning when she knows she has to go to school at 1 p.m. She even wanted to go to school wearing her wet uniform. But I didn't let her," the aunt tells the psychologist.



***"If a mother who carries her baby for nine months in her tummy does not protect her child, then who will?"***

**— Wilny, 11**

**WILNY JOAO, is a child radio producer in the capital, Maputo**

*"We need to extend the reach and improve the quality of services provided by the police, judiciary and legal aid providers, as well as community and social welfare actors,"*

**— Edina Kozma,  
UNICEF**





Her aunt continues, “She isn’t like other children, she comes home late at around 7 p.m., plays with children outside the home, often boys, and hangs around markets asking for money, but we give her everything; she does not need to beg for money. Maybe it’s because of what happened to her that is why she is like that.”

Fatima’s earlier confidence has vanished; she looks much younger than her 9 years, partly because she is so slightly built and also because she looks unsure of herself. Her eyes well up and she uses her torn T-shirt to wipe her nose. Her aunt’s comment refers to last year, when Fatima was repeatedly raped by her stepfather.

It was Fatima’s teacher who raised the alarm. She phoned the national child helpline, a telecommunication and outreach service for children and young people which is supported by UNICEF and other partners. “She used to come to school dirty and hungry. I would see her eating scraps of food that had been thrown away by the other children. But it was when I saw her walking with difficulty and the marks on her back that I knew something was seriously wrong,” says the teacher, who would like to remain anonymous as the case has still not come to court.

Raquel, the psychologist now visiting Fatima, answered the child helpline call that day, and arranged to interview Fatima the following day. “She (Fatima) told me that when her mother was drunk and ‘didn’t feel like it, she would give her to her boyfriend.’ She also said that when she got too sore and suffered from vaginal discharges, her grandmother told her to sit on a pot of warm water ‘to make her feel better’”

Raquel referred Fatima to the special unit in the police station that has been trained to deal with cases of domestic violence, and works closely with the hospital. Fatima spent one month living in an orphanage until she was placed in the house of her aunt and her biological father and also returned to school. Meanwhile, her stepfather escaped to another province; a warrant is out for his arrest.

Fatima’s story is not unique. The child helpline only touches the surface of the problem. Last year, the child helpline had 70 reported cases of rape, in which most of the perpetrators were well-known to the victims, like fathers, stepfathers and teachers, says Luis Chauca, the database manager at the child helpline. They also had 52 cases of child maintenance complaints. “It’s not only mothers that phone in, sometimes it’s the children themselves.” He points out that they also dealt with 39 other cases where the child was abused to extent that there were visible marks, for example after being tied up or scolded with a hot iron.

**42,995**

phone calls to the  
Child Helpline were  
registered between  
Jan – Sept 2016

**1 of 3**

women aged 15– 49  
declare they have been  
victims of violence at  
some stage  
in life

Between January – September 2016, the Child Helpline had 42,995 phone calls and the police registered 6,963 cases of violence against children. According to the 2011 Demographic Health Survey (DHS), the incidence of violence against women and children is high, with one in every three women aged 15– 49 declaring that they have been victims of violence at some stage in life.

“We need to extend the reach and improve the quality of services provided by the police, judiciary and legal aid providers, as well as community and social welfare actors,” says Edina Kozma, acting UNICEF Chief of Child Protection. “UNICEF also supports awareness activities among children and communities about their rights and available remedies, and strengthens the avenues for reporting and referral of cases, including supporting the national child helpline. We need to build on our partnerships with government and civil society providers to offer legal aid so that families can access the system.”



Child radio producers at Radio Mozambique, Inhambane

Photo: ©UNICEF/Mozambique/ P. Muagona

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***“If a child grows up with violence in the home, he or she won’t learn with confidence. It can lead to the child dropping out of school and also other problems, like HIV,”***

**— Eva Nelson, 13  
child radio producer in Inhambane**

Chauca says that the Child Helpline would like to get better feedback on how each case has been handled. “We want to know the victim is safe and that the perpetrator has been punished.” He is also aware that most people are reluctant to denounce cases of violence, particularly rape cases and especially when it occurs in the family. “We need to make people, including children, more aware of their rights and of the child helpline service, particularly in rural areas.”

The Child Helpline has plans to extend its service from its current 12 hours to 24 hours and to increase the number of staff. Currently there are only eight staff – six social workers and two psychologists – responding to the calls, all of whom have been trained specially to handle cases over the phone. “A child, or even an adult, may phone us, but not know how to tell us what they are concerned about, so we learn how to chat, to become their friends and find out the information they want to tell us,” says Raquel.

As far as Fatima is concerned, Raquel is still worried about her situation and says social services need to follow up. “She is so friendly and looks like a happy child with a beautiful smile, but she is hiding a trauma behind it all.” For now, Fatima seems to get the most support from school. Her teacher says that she has seen an improvement. “We didn’t recognize her when she came back to school, she was so well dressed and clean, and she has begun to love to write, although she does not concentrate for long.”

Before her visitors leave, Fatima proudly shows off one of her favourite books called Boneca Bonita (‘Beautiful Doll’), which she had been trying to read as her aunt talked to the psychologist. Fatima says she loves school and, with renewed confidence, she says that in the future, “I want to become a teacher in a school to teach other children.”



# KEY ACHIEVEMENTS IN CHILD PROTECTION

## 1. ENDING VIOLENCE AGAINST CHILDREN, AND CHILD MARRIAGE

UNICEF, together with the government, UNFPA, development partners (DFID, Dutch Embassy, EU), civil society organisations and religious groups, mobilized support for the National Strategy to Prevent and Eliminate Child Marriage (2016–2019). This included high-level advocacy and visits by Mabel van Oranje of the Netherlands, Graça Machel, the Office of the First Lady, and members of parliament.

UNICEF assisted the work of the Police by providing three vehicles and 30 motorcycles and continued equipping the integrated service facilities countrywide. Police registered and dealt with 6,963 cases affecting children in the period between January–September 2016.

UNICEF and the Women and Law in Southern Africa (WLSA) partnered to boost civil society and government coordination in six target provinces with the highest prevalence of child marriages (Niassa, Cabo Delgado, Nampula, Manica, Zambézia and Tete). Training manuals and a simplified version of the national strategy were developed and 69 people from the civil society and provincial government departments were trained in three of the focus provinces.

UNICEF supported the training of almost 500 personnel at national and provincial level, including the police, legal aid providers, prosecutors, judges, Forensic Institute personnel, gender coordinators from the Ministry of Education, provincial representatives of

line ministries, community leaders and civil society representatives.

UNICEF provided support to the Child Helpline, which included strengthening case management and referral processes, design and launch of their website, social networking and email accounts for feedback, and reporting of cases. UNICEF partnered with Douleures Sans Frontières (DSF), a psychosocial support provider, to provide an intensive, five-day long, on-the-job training for all counsellors of the Child Helpline. Some 425 children got support from the helpline.

Over 2,442 children were supported with free legal aid and 180 legal aid workers were trained in child justice and appropriate procedures.

## 2. SOCIAL PROTECTION

The government-led elaboration of the national Social Security Strategy 2016–2024 (ENSSB II) and the Analysis of Costs and Impact of the ENSSB II were finalized which led to (i) the inclusion of three subsidies specifically directed to children: a child grant for families with children under 2 years of age, a child-headed households' subsidy and a subsidy for orphans living in poor foster families; and (ii) the integration of services directed at prevention and response for children at risk of violence, abuse and exploitation.

In December 2015, the National Social Action Council was endorsed by the Council of Ministers to coordinate all programmes relating to the elderly, women, children and people with

disabilities at the level of the Prime Minister. It is responsible for further enhancing the coordination and accountability of Social Protection programmes in line with the revised national Social Security Strategy (ENSSB II).

UNICEF supported the implementation of a community-based case management system, using government-approved tools aimed at strengthening the capacity to reach more remote communities and most excluded children. Some 164 Community Child Protection Committees (CCPCs) were trained and 140 CCPCs have become operational reaching remote communities. Some 112,000 children were identified, assessed and referred to various services.

The electronic system for monitoring and data collection, using the approved case management tools (e-CSI) developed in the previous period, was piloted by partners. As part of this process, a total of 35 district Directorates of Social Action were equipped with computers to enable data collection and systematization based on the case management tools.

In partnership with the Regional Psychosocial Support Initiative (REPSSI), seven provincial directorates (Manica, Sofala, Tete, Nampula, Cabo Delgado, Maputo and Zambézia) were trained to implement cascading training to community committees in their respective provinces.

As a result of the partnership with the International Child Development Programme (ICDP), 25 staff of provincial directorates were trained as trainers of other caregivers and families on quality care, interaction and stimulation of children in residential care centres. By the end of July 2016, 252 residential care centres managers and caregivers were trained under technical assistance and supervision of ICDP, 32 foster

families were trained and supported after placement of children in their homes, and 1,191 community family members benefited from awareness-raising sessions. In the same period, 29 Ministry of Gender, Children and Social Action staff were trained on ICDP and 9 involved in field monitoring.

In partnership with Douleures Sans Frontières (DSF), 75 professionals, including psychologists, social action technicians, psychiatrists and staff from the National Institute for Disaster Management (INGC), were trained in Tete and Manica to organize and provide psychosocial support to children affected by emergencies.

## 3. BIRTH REGISTRATION

Support was given to eight registration posts in Nampula, Manica, Cabo Delgado and Zambézia provinces to increase their operational capacity. In Cabo Delgado, Manica and Zambézia, mobile brigades registered more than 200,000 children.

A funding agreement with the government of Canada, UNICEF, WHO and MINJUS was signed to start the testing of the digitalization of CRVS. The eCRVS system was set up at the first Conservatory of Maputo. Some 40 civil registration staff were trained as trainers based on the newly-developed manuals on eCRVS, out of which 15 are trainers of trainers.

Memorandums of Understanding with two major telecommunications companies were signed to facilitate mobile phone notification of vital events and to provide SMS feedback to parents about the status of their registrations at the registration posts. The testing of the eCRVS system has started in several health facilities and registration posts.



## **PRIORITY AREAS FOR CHILD PROTECTION IN 2017**

### **UNICEF WILL SUPPORT:**

- **Electronic civil registration nationwide following the approval of the Civil Registration Code that allows free registration for children up to 1 year of age.**
- **The multi-sectoral mechanism to address violence against children (VAC) and child marriage as well as other harmful practices at national level and in four priority districts.**
- **The assessment of community-based and statutory case management systems.**
- **The social protection programmes designed with a strengthened care component to prevent and address multiple vulnerabilities.**







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# COMMUNICATION, ADVOCACY, PARTICIPATION & PARTNERSHIPS

## The Power of Radio: Ouro Negro

Antonio, 43, a father of six children, needed no encouragement to talk about his experience live on the radio as long as he did not have to give his name. "I wanted to tell my story so others could learn from my mistake," he says, looking a little embarrassed.

Antonio (not his real name) has come into the sparsely-furnished community radio studio, set up in the rural district of Namialo, in the northern province of Nampula. Inspired by Ouro Negro (Black Gold), a national weekly radio drama series launched in July 2015 with UNICEF support, Antonio discusses why he told his story live and the impact his story has had.

Unlike the Ouro Negro series, which is recorded in Portuguese, the live shows are in the local language. Moreover, the stories are true and the programme is interactive as listeners can send text messages to the



*"I don't just think that radio can change people's behaviour, I am certain it can," says Iris, 14, who talks with the authority of an adult. She has been working on child-produced radio programmes for seven years now. "Radio has a key role to play in educating parents about the rights of a child."*

— Iris, 14

Iris Valeria da Silva Jamal enters the brightly-coloured radio studio, pops her school bag on a desk, and launches into a lively discussion about the power of radio. Iris is one of a group of child radio producers at Radio Mozambique, in the heart of Nampula city, in the northern province of Nampula.





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***The Ouro Negro radio drama has about 1.5 million listeners, including those in remote rural areas. Now the task is to extend that reach, for example through the live radio shows in local languages, and get more participation from hard-to-reach groups.***

producers while the person is sharing his or her story. Then, at the end of the show, the radio producer reads the messages out.

Antonio describes how he told the listeners that he had had a sexual relationship outside his marriage. "I told them how I had had problems with my wife, and how the other woman told me she was using contraception (in the form of a traditional herb). But it didn't work and she got pregnant. I wanted to warn people that if you have a relationship, particularly a risky one like in my case, you must use a condom to avoid pregnancies."

For each live show, Carlitos Sabonete, the producer at Antonio's local community radio station, says the text messages pour in, sparking debate and often making the person who has told his or her story reflect on his or her experience. In Antonio's case, Sabonete says, "Listeners pointed out that he should not just be worried about preventing pregnancy, but also about avoiding HIV and other sexually transmitted illnesses; and another pointed out about the importance of being faithful to your wife."

Antonio concedes that the listeners made him think more about his situation

and the risks he took. He is also receptive to UNICEF Child Protection Officer, Jeremias Muanatraca, who asks if he has registered the child's birth.

Antonio says that he was reluctant to assume responsibility for the child and when asked how many children he has, he does not count the child with the other woman, adding "I'm scared I'll be taken to court." Muanatraca reassures him that if he registers and supports the child, who is already 2 years old, this will not be the case. "Your son's birth has to be registered, it is a fundamental right, and you need to provide for him as he is one of your children as well and has the same rights to services as the others," says Muanatraca.

While the live shows are touching on issues that are relevant to both men and women, Sabonete points out that so far, however, no woman has shared her story or sent a text message, noting that the live shows started recently.

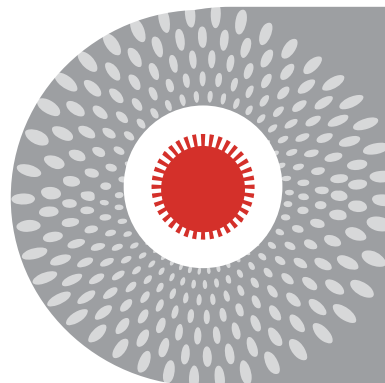
Back in the city of Nampula, radio producers point out that although they do have women participating, they sometimes fail to show up and also tend not to send in text messages during the live shows.

One of the women who has participated in the live shows in Nampula, Isabel Assane, a farmer, argues, "Women are just too busy, looking after their children and their husband. They don't have the time to go to the radio." She thinks for a moment, and then adds, "And men are jealous. They think that if we are on the radio with a male producer, that we are having a relationship with him."

Abdul Alai, a producer at Radio Mozambique in Nampula, points out that they are aware of this challenge and that, in a recent workshop supported by UNICEF, they looked at ways to be more inclusive, particularly to inspire more participation from women as well as people with disabilities, including recruiting a new female anchor for the show.

UNICEF Chief of Communication for Development in Mozambique, Yolanda Nunes Correia, highlights, however, that the programme has great potential. "It promotes key family competencies, challenges harmful practices, like child marriage, and at the same time entertains. The Ouro Negro radio drama has already about 1.5 million listeners, including those in remote rural areas. Now the task is to extend that reach, for example through the live radio shows in local languages, and get more participation from hard-to-reach groups."

Alai points out that they are making headway particularly with the live shows. "They are popular, have a huge reach – especially in rural areas – and are already including more people as it is in the local language and is adapted to our reality in the province."



"The live shows are popular, have a huge reach – especially in rural areas – and are already including more people as it is in the local language and is adapted to our reality in the province."



"In a recent workshop, we looked at ways to be more inclusive, particularly to inspire more participation from women and people with disabilities"

— Abdul Alai  
Radio Producer



# KEY ACHIEVEMENTS IN COMMUNICATION, ADVOCACY, PARTICIPATION AND PARTNERSHIPS

## 1. CHILD AND ADOLESCENT PARTICIPATION

During 2016, UNICEF formed new partnerships and initiatives for child and adolescent participation, such as SMS BIZ/U-Report and the UN Action for Girls Programme.

The flagship project SMS BIZ (U-Report platform), launched in October 2015 with support from UNICEF and partners, including the telecom operators, has achieved impressive results. By end of 2016, the project registered over 63,000 youth and adolescents aged 10–24 with peer counselling on HIV and sexual and reproductive health. Each adolescent engaged in at least seven counselling sessions and polls addressing misconceptions about sexual and reproductive health (SRH) and HIV.

With UNICEF technical, financial and material support, the Mozambican National Television (TVM) launched two children's clubs in Tete and Maputo provinces. Now all provinces are able to produce and broadcast child-to-child TV programmes. Child and adolescent media programme producers produced 806 weekly peer-to-peer one-hour radio programmes in 11 Radio Mozambique (RM) delegations; 534 weekly TV programmes in 10 TVM delegations; and 1,200 bi-monthly community radio programmes in 50 Community Radio Networks (FORCOM) and Social Communication Institute (ICS) stations. Topics included sexual and reproductive

health, HIV prevention, child marriage, birth registration, children with disabilities, girl's education, malaria and cholera prevention, handwashing and good hygiene practices.

Some 450 adolescents from associations and the Youth Parliament, as well as over 1,600 children and adolescent radio and TV producers, sensitized adolescents on sexual and reproductive health (SRH), HIV, gender-based violence (GBV) and child marriage. This was achieved using different communication approaches such as peer-to-peer communication, round tables, media debates on local radio, sports events and theatre. Adolescents participated in planning, implementation and advocacy.

Partnerships were formed with *Rede da Criança* and the Youth Parliament. The Youth Parliament trained 450 activists who sensitized around 20,000 adolescents and youth (including out-of-school adolescents) with messages about HIV prevention, child marriage and GBV. To build the capacity of the Youth Parliament, 68 children were trained as facilitators in Nampula and Zambézia. Through the partnership with the Interfaith Council of Religions (COREM) and the Youth Association Coalizão, 517 religious youth leaders were trained. Some 53,000 young people were reached by social mobilization activities on prevention of child marriage and HIV, SRH, gender-related issues, malaria and cholera prevention.

## 2. COMMUNICATION FOR BEHAVIOUR AND SOCIAL CHANGE

Two new C4D strategies have been developed and finalized, namely the Health Promotion Strategy 2015–2019, and the Social and Behaviour Change Communication (SBCC) Strategy for Nutrition.

To influence social change at community level, UNICEF continued to support the Ministry of Health's alliance with the Inter-Confessional Council of Religions (COREM) composed of the Christian and Islamic councils of Mozambique and the Catholic Church, and the NGOs PIRCOM and Coalizão, to roll out cascade training on health promotion, Nutrition, WASH, HIV, Child Protection and Education key priority behaviours. In addition, UNICEF also identified and included traditional healers as important key influencers.

To promote key family competencies, the long-running, national radio novella, *Ouro Negro*, reached approximately 1.5 million listeners through its 84 educational entertainment episodes broadcasted in more than 70 stations, including Radio Mozambique and community radios.

Technical support was provided to the Ministry of Health to develop and roll out the communication plan for National Health Week, to launch the Social and Behaviour Change strategy.

## 3. CIVIL SOCIETY AND PRIVATE SECTOR ORGANIZATIONS ENGAGEMENT

In partnership with the Civil Society Forum for Child Rights (ROSC), two policy briefs were produced on the role of community leadership in child rights and child and adolescent HIV and AIDS. ROSC has also been an important partner in the mobilization of civil society organizations on child marriage, through the National Coalition against Child Marriage, and the development of the 2016 CRC shadow report. The National Parliament started discussing the revision of the Family Law that allows marriage at 16 in exceptional circumstances although the legal age is 18. Between 2015–16 parliament initiated the process of integrating the SADC Model Law against early marriage in the national legislation. Moreover, in 2016 the Ministry of Education accepted to discuss with the Civil Society Organization (CSO) network, led by the Civil Society Forum for Child Rights in Mozambique (ROSC), the revision of *Despacho n° 39/GM/2003*, which states that pregnant girls need to be transferred to night classes.

UNICEF supported the National Human Rights and Business Conference (held on 17–18 October 2016). Child rights and business were among the key topics.



## PRIORITY AREAS FOR COMMUNICATION, ADOLESCENTS AND PUBLIC ADVOCACY IN 2017

### UNICEF WILL SUPPORT:

- The roll out, production and broadcast of the radio drama Ouro Negro through Radio Mozambique national and provincial antennas and through 53 community radios of the Institute of Social Communication. This strengthens the new local live radio shows in local languages - "Ouro Negro ao vivo" - in all 11 Radio Mozambique provincial radio stations and 20 community radios in Zambézia and Nampula.
- The promotion of adolescents and youth peer counselling and engagement at national level on the second decade priority issues through SMS BIZ/U-Report, with the aim of reaching at least 150,000 adolescents and young people by the end of 2017.
- The participation and engagement of adolescents from selected youth groups, media networks and the child parliament to help them become increasingly aware of their rights with particular focus on ending child marriage as well as HIV prevention.
- The Communication for Development capacity building for key government and CSO partners, as well as supporting the Ministry of Health implement the Health Promotion Strategy with focus on Zambézia and Nampula provinces. This is being achieved by revitalizing health community committees, implementing the Model Families Initiative and training religious leaders and traditional healers in key health promotion messages.





Grandmother Julieta with two grandchildren who she cares for.



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# SOCIAL POLICY, PLANNING, INFORMATION and MONITORING

## Stepping up efforts to help the poorest children access basic rights

There is compassion in the rural home of Julieta Lavuleque, a 58-year-old widow. She has been looking after her three grandchildren, Rosalina, 13, Angelina, 10, and Arselia, 7, ever since the death of their mother five years ago.

It is a special day as they have visitors at their home, in the rural community of Muatala, some 70 kilometres from the city of Nampula, eight of which are along a dirt track.

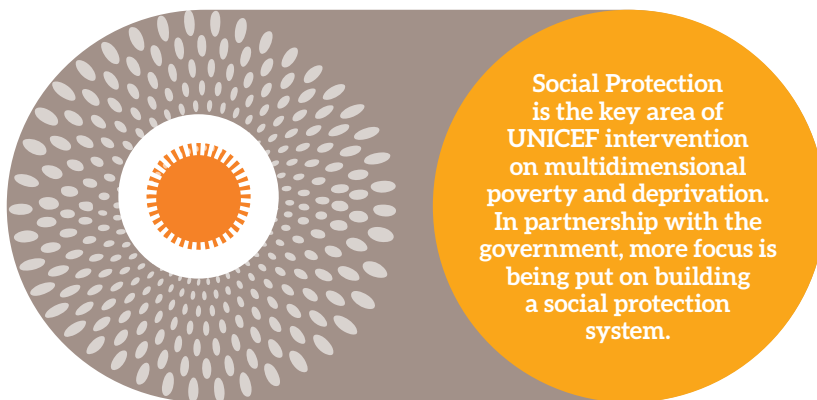
Julieta and her two youngest grandchildren sit on a mat on the ground outside their home surrounded by banana trees. They are dressed in new, crisply-pressed capulanas (traditional skirt wraps) and old, faded T-shirts.



***“Orphans are often treated differently. They tend to work while the children with parents are sent to school. All children should be treated equally. We need more compassion.”***

— Tadeu, 13

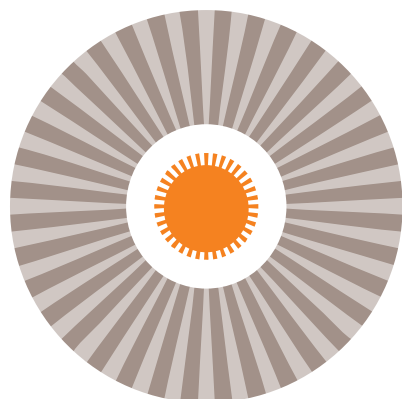
TADEU LOURENÇO SABONETE is a child radio reporter in Nampula.



Social Protection is the key area of UNICEF intervention on multidimensional poverty and deprivation. In partnership with the government, more focus is being put on building a social protection system.



**UNICEF intensified work in the areas of budget analysis, transparency and participation, successfully advocating for the safeguarding of resources for social sectors essential for children's well-being, amidst the financial and economic crises that hit the country in 2016. The key message was that children should not pay the cost of the crisis.**



**Social Protection is a key area of UNICEF intervention on multidimensional poverty and deprivation.**

Grandmother Julieta discreetly signals for Arselia, the youngest, to sit straight; she does so immediately, sitting bolt upright, crossing her legs.

Arselia's large eyes brighten when she is asked if she is looking forward to starting school. "I want to eat the school food," she says.

Her focus on food is not surprising; Arselia does not take her basic needs for granted. She sleeps on a mat on the dirt floor with her sisters and grandmother inside their tiny mud and stick home, which looks more like a store room for their few possessions of buckets, pots and a basket. A few old clothes hang on a line over the mat where they all sleep. There is no electricity in the area, and the pump at the nearby well broke two years ago, so the grandmother and Angelina fetch water from a river on the way back from the farm, while Arselia plays at a neighbour's home.

Her grandmother, speaking in the local language Macua, says, "We leave home before the sun rises, and work on the farm until it gets too hot." They grow peanuts and beans, mainly to eat, and the grandmother sells the little surplus she sometimes has to buy clothes for her grandchildren. They have no toilet.

Efforts are being stepped up to provide more assistance to vulnerable families. UNICEF Senior Social Policy Specialist in Mozambique, Andrea Rossi, points out that children experiencing poverty are in many cases being deprived in key aspects of their lives, such as education, health, nutrition, water, and protection. For this reason, last year, UNICEF supported research not only on monetary poverty, but also on multidimensional poverty like that experienced by Julieta and her grandchildren. "The analysis sheds light on children in Mozambique living in poverty, defined in both monetary and non-monetary terms. It recognizes that a child's experience of deprivation is multi-faceted and overlapping, and identifies that socio-economically disadvantaged groups are the most vulnerable."

Social Protection is the key area of UNICEF intervention on multidimensional poverty and deprivation. In partnership with the government, more focus is being put on building a social protection system, which will include a new child grant.

Also, last year UNICEF continued its support for training personnel on the district and community child protection committees. The training focuses on case management to help community workers improve the way they identify vulnerable children, refer them to the right services and monitor their well-being. Seven basic areas have been identified for the case management: education, health, nutrition, legal protection, psychosocial support, housing and household economic security.

There are still challenges, points out Jeremias Muanatraca, a UNICEF child protection officer who worked in the northern province of Tete last year. "One of the main challenges is that committee members, who are all volunteers, need support to be more proactive in finding the right service to access in order to resolve a particular problem. Other challenges are associated with low education levels of the community members, particularly when it comes to filling in the necessary forms, as many of them do not read and write."

But they are making a difference to families living in poverty. For three years, Julieta has benefited from a Direct Social Support Programme (PASD) which means each month she receives 18kg of corn flour, 9kg of rice, 12kg of butter beans, 3kg of sugar, 3 litres of cooking oil, bars of soap, and salt. "It has helped me a lot as before I didn't have enough food for the children," she says.

The children also had their births registered during a free government campaign, supported by UNICEF, and next year, following a visit from the community child protection committee, the two youngest children will be able to attend school, like their older sister. A committee member introduced the grandmother to the school council who will provide school books and uniforms for Arselia and Angelina. Despite being 10 years old, Angelina has never been able to attend school. Like her sister, she is also excited. "I want to play with friends at school,"

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***"Children experiencing poverty are in many cases being deprived in key aspects of their lives, such as education, health, nutrition, water, and protection."***

— **Andrea Rossi,**  
**UNICEF**



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# KEY ACHIEVEMENTS IN SOCIAL POLICY, PLANNING, INFORMATION AND MONITORING

## 1. BUDGETS FOR CHILDREN

During 2016, UNICEF advocated for budget transparency for Public Finance for Children (PF4C) to be strengthened, including supporting the role played by civil society. For example, UNICEF continued to support civil society organizations to be involved in budgetary discussions. This involved bringing together Parliament, the Ministry of Finance, the Administrative Court, civil society organizations, donors and the media to discuss how to improve budget transparency and participation in the country. This included highlighting key periods when civil society could participate in the planning and budgeting cycle, as well as identifying times when civil society organizations could be consulted on how to improve the government's Citizen's Budget. The 2017 Economic and Social Plan and State Budget proposals were also presented which focus on key social sectors for children. Furthermore, a plan was designed to make Parliament more open to civil society throughout the planning and budget cycle.

UNICEF held advocacy meetings with Ministry of Economy and Finance (MEF) and the IMF, and supported the publications of analytical and opinion papers. Four high quality analyses of social sector budgets (Budget Briefs) were also produced.

UNICEF and the Westminster Foundation for Democracy (WFD) initiated a study on the knowledge of MPs on the situation of children in the country, and supported the creation of a Budget Oversight Cabinet in Parliament.

UNICEF collaborated with the national University of Eduardo Mondlane to create a Social Science Ethical Review Committee and to design the first diploma on Research Ethics.

In Tete and Zambézia, UNICEF-supported research on children and interventions have been used for planning provincial social and economic programmes.

As part of office decentralization and local governance agenda (DELog), UNICEF engaged with municipal councils to promote more equitable services for children in urban areas. In 2016 UNICEF organized a two-day Policy Dialogue on Quality Social Services for Children in Urban Contexts together with the municipal council of Pemba and the Italian region of Reggio Emilia. The policy dialogue identified specific policy recommendations for municipalities, provinces, civil society, academia, and children, and also generated actions points for districts and the municipal councils of Maputo, Quelimane, Maganja da Costa, Montepuez, Pemba and Ribáue.

## 2. TRAINING

UNICEF supported capacity building on social protection for key government officials, offering a Mozambique-tailored Economic Policy Research Institute (EPRI) course.

## 3. SOCIAL PROTECTION

During the last quarter of the year the work on Social Protection increased the focus on evidence and on system building in the design and implementation of the new national social protection strategy, including the new child grant, and in the assessment of its sustainability. UNICEF also supported research on multidimensional child poverty in collaboration with MEF.

UNICEF supported capacity building on social protection for key government officials, offering a Mozambique-tailored Economic Policy Research Institute (EPRI) course.

UNICEF brought together Parliament, the Ministry of Finance, the Administrative Court, civil society organizations, donors and the media to discuss how to improve budget transparency and participation.

## 4. RESEARCH

In partnership with National Institute of Statistics (INE) and its provincial directorates (Tete and Zambézia), the National School of Statistics (ENE) continued to strengthen the quality of data on children. For example, it carried out preparatory work on the global Violence Against Children (VAC) study, in particular defining the research protocol, designing the questionnaire and adapting it to Mozambique's reality.



## **PRIORITY AREAS FOR SOCIAL POLICY, EVALUATION AND RESEARCH IN 2017**

### **UNICEF WILL SUPPORT:**

- The remodelling of the new Social Security Strategy 2016 -2024, including the design of the new child grant.
- A study on child poverty using the multi-dimensional overlapping deprivation analysis and multi-dimension measures of poverty carried out in collaboration with the Ministry of Economy and Finance.
- The launching of an initiative on Sustainable Urban Spaces for Children (Child-Friendly Cities) in seven municipalities.
- Stronger Public Finance for Children, through increased budget oversight, transparency and citizen's participation.







# EMERGENCY

## Drought pushes vulnerable children to the edge

Maria Conforme, 23, is trying to write lesson plans while her son Junior, 2, vies for her attention. The detailed plans are arranged in tables on sheets of paper spread across a large straw mat on the dirt ground in her dingy one-room home, containing only a few plastic chairs and water carriers. If she fails to finish her plans during daylight hours, Maria has to use a candle as there is no electricity.

Maria explains she has a deadline as her classes begin this week. Her main challenge is finding someone who can look after Junior while she teaches the afternoon shift.

In the past, Maria left Junior and his brother, Elizio, 10, with their grandmother, who lives 80 kilometres away in the district of Changara in the northern province of Tete. Yet, it was not the distance that made Maria change her childcare plans, but the impact of last year's drought on Junior.

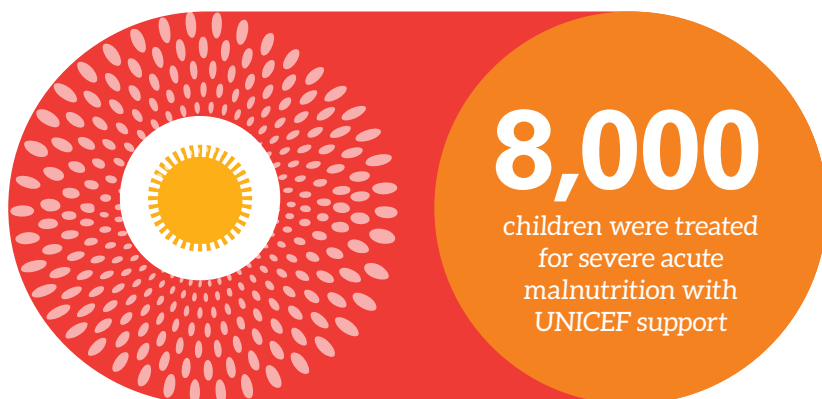
Junior's grandmother, a widow who has never been to school, depends on her plot for their livelihood, so when her crops failed, she resorted to giving the family vegetables she had dried the year before. It was not just the vegetables that had dried up, but also the nutrients. To make matters worse, Junior fell sick with fever and diarrhoea.



*“We suffer a lot from drought in this province. We need to pay attention to early warnings,”*

— Clayton, 14

CLAYTON BANDA, a young radio producer in Tete.





*“Although last year’s drought was probably the worst in 30 years, some provinces suffer recurrent drought each year, and we need to support these communities to become more resilient,”*

— Tito Bonde,  
UNICEF

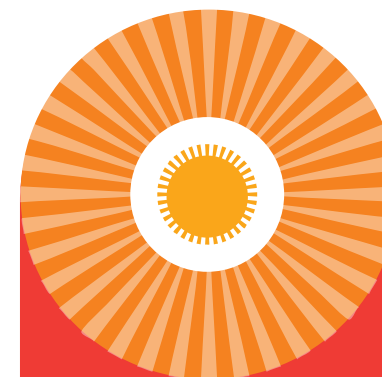
His grandmother phoned Maria to say she would take Junior to a traditional healer. But Junior’s condition worsened. Equipped with oral rehydration sachets, Maria made the journey after her last lesson of the week. She found Junior emaciated. “I was shocked when I saw him,” says Maria as Junior’s weight had dropped to 4.5 kilograms at 11 months of age.

Carrying Junior, Maria made the seven-hour journey home walking across hilly terrain and using public transport whenever it was available. At the local health centre in Changara, Junior was diagnosed with marasmus, a severe form of malnutrition as well as malaria, and had to spend one month in hospital. On average, last year, about seven children per month were successfully treated at Changara hospital, where Junior stayed. Nationally, last year UNICEF supported the treatment of over 8,000 children with severe acute malnutrition.

Tete was one of the provinces most affected by the drought. Tito Bonde, UNICEF emergency specialist in Mozambique, highlights that UNICEF’s support includes making communities more prepared for emergencies. “Although last year’s drought was probably the worst in 30 years, some provinces suffer recurrent drought each year, and we need to support these communities to become more resilient,” says Bonde. He gives the example of how, in 2017, UNICEF will assist most drought-affected communities to have improved access to safe drinking water through restoring and upgrading community water points in 68 drought-affected communities, including 11 in Tete.



Most cases of severe acute malnutrition are treatable. Still children lose their lives, because mothers bring them too late to the health care centre.



**10,881**

children were identified with acute malnutrition and referred during the National Health Week in July 2016

Regarding nutrition, Mathieu Joyeux, UNICEF Nutrition Specialist, stresses that drought is not the main cause of malnutrition, “that is why the government’s multi-sectoral approach is key to addressing malnutrition. So UNICEF assists with government effort to promote good infant and child feeding practices, provide clean water and good sanitation, and quick access to health care, especially to provide prompt diagnosis and treatment of childhood illnesses and HIV.”

Prompt treatment is critical to survival. Although most cases of severe acute malnutrition are treatable, Iracema Goncalves, the nutritionist in Changara district, says that some children lose their lives, because mothers bring their children too late to the health centre. “They tend to go to a traditional healer first, and only come here when the child’s condition has got bad.”



Maria Conforme together with her son Junior

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This was the case with Junior, but fortunately he responded well to treatment. When Junior was discharged, his mother, Maria, continued treatment at home with peanut paste fortified with micronutrients which he can suck directly from the packets. "The peanut paste has proved to be extremely effective when treating severe acute malnutrition as it has the added advantage that it can be administered at home with regular monitoring at the health centres; only children with complications, like malaria, need to be treated in the hospital. Usually, within 6 to 8 weeks, the child fully recovers," says Joyeux. Maria also received a bag of ground cereal, soya and beans.

Maria says she no longer wants to send Junior back to his grandmother's when the term starts. Her neighbour may be the best option. She already helps by looking after Junior while Maria fetches water five times a day from a tap about a 15-minute walk from her home, which takes up a large chunk of her morning. "I need to find someone to look after him at my home, as I am now too scared to send him away," she says as Junior snuggles up to her, smiling broadly.

"The peanut paste has proved to be extremely effective when treating severe acute malnutrition. Usually, within 6-8 weeks, the child fully recovers".

— Mathieu Joyeux,  
UNICEF



# KEY ACHIEVEMENTS IN EMERGENCY

## 1. NUTRITION

In 2016, UNICEF and the Ministry of Health trained 36 mobile brigades in 33 districts, screened more than 140,853 children for severe acute malnutrition (SAM) and treated 8,312 children with SAM.

UNICEF also supported activities to prevent and treat malnutrition cases amongst children and women of childbearing age. This included counselling on infant and young child feeding (IYCF), HIV screening and referral of acutely malnourished children.

## 2. WASH

Up until the end of October 2016, UNICEF assisted with water trucking in Magude district, Maputo province, followed by the upgrading of water points in four communities in the province. In addition, UNICEF supported 3,600 people displaced due to conflict in Manica by providing them with essential items, such as water household purification solution and soap, tarpaulins for latrines and plastic buckets for water storage. In total, the WASH cluster supported 291,000 people with access to safe water and 140,000 with hygiene promotion activities throughout the country.

To build the resilience of communities at risk from the effects of drought, community water points are upgraded in 68 drought-affected communities in Tete (11), Inhambane (7), Gaza (16), Manica (13) and Sofala (21) provinces.

## 3. EDUCATION

UNICEF provided 18 tents to the provinces of Nampula, Manica and Maputo Province to facilitate the continued schooling of children affected by natural disasters, political tensions and/or military conflicts. As cluster co-lead of Education in Emergencies, it helped the Ministry of Education coordinate the response to a severe drought in two of the most affected provinces, targeting 100,000 children at risk of dropout. It also supported the development of a manual for school councils on school-based emergency and response planning, which is to be rolled out nationwide.

In partnership with the Ministry of Education and UN Habitat, UNICEF supported the building of resilient/safe schools which involved working with school councils and community leaders to ensure that the schools withstand cyclones and floods.

## 4. CHILD PROTECTION

UNICEF signed an agreement with the International Organization of Migration to support government body INGC and provincial authorities to strengthen the emergency response capability of local disaster risk management committees (CLGRC) in six provinces. The scope of the work included support to help child migrants, to prevent trafficking of child organs (to which those living with albinism are particularly vulnerable), and sexual exploitation due to the humanitarian situation.

## 5. HEALTH

UNICEF support to the cholera outbreak in Quelimane and Maputo city included medicine supplies and training for 46 professionals and community volunteers, as well as for district health teams. Additionally, UNICEF prepositioned commodities in areas at risk of an outbreak. In Nampula city, where for many years outbreaks have been reported, UNICEF supported two rounds of a pre-emptive oral cholera vaccine.

Following the explosion of a fuel tanker vehicle in Tete province, which took place in Capirizange village on 17 November 2016, resulting in 149 people being burnt (of whom 94 died), UNICEF support included provision of medical kits and tents. This included 10,200 surgical gloves; 6,000 observation gloves; 700 cannulas of different types for intravenous fluids; five tents; feeding tubes, 800 litres of Ringer lactate solution for replacing body fluids and electrolytes; and 3,000 oral rehydration sachets.

36

mobile brigades in 33 districts screened more than 140,853 children for severe acute malnutrition

## 6. COMMUNICATION FOR DEVELOPMENT

UNICEF supported communication on the emergency in Tete province and worked with the media. Radio spots with emergency messages – focusing on infant and young child feeding, hygiene and sanitation, and malaria prevention – were produced in local languages and broadcasted on eight community radios in Tete province. Four radio programmes – including key messages on nutrition, exclusive breastfeeding, WASH and HIV – were also produced in November, and a C4D consultant was deployed to support the emergency response in Tete province.

An online library has also been developed by UNICEF to support partners on the ground, particularly NGOs, to access, download and use communication materials in their activities with communities.

46

Professionals and volunteers received training to respond to a cholera outbreak in Quelimane and Maputo



## PRIORITY AREAS FOR EMERGENCY IN 2017

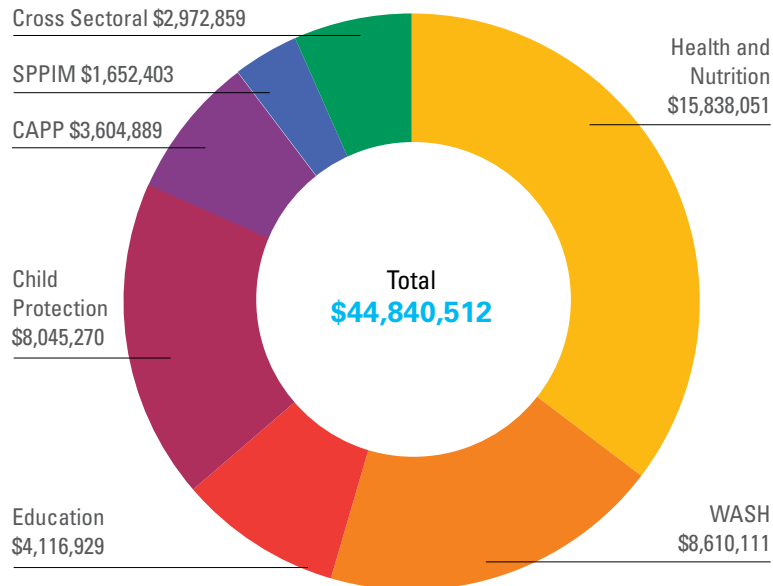
### UNICEF WILL SUPPORT:

- Strengthening of country office (CO) preparedness in line with UNICEF's preparedness guidelines, including Early Warning Early Action (EWEA), based on recommended actions from UNICEF's CO after-action review.
- Improvement of the preparedness and response capacity of UNICEF's provincial offices.
- The development of the national assessment framework for rapid needs assessment and strengthen the systems of the National Disaster Management Institute (INGC) and line ministries to prepare and respond to emergencies.



# 2016 IN NUMBERS

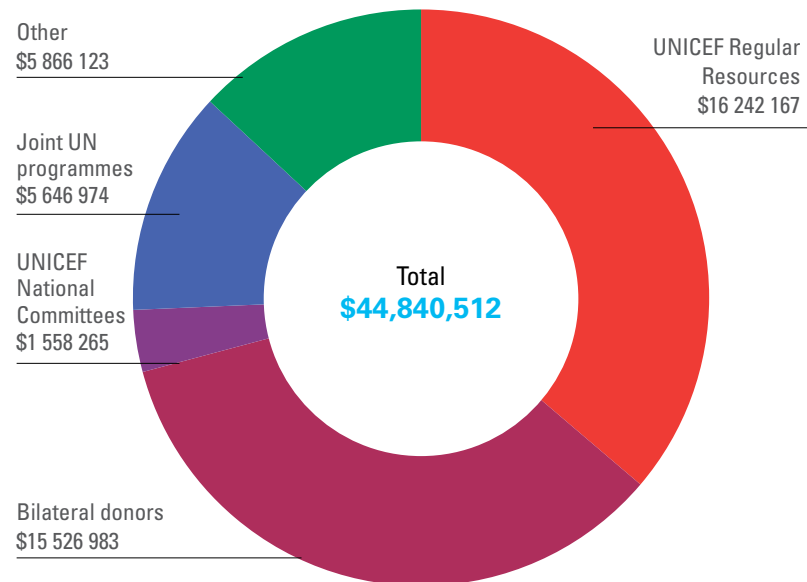
**FUNDS UTILIZED**  
in 2016, by programme area



## Funds utilized by section

In 2016, UNICEF Mozambique had total expenditures of US\$ 44.8 million, up from around US\$ 40 million in 2015. The Child Health and Nutrition section utilized 35 per cent of these funds (US\$ 15.8 million) covering a range of community and facility-based interventions related to child health, nutrition and HIV. The WASH programme spent US\$ 8.6 million, 19 per cent of total funds, to improve water and sanitation services in rural communities, small towns and schools. The Education programme spent US\$4.1million (9 per cent) to deliver programmes focused on improving the quality of education in addition to supporting upstream policy work. The Child Protection programme also utilized 18 per cent to support community based child protection interventions and strengthen the birth registration system. The Communication section utilized US\$3.6million, 8 per cent, supporting behavioural change initiatives, communication for development and child participation. These programme areas were supported by additional value-added work provided through technical assistance, social policy engagement and advocacy representing, jointly, 7 per cent of expenditures.

**SOURCE OF FUNDS**  
utilized in 2016

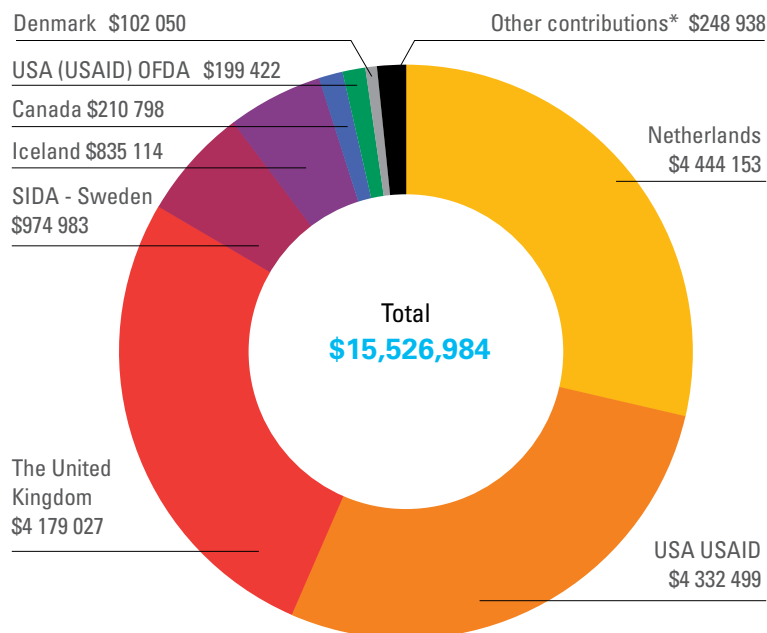


## Source of funds utilized

At 36 per cent of funds utilized, regular resources remain the most important source of funding for the Country Office. Bilateral donors provided approximately 35 per cent of all funds utilized (US\$ 15.5 million), while UNICEF National Committees provided US\$1.5million (3 per cent) of funds used in 2016. A number of donors also provide funds to different UN programmes, accounting for around US\$ 5.6 million (13 per cent) of utilized funds, almost half of which supported a joint programme on sexual and reproductive health for girls, funded by Sweden. Other sources of funding represented 13.6 per cent of funds used, equivalent to US\$5.8million, almost half of which were funds from the European Union to support WASH programming in Inhambane, but also included funds from UNITAID and GAVI.

## BILATERAL FUNDS

Utilized in 2016



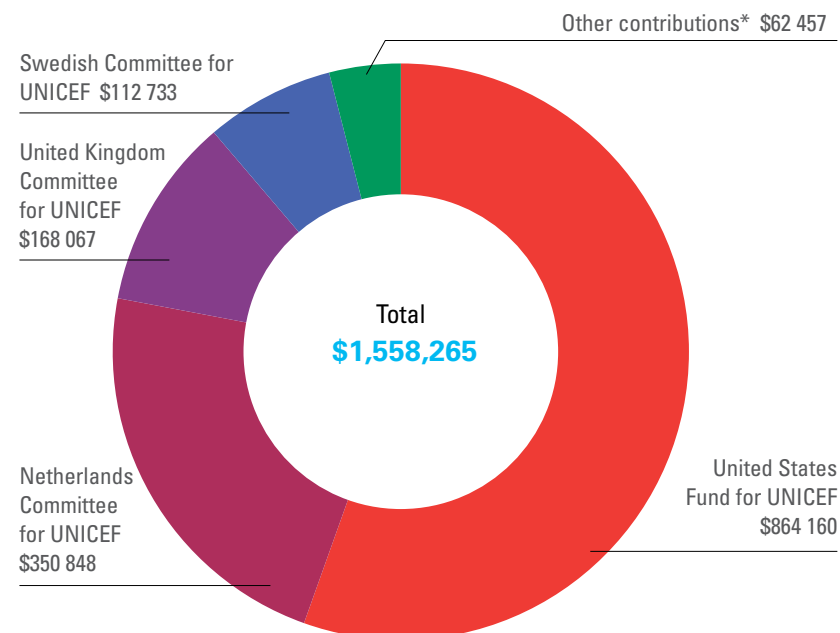
### Bilateral funds utilized in 2016

In 2016, the largest proportion of bilateral donor funds used were provided by the Netherlands (29 per cent), USAID (28 per cent) and DFID (27 per cent). The Dutch funds were used to support both nutrition and WASH programming, while USAID funding focused predominantly on both community health and child protection interventions. DFID funds focused on the health sector, specifically programming related to malaria prevention, and WASH sector. Funds from Sweden (6 per cent) supported social protection, while funds from Iceland (5 per cent) provided important resources to the WASH sector. Other bilateral donor funds utilized included Canada, OFDA and Denmark, all of which represented around 1 per cent of bilateral funds used.

\*of less than USD100,000

## NATIONAL COMMITTEE FUNDS

Utilized in 2016



### National Committee funds utilized in 2016

In 2016, UNICEF Mozambique utilized US\$1.5million of funding provided by six UNICEF National Committees. Some 55 per cent of this funding was from the US Fund and was to support the Office's emergency response or to help transform the lives of children with disabilities. The Netherlands National Committee provided 23 per cent of Natcom funds utilized while the UK Committee provided 11 per cent of Natcom funds utilized, both of which contributed to supporting WASH in Schools. In addition, the Swedish Committee (7 per cent) and Finnish Committee (4 per cent) supported UNICEF's overall education programmes in 2016.

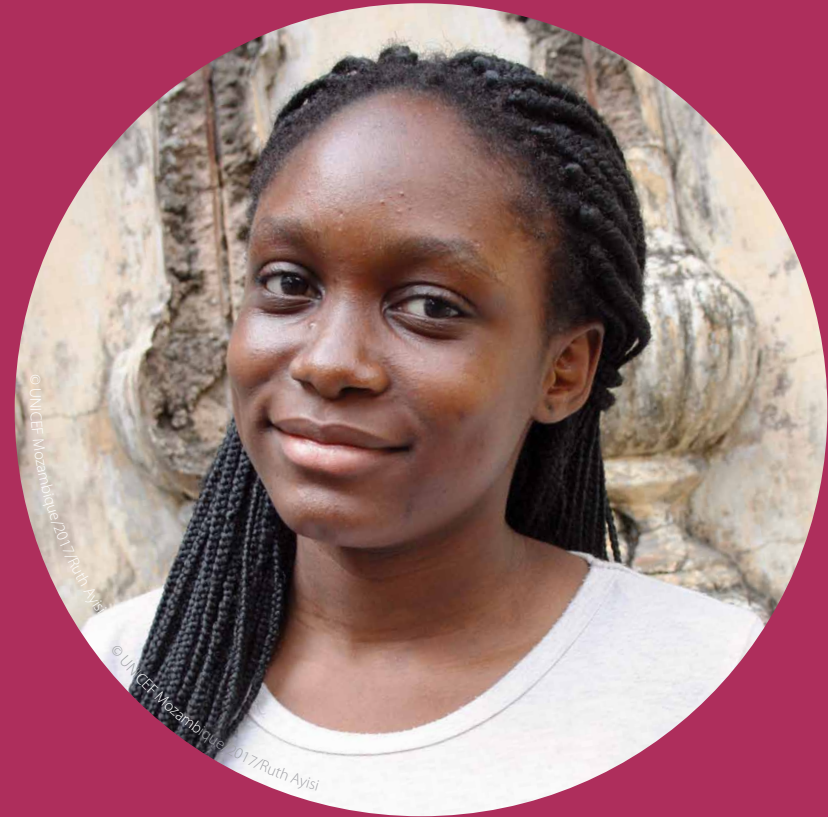


## Conclusion

**SHELSIA MAITE, 14**, a child radio reporter, is in no doubt when asked to name her favourite radio production that she participated in last year. She immediately mentions a live broadcast from a children's home in the capital, Maputo. "The children had faced so many difficulties in their lives; some had been abused, others abandoned, but despite their traumas, they played and laughed with us. It moved me."

Indeed, many of the children in communities throughout the country featured in the stories in this annual report exemplify the type of resilience displayed by the children who impressed Shelsia.

In 2017, UNICEF support continues to focus on empowering such communities to make them more resilient so that they can continue to play a role in ensuring each child accesses their rights wherever they are and whoever they are, including in emergencies such as drought and floods. Priority for UNICEF support will be given to the most disadvantaged children, namely those living in multidimensional poverty and in remote rural areas, and the most vulnerable children, such as orphans and those living with disabilities.



*"The children had faced so many difficulties in their lives; some had been abused, others abandoned, but despite their traumas, they played and laughed with us. It moved me."*

# Acronyms

|       |   |        |  |
|-------|---|--------|--|
| ASR   | Accelerated School Readiness                              | IYCF   | Infant and Young Child Feeding   |
| APE   | Community Health Worker                                   | INDE   | National Institute for Educational Development                         |
| ARI   | Acute Respiratory Infection                               | PAMRDC | Multi-sectoral Action Plan for the Reduction of Chronic Undernutrition |
| ART   | Anti-Retroviral Therapy                                   | PASD   | Direct Social Support Programme  |
| CTA   | Confederation of Business Associations                    | POC    | Point Of Care  |
| CCPC  | Community Child Protection Committee                      | POEMA  | Planning, Budgeting, Execution, Monitoring and Evaluation              |
| CHAI  | Clinical Health Access Initiative                         | MUAC   | Mid-Upper Arm Circumference  |
| CHW   | Community Health Worker                                   | MCH    | Maternal and Child Health  |
| CLTS  | Community-Led Total Sanitation                            | NHW    | National Health Week   |
| COREM | Interfaith Council of Religions                           | PMTCT  | Prevention of Mother-To-Child Transmission                             |
| CSO   | Civil Society Organization                                | REC    | Reaching Every Community   |
| C4D   | Communication for Development                             | REPSSI | Regional Psychosocial Support Initiative                               |
| CRVS  | Civil Registration and Vital Statistics                   | RMNCAH | Reproductive Maternal, Newborn, Child and Adolescent Health            |
| ECD   | Early Childhood Development                               | ROSC   | Civil Society Forum for Child Rights in Mozambique                     |
| EID   | Early Infant Diagnosis                                    | RUTF   | Ready-to- Use-Therapeutic Food   |
| EPI   | Expanded Programme on Immunization                        | SAM    | Severe Acute Malnutrition  |
| EWEA  | Early Warning Early Action                                | SBCC   | Social and Behaviour Change Communication                              |
| GBV   | Gender-based violence                                     | SETSAN | Technical Secretariat for Food and Nutrition Security                  |
| ICCM  | Immunization and Integrated Community Case Management     | SRH    | Sexual and Reproductive Health   |
| ICDP  | International Child Development Programme                 | USI    | Universal Salt Iodization  |
| IFA   | Iron and Folic Acid                                       | VAC    | Violence Against Children  |
| INGC  | National Disaster Management Institute                    | WASH   | Water Sanitation and Hygiene   |
| IMNCI | Integrated Management of Neonatal and Childhood Illnesses | WLSA   | Women and Law in Southern Africa                                       |
| IPC   | Interpersonal Communication                               | ZIP    | Primary School Cluster   |



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