

# ANNUAL REPORT 2013

MOZAMBIQUE



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Regina, Jovino, and Alita Jessone live with their grandparents in Marua, a remote village in Zambézia.



## 2013 IN REVIEW

Achievements and transition have marked the year that passed, for UNICEF as well as Mozambique. In 2013, UNICEF continued to support the scaling up of an essential package of services, commodities and knowledge for children. Progress was made in child survival in particular, reaching 8.3 million children under 5 during two national health weeks, and with 570,000 mosquito nets distributed during the year. A landmark Government commitment was secured to scale up community health workers nationwide. Birth registration was integrated into national health weeks, reaching 350,000 children, and call centres and police support to victims of violence were scaled up.

Awareness campaigns were launched in national media on disability and violence, while at community-level, communication drives were rolled out to create demand and raise awareness around essential services, such as immunisation, girls' education, and improved access to water and sanitation.

In unison with UN agencies and other partners, we have continued to use our voice to advocate for and help formulate child-friendly policies, as well as leverage resources around social protection, prevention of HIV, violence, early pregnancy and child marriage, and promote equitable and inclusive development using the opportunity of extractive industry-driven growth.

We met with obstacles, too, and together with our partners, moved to overcome them. UNICEF tackled persistent shortcomings in public financial management in the sector-wide approaches in health and education, together with donors and Government. When devastating floods brought the lack of preparedness and resilience into sharper focus, UNICEF played an active role in helping Government and other partners learn from mistakes and strengthen their capacity. Finally, renewed political tensions in an election year negatively impacted the

investment climate in the country, as well as programme implementation in some areas, though thankfully, effects remained limited.

To mark the midpoint of our 4-year country programme, we gathered with our partners to reflect strategically around how far we had come in serving children in Mozambique, and what milestones still lay ahead of us.

Mozambique may be one of the least developed nations in the world, but it also is one of the African Lions, thanks to the expected returns from the extractive industry. An economic boom is set to change the country radically, and UNICEF's role must change with it.

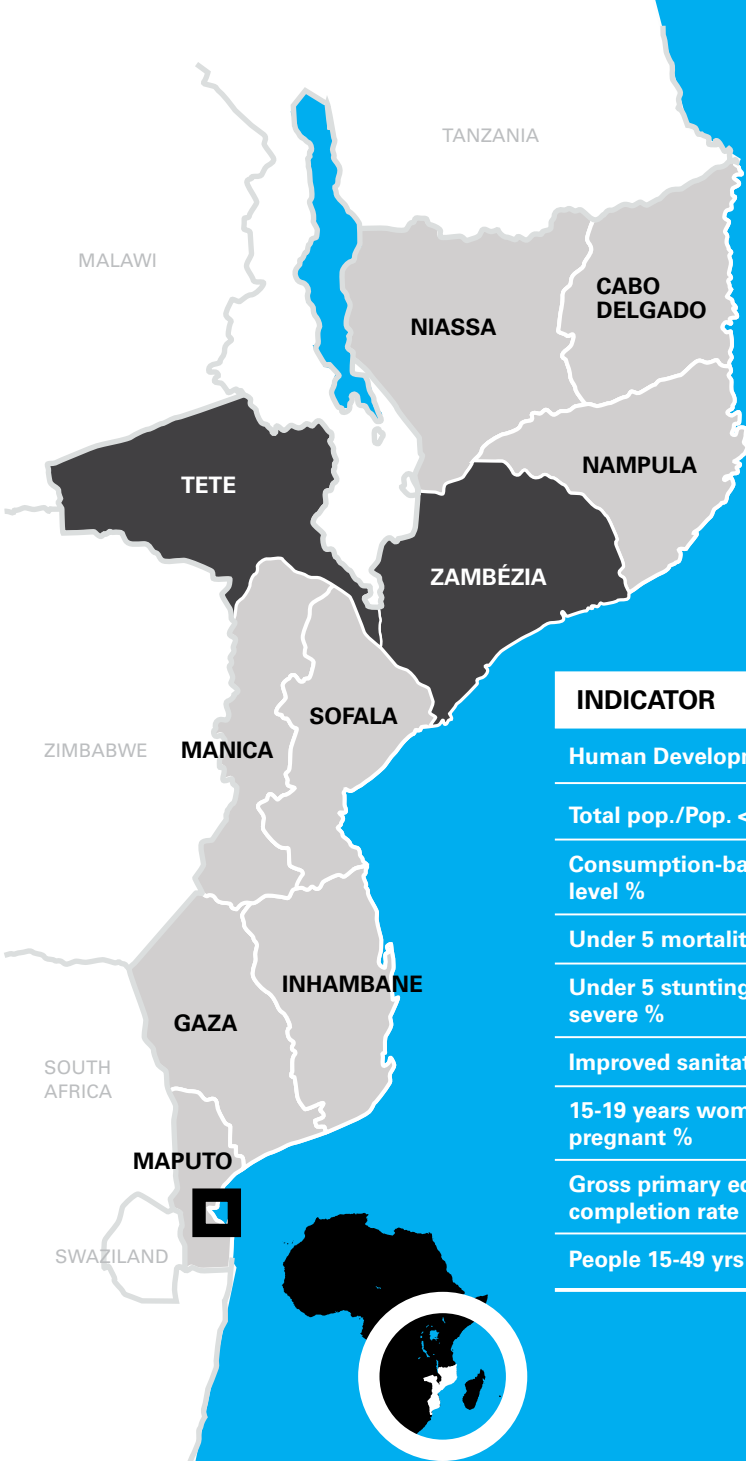
While service delivery still featured high on UNICEF's list of priorities in 2013 and will continue to do so in the near future, our role as advocates for child-friendly policies will increase, as will our work around the leveraging of resources, and the design of intelligent and efficient solutions for the survival, development and protection of children in Mozambique.

In 2014 and beyond, UNICEF will sharpen its focus on the most vulnerable children and on the most disadvantaged provinces of Zambézia and Tete. We will rally our efforts around critical and well-defined priority areas, all in the best interests of children and families, and to maximise positive and long-term development for all children in Mozambique. We must make sure children, especially the poor and disadvantaged among them, do not languish, while the country surges ahead.

  
**Koenraad Vanormelingen**  
 UNICEF Representative

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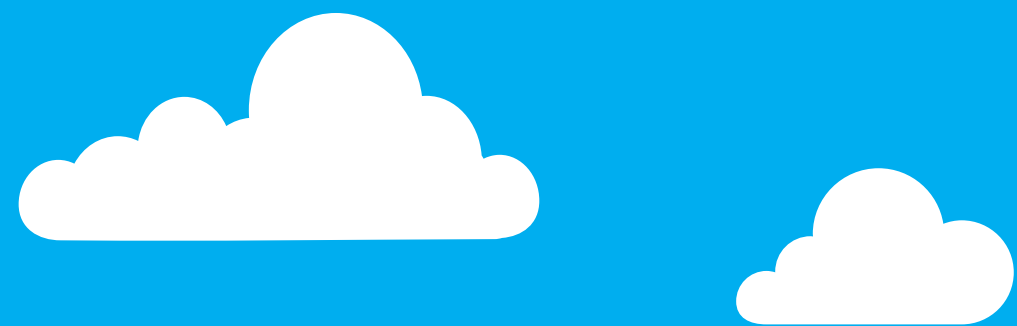
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# KEY COUNTRY INDICATORS

INDICATOR	National	Zambézia	Tete
Human Development Index	185/187		
Total pop./Pop. <18, million	25/13	4.7/2.5	2.4/1.3
Consumption-based poverty level %	54.7	70.5	42
Under 5 mortality rate	97	142	129
Under 5 stunting, moderate and severe %	42.6	45.2	44.2
Improved sanitation use %	23.8	6.2	17
15-19 years women given birth or pregnant %	37.5	41	36.5
Gross primary education completion rate %	41.4	31.6	28.6
People 15-49 yrs living with HIV %	11.5	12.6	7

Sources: DHS 11, HDR 2013, MINED 2012, 2008/09 IOF



## SOCIAL POLICY, PLANNING AND MONITORING



## COMMUNICATION, ADVOCACY, PARTICIPATION AND PARTNERSHIPS

● PROGRAMME  
 ➤ CROSS CUTTING

# UNICEF STRUCTURE







► Elisa Macanga (r) dreams of becoming a teacher one day.

## SCHOOLS: THE QUALITY CHALLENGE

**Quality education is a key driver for poverty reduction, holding tremendous hope and potential for Mozambique. Elisa, a young girl with big dreams, knows this all too well.**

**ELISA ALBERTO MACANGA** and her cousin, Rosita, grew up together. Elisa is now 13 and Rosita 12 and they live in a small one-roomed shack that belongs to Elisa's parents. A single light bulb hangs from the roof and the bed is draped with a mosquito net. There are clothes and shoes strewn over the bed and pushed into piles against the walls of the room. In one corner is a small table and chairs where a stack of school books suggests that this is where they do their homework. Electricity powers the light bulb and a fan to keep the room cool at night. Their shack lies on one side of an unfenced yard in their grandparent's home in a small village in the province of Gaza.

Both Elisa's parents are in South Africa where her father works. They return home once or twice a year. Elisa is cared for by her grandmother and is one of four other grandchildren who share the family home.



► Elisa has many household chores, such as fetching water every day, but schoolwork comes first.



Her grandmother sits under the shade of a huge mango tree, sifting through dried maize that will be ground and made into porridge for the family's next meal. Every morning, after Elisa wakes up, brushes her teeth and washes her face, she sweeps the yard and then cooks the porridge before she goes to school. School starts at 7am, so she gets up early to complete her chores. "She is a good girl," says her grandmother. "She cooks, she sweeps and also works on the farm," she adds. "Life is good. We don't worry about much," says Elisa.

Yet statistics tell a different story of other adolescent girls in Mozambique. Like more than half of Mozambicans, Elisa lives below the poverty line, in a country that is ranked 125 out of 146 countries on the gender inequality index. Mozambique has the seventh highest rate of child marriage in the world, with almost one out of every two girls married before she is 18, and one out of every 10 girls married before she reaches 15.

At 13, Elisa is at a particularly vulnerable age, and at least one of her classmates has already suffered this fate. "A friend of mine is crying now because she left school to get married. She wants to go back to school again but her husband doesn't allow her," she says.

► ***"A friend of mine is crying because she wants to go back to school again but her husband doesn't allow her."***



► It's not all chores and homework for Elisa. Playing with her friend Alice is just as important a part of her day.

Elisa and her friends have strong views on marriage. Normally shy and reticent, they are outspoken when asked if they want to get married, almost shouting a loud and collective 'No!' adding that they all want to finish their education first. But cultural traditions can act as barriers to education. There is a strong correlation between the prevalence of child marriage and the proportion of girls out of secondary school.

One of the ways UNICEF is tackling child marriage is through the Child Marriage Coalition, which targets the underlying social norms and behaviours that lead to child marriage in a national awareness-raising campaign. As part of this, multi-media mobile units screen films in communities about how to prevent violence and abuse of children, including early marriage and pregnancy. Intensive efforts are also on-going through religious groups, community theatre, and school clubs.

The girls' positive attitude towards education is reflected in statistics on school attendance, which show a steady improvement in the last 10 years. From 2003 to 2012, the proportion of girls in primary school rose from 57% to almost 90%.

► ***From 2003 to 2012, the proportion of girls in primary school rose from 57% to almost 90%.***





► Elisa and her friends have strong views on marriage. They all want to finish their education first.

But going to school is not always a given in some parts of the country. The year 2013 wasn't an easy one in Gaza, the province where Elisa lives. When the Limpopo River flooded in February, displacing 174,000 people, schooling ceased for three weeks, affecting Elisa and some 20% of primary school children in the affected areas.

"It rained almost every day for two months before the floods," says Ecclesiana da Graça, a teacher in Gaza. Unsure as to how grave the situation was, Ecclesiana and her school's director Raimundo Paulo Tamele would listen to the local community radio station for news and alerts. Distributed by UNICEF, the radio receiver itself is powered by hand and works even without electricity, an important consideration especially during the rainy season when power cuts are frequent.

### ► **Communities are instrumental in helping keep children in school.**

Mozambique has a nationwide network of community radio stations, which have enhanced the resilience of schools, teachers and entire communities to natural disasters. But they play an important role in other ways, as well. Every day around the country, community radio programming covers subjects such as HIV prevention, gender-based violence, hygiene, sanitation, and maternal and child health, with children themselves contributing to broadcasts through the Child-Friendly Communicators Network. Supported by UNICEF, with funding from UNICEF national committees, this network includes about 1500 cub reporters who produce peer-to-peer programs about subjects that are relevant to children and families.

### ► **Today, eight out of 10 schools across the country have school clubs with life skills programmes.**

Damage wrought by the floods in 2013 included the water system, which became unusable. Luckily, UNICEF had installed a rain-water harvesting system the previous year, which the community was able to use instead. A boat provided by the government meant that people could breach stretches of road that were underwater so they could buy food and other provisions at a nearby town. UNICEF supported INGC, the National Institute of Disaster Management, jointly with other UN partners, in leading the emergency response, providing water purification tablets, buckets and jerry cans for water collection and storage, water trucking, and rehabilitation and construction of water points and latrines, altogether benefitting about 100,000 people.

But issues affecting children are not only addressed nationally. Communities themselves are instrumental in helping keep children in school, for example, and school councils have had some success in this area. Comprised of parents, teachers and key members of the community, these committees meet every three months or call urgent meetings if, for example, a student drops out of school.

## CHILD-FRIENDLY SCHOOLS

SINCE 2006, UNICEF has committed significant resources to help improve the quality of education through the Child-Friendly Schools (CFS) programme in seven targeted districts in Mozambique. CFS schools operate in the best interests of the child, providing an educational environment that is safe, healthy and protective, endowed with trained teachers, adequate resources and appropriate physical, emotional and social conditions for learning. The CFS model promotes inclusiveness, gender-sensitivity, tolerance, dignity and personal empowerment.

Most of the schools in the CFS districts now have at least five basic elements, including functioning school councils, bi-annual health screenings, water and sanitation facilities, school materials, psychosocial support, child-to-child theatre groups, and community radio, as well as a life skills programme addressing gender, HIV and AIDS, and prevention of violence and sexual abuse. According to a Ministry of Education and UNICEF study from 2010, the decrease in drop-out rate in 5 CFS districts between 2007 and 2009 was 2.3%, vs. 0.6% nation-wide.

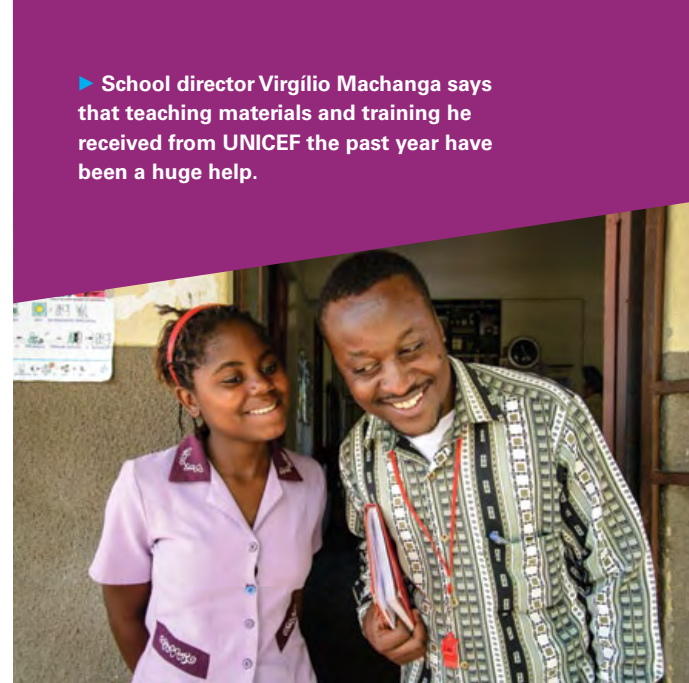




▶ Elisa has a good chance of joining the 47% of children who complete primary school.



▶ With over 50% of the population under 18, investment in education is critical.



▶ School director Virgílio Machanga says that teaching materials and training he received from UNICEF the past year have been a huge help.



▶ Attending school is about dreams and hopes for the future.

Silva Siteo is a parent and sits on the school council of Uaculalene Primary School, located in the same district as Elisa’s school. “Every child has the thought in his head (of leaving school),” he says. “When they begin to miss classes, the council will charge a fine to the child’s parents. If the child returns to school, the fee is revoked.”

▶ **Many children attend school past their teens and into their twenties, either because they start late or do not progress each year.**

Another way that the council tries to keep children in school is by providing them with meals. “We have food even for children who aren’t old enough to be in school,” says Olinda Mabassa, who tends to the school garden, from which she prepares meals. Besides national staples such as maize and cassava, Olinda also keeps chickens for eggs, adding protein to the food. Some of the main reasons children drop out of school include poverty, child marriage, early pregnancy, sexual abuse, long distances, unsafe schools and routes to school, and child labour.

There are about 1000 students enrolled at Elisa’s school, which comprises several classrooms lining a courtyard filled with large trees. The school’s director, Virgílio Jorge Machanga has been a teacher for 10 years, and director of the school for 6 years. “I like helping to prepare children for their future,” he says, adding that the teaching materials and training in school management and learning methods that he has received from UNICEF over the past year have been a huge help.

With 20 teachers at the school, the pupil-teacher ratio here is 47, i.e. close to the ideal of 40 students per teacher, and well below the national average of 63 students per teacher.

Even with the high levels of funding that the Mozambican Government has committed to education, there are significant needs to meet. Many children attend school past their teens and into their twenties, either because they start late or do not progress each year. Increasing the need further is the sheer number of young people in Mozambique – over 50 percent of the population is under 18. Sadly, large pupil numbers, inadequately trained teachers, crowded classrooms, and insufficient school materials, all combined, keep the quality of education at a very low level.

▶ **“I like helping to prepare children for their future,” says the school director.**

Yet, despite these challenges, education is having an impact on Elisa, who says she wants to become a teacher when she finishes school. If she can stay in school long enough, her job prospects should be good, as Mozambique has a severe shortage of teachers, especially women, who make up only a third of the profession.

Female teachers have an important role to play in the lives of young girls, and Elisa’s dream, if fulfilled, will serve a worthy purpose. Female teachers help create a safe environment around schoolgirls, and can also inspire them to follow in their footsteps.



► **Female teachers help create a safe environment around schoolgirls, and can inspire them to follow in their footsteps.**



► Eclesiana da Graça is one of the few female teachers in the country.

This is what happened to Júlia Mite and Deleira Utui, who nursed the dream since they were young girls. Now they are both teachers at Uaculalene School, after a one-year training course. Teacher training is a key determinant of education quality, and is something the Ministry of Education will be addressing in coming years, with UNICEF support.

Now in her final year at school, there is a good chance that Elisa will join the 47 percent of children who complete primary school. Although this is still less than half of all school pupils, it is an improvement upon a decade ago, when less than a third did so. Primary school completion rates are lower than the national average in places like Gaza, where Elisa lives, but she hopes to defy the statistics and continue on to high school, which she will need to do to eventually qualify for teacher training.

Such plans and hopes for her future may be one of the reasons she attends school. Virgílio says that he can see the difference that school makes in children every day. “Children come to school sad and then, at the end of the day, they are smiling,” he says.

For Elisa, one thing that certainly increases her satisfaction at school is the school club, where she performs plays and dances. While performances are entertaining and often have most of the audience laughing, the message is serious. The songs and plays address topics such as HIV prevention, violence and early marriage, and are effective in teaching life skills to the young students in an engaging manner.

After participating in the programme either as performers or spectators, tests show that 85% of children have a satisfactory knowledge of HIV. Today, eight out of 10 schools across the country have school clubs with life skills programmes.

Elisa’s success in school has not gone unnoticed. At home, her grandmother says she sees the long-term benefit of education. “In the future, I would like to see her working so that she can support herself and help support me, too,” she says. “This is what happens nowadays. You work, then you can buy bread for your mother.”

As education is a key driver for poverty reduction, it holds tremendous hope and potential for a developing country like Mozambique, much like Elisa herself. The Government has made a sincere commitment to its younger citizens, increasing education expenditure by 43% between 2008 and 2012. An educated population will be crucial to the country’s future if Mozambique is to capitalise on the burst of economic growth it is currently experiencing. Young people such as Elisa are the country’s best investment.

## HOW UNICEF SUPPORTED ELISA AND OTHER ADOLESCENT GIRLS IN MOZAMBIQUE IN 2013

- **Together with bilateral donors** and World Bank, leveraged budget support for education totalling \$100 million
- **Child-Friendly Schools** programme helped improve the quality of education
- **Disaster Risk Reduction** including WASH, protection, education, and response capacity strengthening, together with Government and UN partners
- **Behaviour change** communication at community level through radio programming, participatory theatre, and multimedia sessions
- **Capacity building** and support to Participatory Child Rights Media Network
- **Training of journalism** students and in-service journalists on child rights

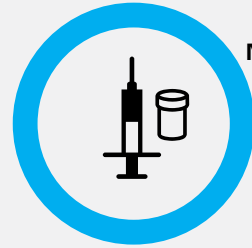
# 2013 NATIONAL LEVEL ACHIEVEMENTS



**2,500**  
COMMUNITY  
HEALTH  
WORKERS  
TRAINED  
& DEPLOYED



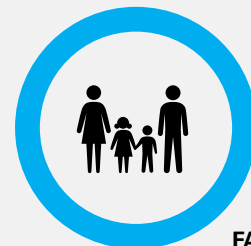
**8.5 MILLION**  
PEOPLE  
PROTECTED  
AGAINST  
MALARIA



**NEW**  
VACCINES  
INTRODUCED



**2 NATIONAL**  
HEALTH  
WEEKS  
REACHED  
**8.3 MILLION**  
CHILDREN



**6,800** CHILDREN  
ACROSS THE  
COUNTRY  
TRANSFERRED  
FROM  
RESIDENTIAL TO  
FAMILY CARE



**1.7 MILLION**  
CHILDREN  
REACHED  
WITH LIFE  
SKILLS



**2.3 MILLION**  
REACHED IN  
COMMUNITIES  
THROUGH  
C4D\*  
ACTIVITIES



**306,000**  
HOUSEHOLDS  
GIVEN CASH  
TRANSFERS



**2 NATIONAL**  
HEALTH WEEKS  
REACHED  
**350,000**  
WITH BIRTH  
REGISTRATION

\*Communication for Development

## COMMUNITY RADIOS AT THE FOREFRONT

An interview with Jose Inácio Picardo Tomo, coordinator of Radio Morrumbala

### Why is radio important in Mozambique?

Mozambique has a large rural population where there are low levels of literacy. Radio Mozambique, our national public broadcaster, reaches a large part of the population, but radio broadcasts in local languages such as ours reach a lot of people in rural areas.

### Where did you train?

Radio Morrumbala is one of 90 community radio stations throughout the country. For the last four years I trained on the job. When I was working in Marromeu I worked as a volunteer for a radio station there, so when I moved to Morrumbala, I continued.

### Can you describe the programs you produce?

The station has been operating for over ten years and broadcasts in Lolo, Portuguese and Sena – programs are divided equally between these three languages. My first show was about child marriage and it was very educational. Our current programs are about violence, children's rights, health and family planning. We have live debates inviting service providers, social influencers and community members. We open our telephone lines and people can call in. Our audience sometimes phones in to tell me which programs they like or ask me if a program will be on today.

### How does the station cover its costs?

The government pays for electricity but all the other running costs are covered with advertising revenue. The signal carries far, and community stations throughout Mozambique reach out to communities even in neighbouring countries in a way that few other media can.



# A SAFETY NET FOR ORPHANS

Life for Alita, Regina, and Jovito has not always been easy. But social and health programmes are slowly reaching orphans and other vulnerable children like them, bringing hope to the most remote and unforgiving places.

**THE CITY** of Quelimane is a two-hour flight from Maputo. Morrumbala, a smaller town, is three hours by car from Quelimane. Drive another four hours north and you will find yourself in the village of Marua. A 20-minute walk through the bush will finally bring you to the home of Alita (14), Regina (11), and Jovito (9) Jessone. The nearest bus stop is a long walk from here, and cell phone reception is even further away. This is as remote and isolated as it can get in Mozambique, where almost 70 percent of the population lives in rural areas.

Quelimane, Morrumbala and Marua all fall within the province of Zambézia, home to almost a fifth of Mozambique's population, making it the second most populous province in the country. The situation for children here is, in many respects, the worst in Mozambique, with the province receiving the lowest level of funding per capita from the central government. In 2013, per capita expenditure for health was 66% of the national average.



► The Jessone family: Gemusse and Puasaneie Jessone and their grandchildren Regina, Jovito, and Alita.





► Puasaneie tends to the fire that cures the pork meat that Gemusse earned for working on a nearby farm.



► At a food demonstration, Puasaneie learns how to prepare nutritious food.

Its remoteness means that many parts of Zambézia are beyond the reach of national infrastructure. It is difficult and expensive to provide even the most basic services to children like the Jessones. They live in the poorest, most disadvantaged place in one of the least developed countries in the world.

► **Many parts of Zambézia are beyond the reach of national infrastructure. It is difficult and expensive to provide services here.**

Alita, Regina and Jovito are lucky to have survived childhood, as Zambézia has the highest rates in the country of under-5 mortality, acute malnutrition, underweight, and anaemia. Like one in five children in Mozambique, they do not live with their parents, who died some years ago to sudden illness.

Their paternal grandfather, Gemusse Jessone speaks of his family in terms of who is alive and who is dead - he has outlived three daughters and two sons. Taking children into the care of their grandparents is customary in Mozambique where, whenever possible, orphans are cared for by either of the grandparents, depending on who is still alive and willing to take on the task.

Children who do not live with their parents, because these have died or migrated, are vulnerable in almost all aspects of their lives, because of chronic poverty, lack of parental care, trauma, stigma and discrimination, lack of schooling, and risk of abuse.

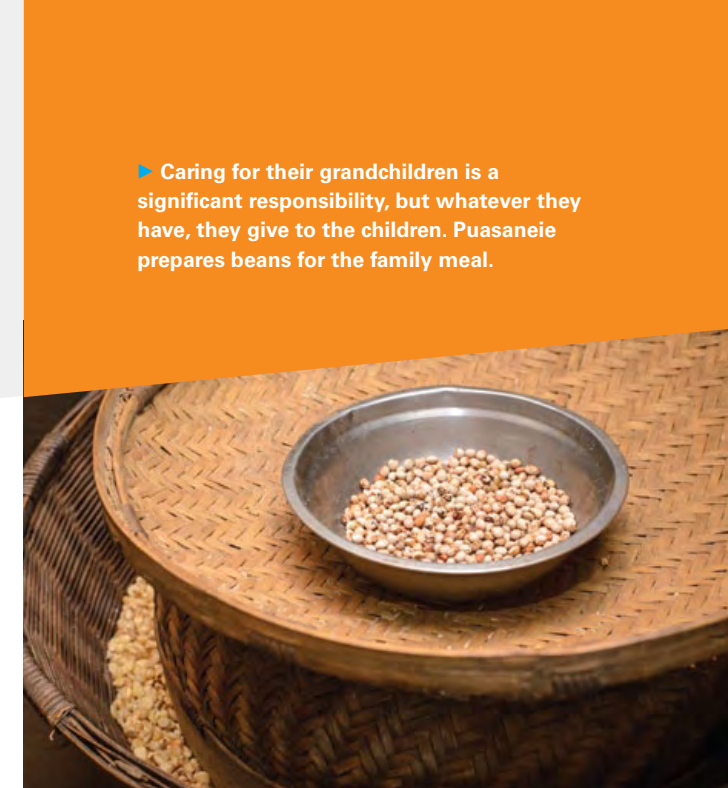
While, traditionally, children in Mozambique are cared for by their extended family, the impact of HIV and AIDS, poverty, and migration, has weakened the ability of relatives to care for these children. As a result, orphanages are increasing across the country. Institutionalised children, especially those younger than 3, are often deprived of adequate opportunities for cognitive, emotional, physical, and social development.

Since 2012, 6,800 children were deinstitutionalised and reintegrated into their families. In addition, more than 2,500 child-headed households gained access to social protection programmes. But there are still more than 8,000 children living in institutional care today, many of whom are infants whose mental and physical development will slow down for every year they spend in an institution.

► ***“I give whatever I have to the children and that is how we manage.”***

Alita, Regina and Jovito sit silently with their grandfather in the shade of one of the buildings. The grandparents take good care of the children but they don't rely on the rest of the family for support. “Everyone has their own worries. They are all taking care of their own children,” says the grandfather, who fears what would happen to them if he were to die suddenly.

“I give whatever I have to the children and that is how we manage,” says Gemusse, who supports them by working on farms or in homes close to the village, for which he is paid in cash or kind. His last salary, a side of pork, hangs over the kitchen fire, curing. Caring for their orphaned grandchildren is a significant responsibility for Gemusse and his wife, Puasaneie.



► Caring for their grandchildren is a significant responsibility, but whatever they have, they give to the children. Puasaneie prepares beans for the family meal.



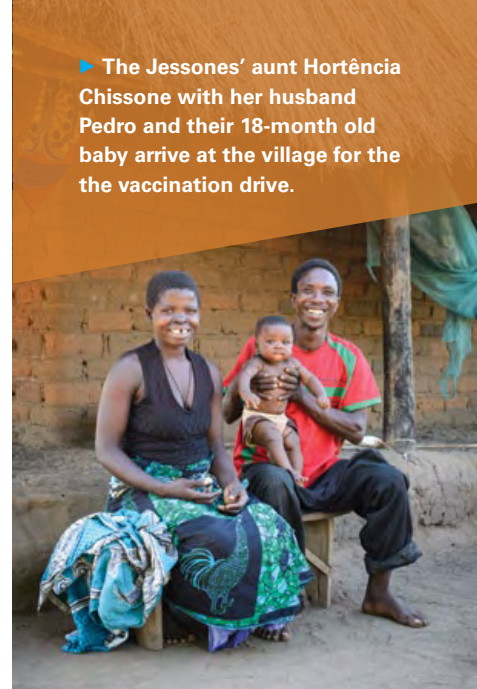




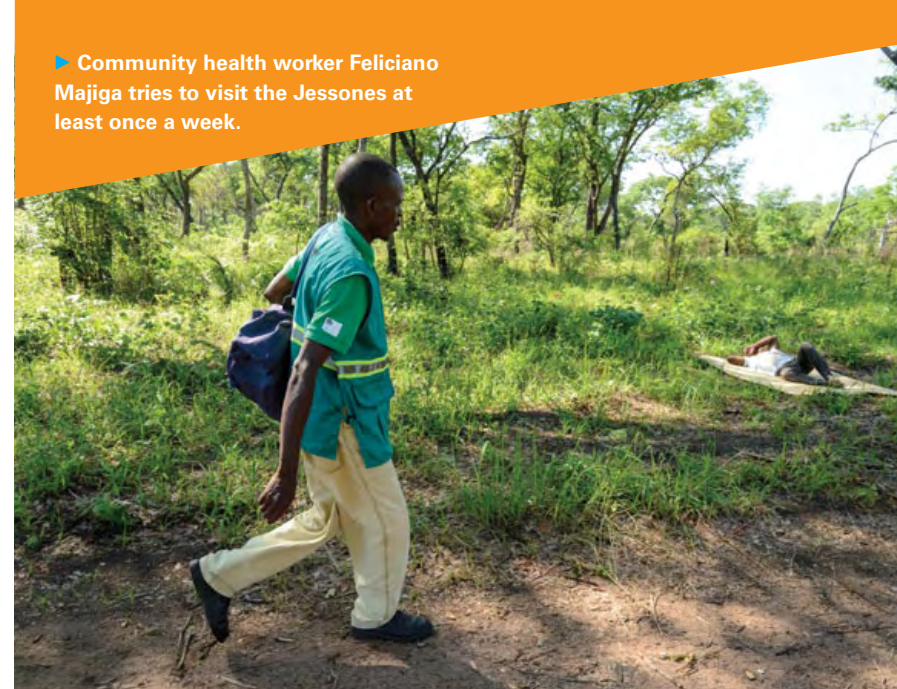
▶ The Jessones proudly show their birth registration documents, proving legally that they are one family.



▶ Birth registration follows a child from cradle to grave, establishing its existence under law and safeguarding its civil, political, economic, social and cultural rights.



▶ The Jessones' aunt Hortência Chissone with her husband Pedro and their 18-month old baby arrive at the village for the vaccination drive.



▶ Community health worker Feliciano Majiga tries to visit the Jessones at least once a week.

In order to claim any kind of social support for the children, Gemusse must be able to prove that they are, in fact, his kin. Luckily, in 2009, when their parents were still alive, all of the children were registered. Gemusse says that they would have had to travel a long way to do that, and that this would have been too expensive, so they waited for mobile brigades to visit their community instead.

Zambézia has the lowest rate of birth registration of any province in Mozambique. In 2004, only 8 percent of children under 5 were registered. And although this figure has now increased to 31%, it still lags behind the national average of 48%. Unregistered children are disadvantaged throughout their lives. Simple, everyday things like sitting exams, voting, or claiming social services, all become impossible. In practice, unregistered children do not officially exist at all.

▶ **Zambézia has the lowest rate of birth registration of any province in Mozambique.**

For children like the Jessones, being registered is particularly important as it establishes family ties, legal relationships and inheritance rights. It also allows them to claim social assistance.

A campaign run by the Ministry of Justice, supported by UNICEF and DFID, during the National Health Weeks in 2013 registered 350,000 children around the country. There are also plans to digitise the current system and to have permanent registration agents placed at administrative health posts. In 2013, the number of administrative posts with registration agents reached 300, exceeding the target by over 100 percent.

About half of Alita, Regina and Jovito's extended family (seven aunts and uncles and thirty odd cousins) live in a small village that is spread across an area about the size of a football field. Eight oddly-sized buildings made from mud and sticks serve different purposes. Built neatly in pairs facing each other, one serves as a kitchen, another is a pantry that doubles as a bedroom at night. Poultry and small dogs roam amongst the huts, and the family members sit in the shade of the eaves.

It is no later than 9am, but the sun is already making movement uncomfortable. Feliciano Majiga has walked about an hour to reach the Jessone home, seemingly unaffected by the heat. Feliciano is a community health worker, or CHW for short, and tries to visit the family at least once a week. He is one of 2,270 trained CHWs who work within their own communities, 1,150 of whom are supported by UNICEF through the Ministry of Health.

▶ **For children like the Jessones, being registered is particularly important as it allows them to claim social assistance.**

In the bag he has slung across his shoulder, Feliciano has supplies to treat and diagnose diseases that are responsible for about half of child mortality in the country. His kit contains antibiotics for pneumonia, malaria testing kits, anti-malarials, paracetamol, oral rehydration salts and basic dressings.





► Feliciano examines Puasaneie. If anyone in the family needs treatment, he will either treat them immediately or refer them to the nearest health centre.

He says it took him four months to learn how to use the content of this kit, and he can now help cure common illnesses like malaria and diarrhoea, which are life-threatening especially in children. Feliciano, like other community health workers, also does health promotion, reaching out to the community with simple and often life-saving messages about health and disease prevention.

► **He tells them about malaria control and basic hygiene, simple things they can do every day to prevent disease.**

He greets Gemusse and, as they begin to talk, the rest of the family emerges from around the compound. As they gather around to listen to him, Feliciano tells them about malaria control and basic hygiene, simple things they can do every day to prevent disease. Once he is done, those with ailments discuss their symptoms with him. If he can treat them immediately, he will. If he can't, he will refer them to a health centre, something which he says he does a few times a month.

Although CHWs have conducted over 1.6 million home visits in 2013, of which more than half to pregnant women, newborns and children under 5, their job has some fundamental challenges. "Once, I ran out of malaria testing kits and deworming tablets," he says. Stock-outs are not uncommon, even in health centres, and one of the most effective ways to address them is through forecasting, which UNICEF is helping develop together with partners.

► **Feliciano has supplies to treat and diagnose diseases that are responsible for about half of child mortality in the country.**

On this visit, the children had no complaints. Their grandparents do as much as they can to take care of their health, and the previous day, Gemusse had escorted them to the centre of the village where a vaccination drive was taking place. They were joined by their aunt, Hortência, who took her 18-month old baby along with her. Although they didn't arrive until late in the afternoon, the vaccination nurse, Joaquim Pinto, had been there most of the day. Joaquim has been a practicing nurse for 22 years, and, on a normal day, will vaccinate between 35-40 people.

Joaquim is at the forefront of the battle to increase immunisation rates in Zambézia, where they are lower than anywhere else in the country. The Government aims to vaccinate 90 percent of 1-year-olds by 2015 against vaccine-preventable diseases including diphtheria, polio, Hepatitis B and measles. Together with sister agencies WHO, WFP and UNFPA, UNICEF is pooling its efforts to reduce child mortality and improve maternal health in Zambézia, in the final stretch towards the Millennium Development Goals. Joaquim's visits, which occur every three months, are part of an accelerated outreach campaign.

The orphans wince and the babies cry as they are vaccinated. Alita, her sister, and brother are all injected with the tetanus vaccine. Hortência's baby is given the pentavalent, a combination vaccine designed to protect children from five dangerous diseases.<sup>1</sup>

<sup>1</sup> Haemophilus influenzae type B (HiB), hepatitis B, diphtheria, pertussis (whooping cough), and tetanus.





► **Government aims to vaccinate 90% of 1-year-olds by 2015 against vaccine-preventable diseases**

The PCV10 vaccine was introduced to Mozambique in 2013 and prevents respiratory illnesses, such as pneumonia, a top killer of children in Mozambique.

Although much is being done to bring health services to children, significant disadvantages persist. Zambia has the lowest rates for deliveries in health centres, with only 28% of women delivering in a facility compared to the 54.8% national average, and the highest rate of under-five mortality at 142 per 1,000 live births compared to the national average of 97.

Feliciano says because of the long distances and lack of public transport, women often give birth en route to the nearest centre. One in 30 children dies from neo-natal causes, many of which could be treated if more children were born in health centres.

One of the Jessones' cousins, Josefo, was lucky in this respect. His mother visited a health centre before, during and after he was born. Josefo sits happily on his mother's knee and is an embodiment of child survival. Access to health facilities and a skilled birth attendant means health and survival for babies and mothers.

Forty kilometres from Marua, about a dozen women sit patiently outside the doctor's consulting room at the Guerissa Health Centre. Dr. António Macule sees 50 to 60 patients a day.

"If the health centre is too far away, they will go to traditional healers," he says. Like Feliciano, the most common conditions he treats are malaria, respiratory infections, and diarrhoea, but many have HIV. The queue to the mobile HIV testing and counselling centre nearby is often long. When they are accessible, health centres are well utilised by communities.

► **Community health workers such as Feliciano have conducted over 1.6 million home visits around the country in 2013.**

Besides the multi-year UN project tackling maternal and child health in Zambia, UNICEF provides technical support and policy advocacy around maternal, neonatal and child health, and supports the integration of health and nutrition into the National Strategic Plan for the health sector (2013-2017). Funds have also been secured for malaria control for the next two years, and together with HIV programmes, such efforts have successfully driven down prevalence rates of these fatal diseases.

The number of children who, like the Jessones, survive well past their fifth birthday is increasing every day. In fact, Mozambique is on track to meet Millennium Development Goal 4 by reducing under-5 mortality by two thirds between 1990 and 2015. Even in the poorest, most disadvantaged areas in one of the least developed countries in the world, the situation of children is changing, slowly but surely, for the better.

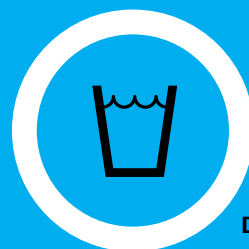
## HOW UNICEF SUPPORTED THE JESSONES AND OTHER VULNERABLE CHILDREN IN 2013

- **Ministry of Justice** supported in providing birth registration to 60% of all under-5 children.
- **National Institute** of Social Action and the Ministry of Women and Social Action given technical support to ensure that social protection programmes become more efficient, and expand to reach child-headed households.
- **Community workers** identify children needing alternative care in a more regulated manner. Grandparents' role also regulated thanks to outreach mobile teams consisting of social workers, judges and the Attorney General, with contingency plans in place if grandparents pass away.
- **A regulatory framework** for alternative care, as well as a database of eligible families and children for foster care and adoption, developed.
- **Signals of distress** from children monitored through case management, to ensure provision of quality psychosocial support as well as protection from violence, abuse and exploitation.
- **Training and integration** of CHWs launched in 2013, and scaled up nationwide with support from donor partners, including CIDA and UN agencies.
- **Together with WHO**, support to sustainable improvement of EPI coverage, capacity building at local level, procurement and cold chain management.

# 2013 TARGETED ACHIEVEMENTS



**600 HEALTH UNITS ACROSS ALL DISTRICTS** PROVIDED WITH DIAGNOSTIC EQUIPMENT FOR HIV EARLY INFANT DIAGNOSIS



**ACCESS TO CLEAN WATER AT 53%** (2008: 15%), AND **OPEN DEFECCATION AT 40%** (2008: 54%) IN 18 DISTRICTS



**HIV TESTING OF CHILDREN WITH ACUTE MALNUTRITION AT 100% IN 3 DISTRICTS**



**24 DISTRICTS OPERATE POLICE VICTIM SUPPORT UNITS**



**800 CHILD-FRIENDLY SCHOOLS** IN 7 DISTRICTS PROVIDED WITH AN INTEGRATED PACKAGE OF INTERVENTIONS



► More than half the population in Mozambique now has access to clean water. In 2008, only 15% did so.







**OLIVER MTUKUDZI**  
UNICEF Regional Goodwill Ambassador for  
Eastern and Southern Africa



**STEWART SUKUMA**  
UNICEF Goodwill Ambassador for Mozambique

## OUR GOODWILL AMBASSADORS

**'TALK FROM THE HEART'** said **Oliver Mtukudzi**, one of Africa's most popular musicians and UNICEF Regional Goodwill Ambassador, to child broadcasters during his visit to Mozambique in June 2013. Here to promote child rights and prevention of violence, he had further words of wisdom to share with the cub reporters: "If you speak lightly about these issues, you don't do justice to the child. It's all about understanding the purpose of your microphone, and putting it to good use."

Mr. Mtukudzi's visit came in a year when goodwill ambassadors were kept busy. In February, UNICEF Goodwill Ambassador for Mozambique Stewart Sukuma and his band performed at a concert to raise funds for victims of the floods in Gaza that displaced more than 170 thousand people. Stewart worked tirelessly to raise awareness about their plight, visiting displacement camps in Gaza several times to show support and raise morale.

In April, **Stewart Sukuma** joined the Minister of Health Dr Alexandre Manguela for the launch event of the PCV10 pneumonia vaccine.

In June, Oliver Mtukudzi and Stewart Sukuma marked Children's Fortnight (Quinzena da Criança) by participating in a special broadcast on national television. During the two-hour program, the artists spoke out about child marriage, disability and HIV/AIDS.

In October, Stewart Sukuma, Oliver Mtukudzi, and other local star performers including Mingas, Isabel Novela, Cuca, Hermínio, Yolanda Kakana, Valdemiro José, Neyma, G2, Costa Neto, Muzila, and Júlia Duarte recorded an album themed around the Facts for Life, with songs promoting breastfeeding, girls' education, HIV and AIDS awareness, child protection, and nutrition. The album will be released in 2014.





► – I found out I had HIV when I was pregnant, says Alzira, seen here in her home with baby Abel.

## A MOTHER'S LOVING CARE

**A parent's ability to care for her child is dependent upon her ability to care for herself. For Alzira, a mother with HIV, that is no simple task.**

**INTHE MIDDLE** of the afternoon in the town of Changara in Tete province the temperature is over 40 degrees. Inside a tiny house, with most of its roof missing, a young woman called Alzira, sweeps her kitchen floor, then fetches a smouldering branch from a neighbour's fire to start one of her own. As the fire lights, she puts water on to boil, and chops vegetables. In the next room, her 18-month-old baby, Abel, sleeps on a mattress.

"I found out I had HIV when I was pregnant," Alzira says. "I wasn't very surprised because I used to fall sick frequently." She is one of at least four mothers in the community who are HIV positive. Like most HIV positive mothers throughout the country, Alzira discovered her status during an antenatal care visit.

Survey data show that more and more women in Mozambique are choosing to test for HIV. In fact, the rate of HIV testing has almost doubled from 2008 to 2011, from 15 to 26 percent, and effective diagnosis and treatment is helping those who have the virus to live longer.



► The number of children who receive ART has increased by almost 5,000 over the past year.



At present, more than 1 in 10 Mozambicans are infected with HIV, the eighth highest rate in the world. There has been a decrease in new infections, but the absolute number of people living with HIV has been rising and this trend is likely to continue as higher treatment coverage reduces mortality.

The increased rate of HIV testing among women means that treatment can start earlier, thus increasing their life expectancy. Coverage of anti-retroviral treatment (ART) has risen from almost zero, a decade ago, to 52% for adults in 2013, and is one of the reasons why the number of people living with HIV has increased in recent years.

► **Abel is one of very few children in Mozambique who currently receive ART, though this is slowly improving.**

The technology at the health centre is at the front of the battle to prevent mother to child transmission, and includes rapid diagnostic tests, PCR tests to monitor CD4 levels, and blood spot screening. A programme to diagnose HIV in infants has expanded and since March 2013, 600 health facilities in Mozambique are able to collect dried blood samples for testing. These samples are then sent to a lab for further processing, and if the test is positive, the child can start ART immediately.



► The technology at the health centre is at the front of the battle to prevent mother to child transmission.

In addition to the testing laboratory, the health centre contains a counselling centre and a pharmacy, and is also where Aliza brings Abel for his vaccines and for regular health check-ups, to make sure he is developing well.

Elastância de Silva, a mother and child health nurse at the centre, provides some of these services, including ante-natal and post-natal care, growth monitoring, well-baby care, health and nutrition, as well as family planning. She describes the almost overwhelming demand. "Mondays and Fridays are the busiest days. I can serve up to 70 patients per day," she says.

► **Like most HIV positive mothers, Alzira discovered her status during an antenatal care visit.**

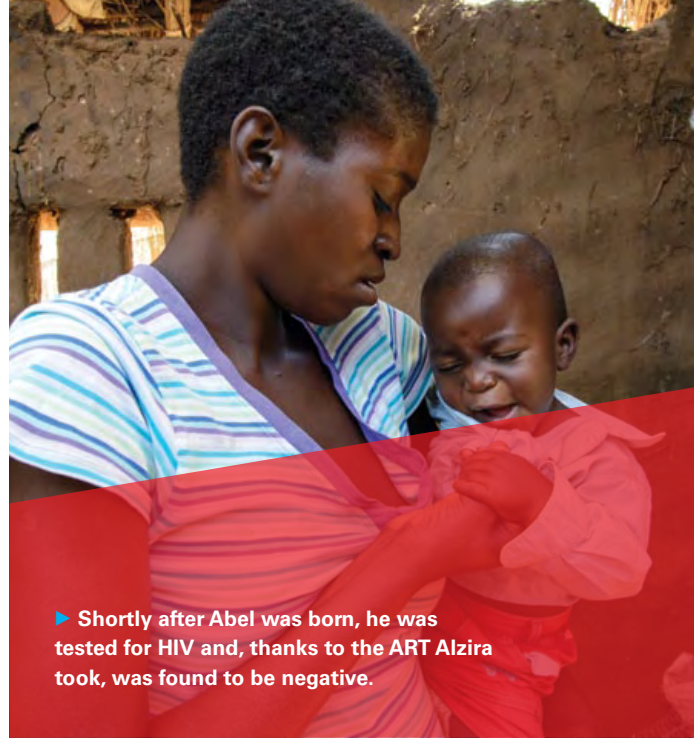
Alzira was prescribed ART and commenced a course almost as soon as she received her HIV test results. Over the past year, UNICEF, together with WHO and UNAIDS, has successfully advocated for government approval of universal access to ART for pregnant women, with the aim that, by 2015, 90 percent of HIV positive pregnant women and their children will have access to a package of services to keep them alive. Shortly after Abel was born, he was also tested and, thanks to the ART Alzira took, was found to be negative.

Alzira will be taking ART for the rest of her life and, as long as she is breastfeeding Abel, he will, too. "Soon, he will stop breastfeeding, then I will test him again," says Alzira. The results of this test will determine his ongoing treatment. Abel is one of very few children in Mozambique who currently receive ART, though this is slowly improving. The number of children who receive ART has increased by almost 5,000 over the past year. Today, 412 health units offer paediatric ART services, exceeding the target set for 2015 by 25 percent. However, the number of HIV positive children being treated with ART remains small, at only 22%, and will need to drastically increase in future.





▶ Alzira will be on ART for the rest of her life. Abel will be treated as long as he is breastfeeding.



▶ Shortly after Abel was born, he was tested for HIV and, thanks to the ART Alzira took, was found to be negative.



▶ My health is one challenge among many others, says Alzira.



▶ Alzira keeps herself and her baby healthy and well-fed.

Back home in Alzira's kitchen, community health worker, Brejinev Jose Josefo, stands in the doorway. He has been visiting her since April, when he was alerted that Alzira had stopped Abel's ART. He managed to convince her to recommence the treatment, and she now administers medication morning and evening to herself and her baby.

Despite her hardships, she acknowledges that the treatment has helped keep her healthy and able to care for her child, and cope with other difficulties imposed on her by poverty. "My health is one challenge among many others," she says matter-of-factly.

In many communities, UNICEF has helped women such as Alzira form peer support groups, which help each other with daily, practical matters, as well as provide moral and emotional support. This is almost as important to their well-being as the medical treatment they receive. "We share our experiences of caring for our babies and ourselves. This frees me from the burden," says Alzira. They also take turns collecting the medicines at the health centre, which she says helps her stick to the treatment schedule.

As small and modest as her home is, Alzira keeps it neat. Her clothes are tied in bundles and her dishes carefully stacked in the kitchen. She stores water in a jerry can and bucket, and has food thanks to her parents who live nearby.

▶ **Proper nutrition, a consistent medication regime, clean water and proper sanitation all contribute to the health of mother and child.**

Proper nutrition, a consistent medication regime, clean water and proper sanitation all contribute to the health of mother and child. Alzira collects clean water from a water point less than 50 metres from her home. She pays one metical, or three US cents, for 25 litres of water.

Visit almost any of the villages between Alzira's home in Changara and the capital Tete in the evening and you will find crowds of people queuing to collect water at the numerous water points. In the village of Demere, about 50 kilometres away, two water points lie within walking distance from one another.

Eduardo Cubanhar is the head of the water committee, which consists of six men and four women who are responsible for maintenance, collecting a small fee for the water and keeping the water point clean. He says that both of the water points were built by UNICEF, with funding from DFID, the newest in July and the oldest one in 1993. Both are in good working order, a credit to his committee.



► Eduardo Cubanhar is head of the water committee in Demere, and responsible for maintenance of the water point.



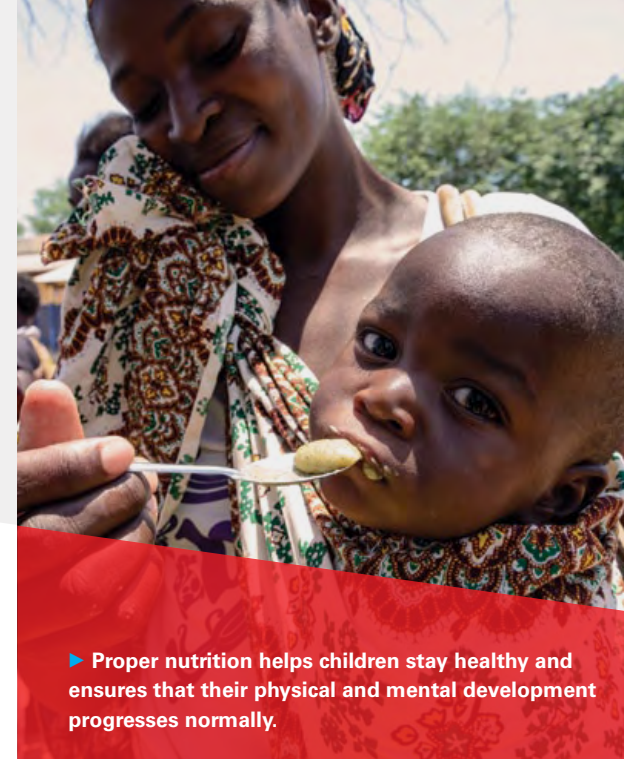
A combined and concerted effort by the Mozambican Government with support from UNICEF and partners such as DFID, has effectively increased the number of improved water sources in rural areas of Mozambique to 38 percent. As a result, the proportion of the population who have access to safe water sources has increased by almost a third since 2008.

Eduardo stands by the well in the evening after a hot day, surrounded by women and children. "If the pump breaks, we meet, discuss what needs to be done, get money from the money-collector to buy a new part and then we fix it," he says.

► **"If the pump breaks, we meet, discuss what needs to be done, buy a new part and then we fix it."**

Eduardo's neighbor, Afonso Agostinho, is the president of the village sanitation committee, in charge of mobilising the community to build latrines and eliminate open defecation. This is part of a deliberate initiative called Community Led Total Sanitation that the National Water Directorate leads, with support from UNICEF and DFID. The aim is not only to eliminate open defecation and build low-cost household latrines, but importantly to change social norms. Afonso and others like him make a significant difference to the health of children in rural areas.

The success of such water and sanitation programmes is fundamental to the health of everyone in the community. Diarrhoea accounts for 7% of all deaths of children under the age of 5 and building and using toilets helps prevent diarrhoea. The combined efforts of UNICEF and people like Afonso have doubled the proportion of people in rural areas who have access to sanitation facilities to 14%, but much more needs to be done if the majority of the population is to have access to adequate sanitation.



► Proper nutrition helps children stay healthy and ensures that their physical and mental development progresses normally.

In partnership with the Administration for Water Supply and Sanitation Infrastructure (AIAS) and with funding from the Dutch and Australian governments, UNICEF is implementing a water and sanitation programme in small towns in Tete, Manica and Nampula provinces. These towns are administrative and commercial centres that are expected to grow significantly over the coming 10 to 20 years. Their basic infrastructure is poor and hinders the provision of essential services such as schools, hospitals, and markets.

Back in Alzira's small home, it is lunchtime. She pours maize flour into a pot of boiling water, and stirs it until it thickens into porridge, or xima, a staple food in large parts of the country. At a food demonstration the following day, Alzira learns how to make a richer version, with moringa powder, eggs and peanuts.

Common throughout the country, the leaves of Moringa trees contain high levels of vitamin A and B, calcium, iron and protein. Normally too bitter to be palatable, dried and ground moringa leaves can be added to porridge, for example, for extra nutrition.

A small crowd of women are gathered at the demonstration and, once the porridge is ready, they each take a small plate to taste. Abel hungrily cleans the spoon his mother feeds him and is immediately active and alert. Proper nutrition not only helps children like Abel stay healthy in their childhood and infancy, but will ensure that their physical and mental development progresses normally. Nutritious food is also fundamental to strengthening the immune system, particularly important for those who are HIV positive.

Undernutrition is an underlying factor in the high rate of under-5 child mortality in Mozambique. Both the cause (undernutrition) and the effect (stunting) are the result of a combination of factors including gastrointestinal disease and inadequate feeding practices. Stunting rates have decreased only slightly since 2008, from 43.7% to 42.6% in 2011. It is critically important that children like Abel are properly fed by their families, and can visit a health centre when they are sick.

► **Undernutrition is an underlying factor in the high rate of under-5 child mortality in Mozambique.**





► **A third of all women report falling victim to physical or sexual violence at some point in their lives.**

Yet poverty is the main obstacle Alzira faces in making sure that her child is well-fed. On many days, she simply cannot afford to buy food and relies on her parents for help.

On the way home from the cooking demonstration, Alzira and Brejinev pass a large squat building with the words 'Gabinete de Atendimento' across the top. This police office of assistance helps women and children who are victims of physical or sexual abuse, and is a result of a joint partnership with the ministries of the Interior, Justice, Women and Social Action, Health, and Education, with support from UNICEF, UNDP and UNFPA.

"In my neighbourhood there are mostly old men and they are not violent," Alzira says. But she also knows that, should she ever be a victim of violence, she can find help here. Brejinev looks sceptical and says that physical violence and other kinds of abuse are more common than is reported and that victims don't always find the support that they need within their own communities. In the case of children, the perpetrator is often known to the child and, as a consequence they are reluctant to report incidents. As many as 1 in every 3 women aged 15 to 49 report having been victims of physical or sexual violence at some point in their lives.

Alzira says the village often deals with abuse by demanding compensation from the perpetrator. Such community 'solutions' are, in fact, a major impediment to bringing perpetrators to justice and ending the cycle of violence. But in a country where social norms deem a certain level of violence against women and children as acceptable, it will take time to make change happen. Some of the measures that UNICEF and partners have helped implement include a helpline and free legal aid for child victims of violence.

Parents' ability to care for their children is entirely dependent upon their ability to care for themselves. As a mother with HIV, and with limited means, Alzira has not only protected her baby from the disease, but she has also cared for her own health, as best she can, and with the help of many around her. The wellbeing of mother and child will always require the help and engagement of an entire community, both near and far.

## HOW UNICEF SUPPORTED ALZIRA AND ABEL, AND OTHER MOTHERS AND CHILDREN IN 2013

- **Access to an essential** health and nutrition package at health centres and National Health Weeks
- **Promotion of breastfeeding** and training of mothers in healthy diet (food demonstrations)
- **Demonstration of integrated** response on HIV and AIDS in selected health centers
- **Improved management** of boreholes and small town water systems
- **2,000 new boreholes** and rehabilitation of 400 boreholes fitted with hand pumps
- **District level database** of all water points and operational status
- **Zero Tolerance to Violence** campaign implemented in schools.
- **Child helpline** that took up to 200,000 calls, of which 64% received psychosocial support or referral
- **National communication** campaigns addressing negative social norms



# 2013 POLICY ACHIEVEMENTS



THE NATIONAL  
**AIDS  
COUNCIL**  
COMMUNICATION  
STRATEGY  
DEVELOPED



PLANS TO  
REDUCE  
**MOTHER TO  
CHILD HIV**  
TRANSMISSION  
DEVELOPED AND  
IMPLEMENTED



GOVERNMENT  
**COMMITTED**  
TO SCALE UP  
COMMUNITY  
HEALTH WORKER  
PROGRAMME



**SECTOR-  
WIDE**  
APPROACHES  
COORDINATED  
IN HEALTH,  
EDUCATION AND  
WASH



NATIONAL ACTION  
PLAN AGAINST  
**CHRONIC**  
MALNUTRITION  
IMPLEMENTED  
IN ZAMBÉZIA



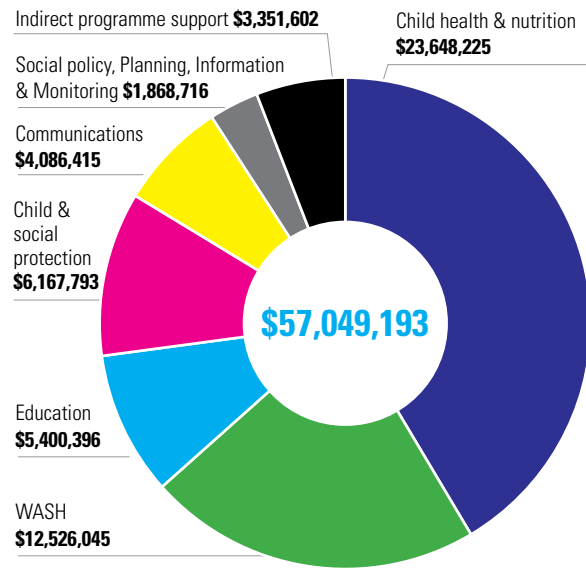
FORMULATION  
OF NATIONAL  
**CHILD  
HEALTH**  
GUIDELINES





# 2013 IN NUMBERS

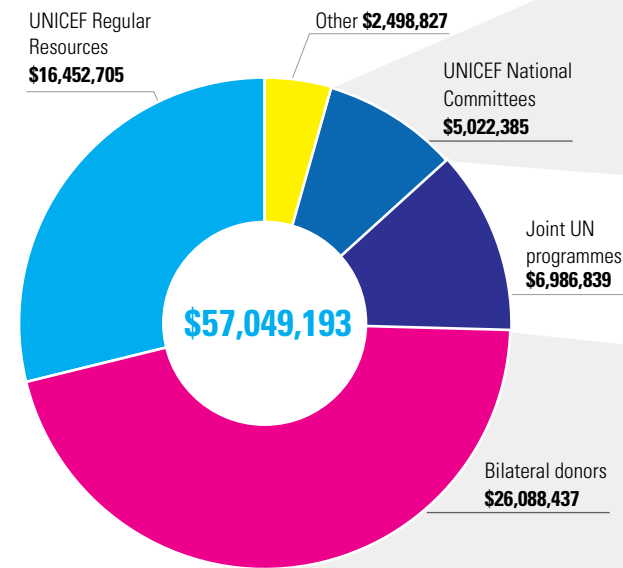
**FIGURE 1: FUNDS UTILISED BY PROGRAMME**



**NOTES:**

Child Health and Nutrition used approximately 41% of a total of \$57 million, almost half of which to deliver two National Health Weeks, immunising over 8 million children in total. WASH used \$12.5 million, or 22%, to improve water and sanitation in rural communities, small towns and schools. With a 9% share, Education delivered upstream policy work and supported child-friendly schools in 7 districts, while Child and Social Protection comprised 11% of expenditures. Additional value-added work was provided to programmes through technical assistance, communication for development, social policy engagement, and advocacy, even though these did not represent a large share of total expenditures.

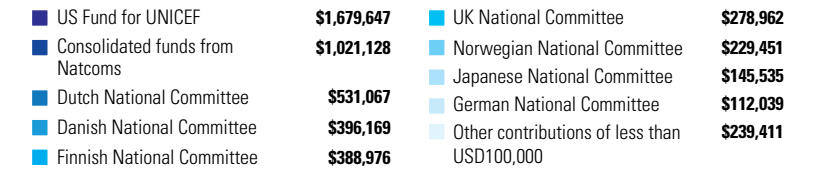
**FIGURE 2: SOURCE OF FUNDS UTILISED**



**NOTES:**

- At 29%, regular resources continue to represent an important source of core, flexible funding.
- A number of donors also provided funds for joint UN programmes, accounting for almost \$7 million, of which \$3 million in Health and Nutrition. Almost 22% of joint UN programme funds supported the delivery of MDGs 4 and 5 in Zambia. Other activities were delivered jointly with other UN agencies under the *Delivering as One* framework. Donors to joint UN programming include CIDA, CERF, UNAIDS, and UNOCHA.
- Other sources of funding include the *Micronutrient Initiative*, UNITAID, GAVI and thematic contributions from UNICEF HQ.

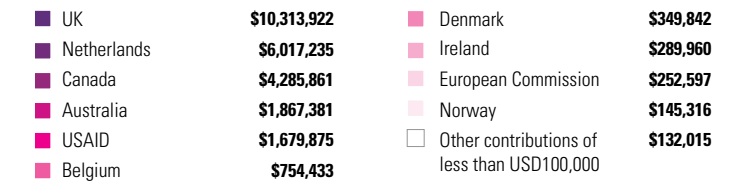
**FIGURE 3: NATIONAL COMMITTEE FUNDS**



**NOTES:**

Seventeen UNICEF National Committees provided \$5 million, about one third of which to support Education. NatCom contributions predominantly support programming in multiple sectors. The US Fund remained the largest, providing 33% of all NatCom funding. The Dutch National Committee provided 11%, while the Danish and Finnish National Committees each provided 8%. The UK Committee provided 6%, and the Norwegian, Japanese, and German NatComs provided 5%, 3%, and 2% respectively. A number of NatComs provided contributions under \$100,000 including the Australian, Belgian, French, Irish, Italian, Luxembourg, Portuguese, Slovenian, Spanish, and Swedish National Committees.

**FIGURE 4: BILATERAL FUNDS**



**NOTES:**

Bilateral donors provided approximately 46% of all funds, of which around 60% supported Child Health and Nutrition. The UK's Department for International Development represented the most significant bilateral donor providing 40% of all funds, 90% of which supported Health and Nutrition. The Netherlands provided 23% of funds, largely to WASH's One Million Initiative, while Canada's support of 16% focused on Health. Australia and USAID provided 7% and 6% of funds, for WASH and Health respectively. Belgium's support focused on delivering disaster risk reduction and mitigation. Ireland and the EC each provided 1% of funds for Protection, and Norway's 1% went to WASH. Finland and New Zealand also provided financial support to the Country Office.



## 2014 AND BEYOND

# OUR PRIORITIES

As 2013 was a mid-term point of our 2012-15 country programme, we held in-dept discussions with our partners to understand whether we were doing things right and doing the right things in our service for the wellbeing of children in Mozambique. This resulted in our identifying **five key priority areas**, which will define UNICEF's work in the coming years, and help maximise positive change in the lives of children, especially the poorest and most marginalised among them.

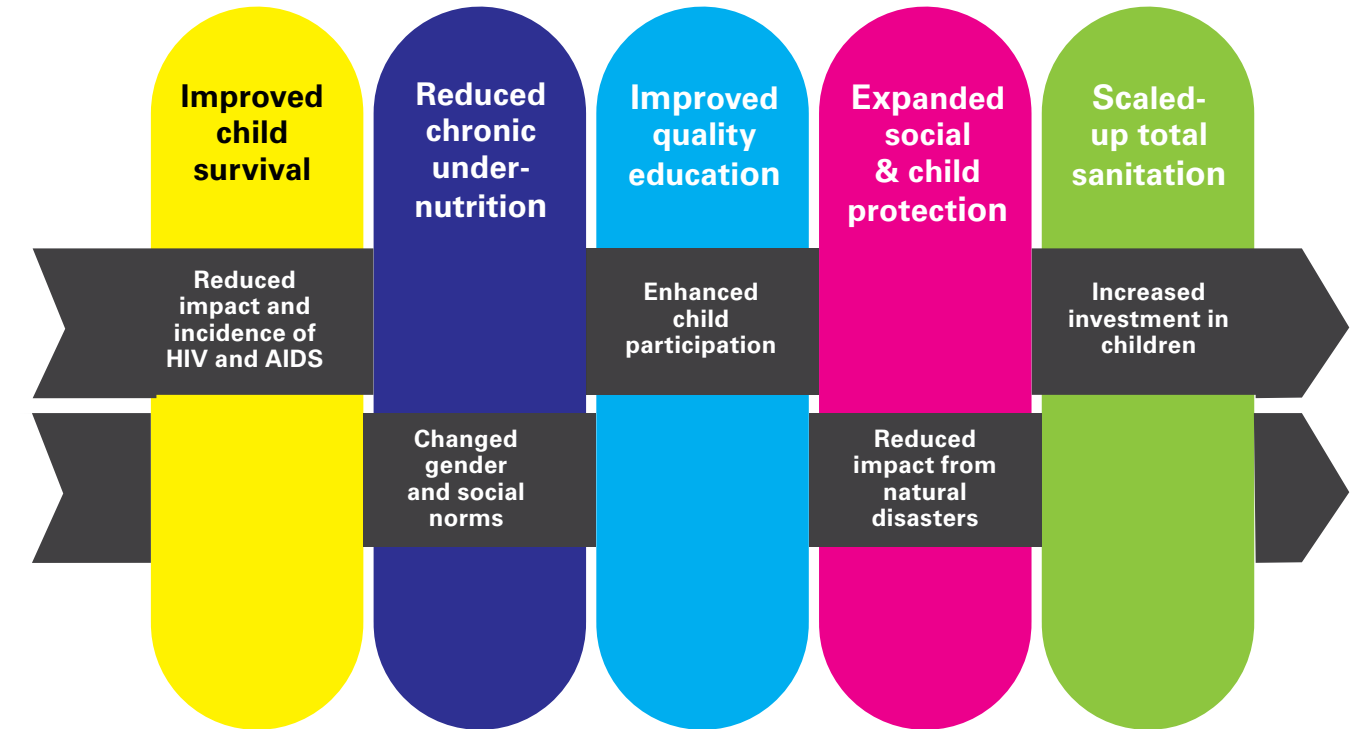
- **Improved neonatal and child survival** through community-based interventions, including scale-up of community health workers and evidence-based interventions
- **Reduced chronic under-nutrition**, through access to essential services, commodities and knowledge
- **Improved quality education**, by enhancing learning outcomes, capacity development of teacher training institutions, and community-based improvement of teaching practices
- **Expanded social protection and child protection**, through community-based case management and legal and social protection support
- **Scaled-up total sanitation** in rural areas, with emphasis on community approaches to total sanitation.

The **thematic priorities** will be reinforced with five cross-cutting components, as follows:

- **Reduced incidence and impact of HIV and AIDS**, with emphasis on elimination of mother-to-child transmission, prevention of adolescent infection, and treatment, care and support for affected children,
- **Encouraging a comprehensive change in social norms** that underlie and impact outcomes for children, including child development issues such as HIV, malnutrition, sanitation and early pregnancy,
- **Enhanced child participation** and engagement in development processes,
- **Increased investment in children** through data and analysis, to plan and budget effectively for child development,
- **Reduced impact from natural disasters** by building resilience and support systems for children, their families and communities.

UNICEF will continue to keep one foot in the door of policymakers and another firmly on the ground, most notably in focus provinces Tete and Zambézia, where convergence between programmes will improve. We will gradually shift from service delivery towards evidence-based policy work, with emphasis on leveraging partnerships, developing capacity, advocacy and innovation.

# KEY PRIORITY AREAS



 KEY PRIORITIES

 CROSS-CUTTING PRIORITIES





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unite for children