

Consolidated Donor Report 2007
MOZAMBIQUE



Consolidated Donor Report - 2007 Mozambique



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FOREWORD

The year 2007 marked the first year of the 2007-2009 UNICEF Country Programme of Cooperation in Mozambique, during which the Government of Mozambique, UNICEF and partners continued to work in support of the achievement of the Millennium Development Goals and the three Country Programme priorities of Young Child Survival and Development, Basic Education and Gender Equality, and Children and HIV/AIDS.

This consolidated donor report outlines the main achievements of the Country Programme in 2007, which in partnership with the Government, international and national organisations, included over 150,000 children benefiting from an improved learning environment; 260,000 children improving their knowledge on HIV prevention and non-discriminatory attitudes; 260,000 children under five, pregnant women, orphaned and vulnerable children and people living with HIV receiving insecticide-treated mosquito nets; over 800,000 women receiving vaccination against maternal and neonatal tetanus; 198,000 people gaining access to safe drinking water; 160,000 orphaned and vulnerable children being supported to access basic social services; over 800,000 children receiving birth certificates; and over one million people being reached by social mobilisation activities on life skills, HIV, and sexual and reproductive health.

A major development in 2007 was the designation of Mozambique, along with seven other countries, as a country for the Delivering as One UN initiative. The overall goal of this initiative in Mozambique is to further enhance the delivery of concrete results in support of national development objectives and priorities through a more coherent, better coordinated, funded and managed UN.

In order to achieve this vision, the UN Country Team focused this year on developing a framework for Delivering as One with five focus areas: One Leader, One Programme, One Budgetary Framework, One Office, Common Services and Communicating as One.

As a result of this process, the UN Country Team finalised and is currently implementing the *Delivering as One Operational Plan of the UN System in Mozambique, 2007-2009*.

I hope that you will find this report useful and relevant. I would like to thank our partners for their generous support and look forward to our continued close collaboration in 2008.

Sincerely,



Leila Gharagozloo Pakkala
UNICEF Representative

COUNTRY CONTEXT

Mozambique has emerged as one of Africa's leading examples of effective post-conflict reconstruction and economic recovery. The country has experienced a relatively smooth transition to political stability and democracy. In this stable democratic environment, delivery of basic services and social support programmes have gradually improved and an enabling policy environment has been created with national policies focusing on key priority areas for children and women.

The economy has grown at a strong pace, averaging about 8.5 per cent per year since the late 1990s. This growth has been supported by a rapid and sustained expansion of the education sector and a quick recovery of the agricultural sector, which accounted for 23.6 per cent of real GDP growth between 1991 and 2004, suggesting a relatively broad-based economic revival with benefits for poor rural families. The result has been a downward trend in poverty, with significant reductions in the proportion of those living in poverty. The percentage of the population living below the consumption poverty line fell from 69 to 54 per cent between 1996/97 and 2002/03, exceeding the target of 60 per cent set in the country's first poverty reduction strategy, known as PARPA I.

Despite this impressive progress, the low base from which progress began – Mozambique was ranked as the poorest country in the world in 1992 – means that there is still a long way to go. More than half of Mozambican children continue to live below the poverty line. Therefore, renewed effort is needed to accelerate progress, particularly in disadvantaged areas of the country.

The following table summarises Mozambique's progress towards achieving the Millennium Development Goals (MDGs).

Progress towards the Millennium Development Goals

| Target for 2015 | On Track? |
|---|-----------|
| Halve the proportion of people living in extreme poverty | Yes |
| Halve the proportion of people who suffer from hunger | No |
| Ensure that all boys and girls are able to complete a full course of primary schooling | No |
| Eliminate gender disparity in all levels of education | No |
| Reduce by two-thirds the under-five mortality rate | Yes |
| Reduce by three quarters the maternal mortality ratio | Yes |
| Have halted and begun to reverse the spread of HIV/AIDS | No |
| Have halted and begun to reverse the incidence of malaria and other major diseases | Yes |
| Integrate principles of sustainable development into country policies and reverse loss of environmental resources | No |
| Halve the proportion of people without access to safe drinking water and sanitation | No |
| Develop further an open, ruled based, predictable, non-discriminatory trading and financial system | Yes |

Source: GoM/UN 2005

According to the most recent estimates, based on projections from 2003 data, the under-five mortality rate is estimated at 140 per 1,000 live births, which represents a significant decline since 1990, when the rate was 235 per 1,000 live births. The leading causes of child mortality are preventable and treatable diseases such as malaria, respiratory illnesses, diarrhea and vaccine-preventable diseases. If this trend is maintained, Mozambique has the potential to achieve the MDG target on child mortality.

The poor nutritional status of children as well as HIV and AIDS remain the main underlying causes of child mortality in Mozambique.

The maternal mortality ratio has decreased significantly over the last ten years to 408 per 100,000 live births according to the latest available data estimates. If this trend continues, the country is on track to achieve the MDG target on maternal mortality. At the same time, significant disparities related to geographic location and women's socio-economic status persist, especially in terms of access to key maternal health interventions. For example, the percentage of deliveries attended by skilled health personnel varies from 81 per cent in urban areas to only 35 per cent in rural areas.

Although access to safe water and sanitation has improved, it remains a major concern. The most recent data available indicate that only 36 per cent of the population has access to safe drinking water, with great disparities between areas. For example, in Zambezia and Maputo City 19 and 96 per cent of the population respectively is using water from safe water sources. Access to sanitary means of excreta disposal is also low at 46 per cent.

In recent years, Mozambique has experienced a sustained increase in enrolment rates in primary and, to a lesser extent, in secondary school. The primary school (grades 1-7) net enrolment ratio increased from 87.1 per cent in 2006 (83.8 per cent for girls) to 94.1 per cent in 2007 (90.9 per cent for girls). The steady decrease in the gap in enrolment rates between girls and boys in grades 1-5 indicates that the objective of eliminating gender disparities in the first cycle of primary education is within reach. Despite these positive trends, Mozambique is not likely to achieve the MDG target related to universal primary education. The challenges ahead are illustrated by the low gross completion rate in 2006 – 75.5 per cent for EP1 and 34.9 per cent for EP2 (28.8 per cent among girls versus 41.1 per cent among boys).

The quality of education continues to be a matter of concern, increasingly so as the augmented inflow of learners is placing

pressure on the education system and generating negative effects on the quality of the learning environment. In addition, gender disparity remains high in the higher levels of education (6-7 and 8-12 grade) which makes it unlikely that Mozambique will achieve the MDG target related to the elimination of gender disparities in access to all levels of education.

Despite concerted efforts by the Government to halt the spread of the AIDS epidemic, AIDS is becoming the greatest development challenge for the country, threatening the gains made and creating an orphan crisis. In Mozambique today, it is estimated that over 1.7 million people are living with HIV or AIDS. Latest data on HIV prevalence in 2007 indicate a prevalence of 16 per cent among the 15-49 years old population.

Mozambique is considered unlikely to meet the MDG target related to HIV and AIDS. The epidemic seems to have reached a plateau in the central region, while it continues to increase in the southern region and remains stable in the northern region. It is estimated that approximately 100,000 children under the age of 15 are living with HIV or AIDS and the disease is thought to be the underlying cause of 17 per cent of deaths among children under five. Social services are affected by increasing illness and vulnerability among both users and service providers. Mozambique has a shortage of trained personnel, and the situation is likely to be exacerbated by the loss of skilled staff to the epidemic.



COUNTRY PROGRAMME 2007-2009

The Country Programme 2007-2009 was developed in consultation with children, civil society, donors and other development partners. The programme contributes directly to the priorities related to children which are outlined in the country's second national poverty reduction strategy, and is fully in line with the new United Nations Development Assistance Framework (UNDAF) and the 2006-2009 UNICEF Medium Term Strategic Plan.

The current Country Programme (CP) builds upon the strengths of the previous cycle. It places emphasis on supporting national efforts in the priority areas of Young Child Survival and Development, Basic Education and Gender Equality, Child Protection from Violence, Exploitation and Abuse and Policy Advocacy and Partnerships for Children's Rights. The CP also aims at accelerating activities to support children living with HIV or made vulnerable by AIDS, and at piloting integrated initiatives such as the Child-Friendly School initiative to provide sustainable models for national scale-up.

The CP is being implemented under the leadership of the Government at the national and sub-national levels, in partnership with UN agencies, other multi-lateral and bi-lateral partners, non-governmental organisations (NGOs) and communities in order to reduce existing disparities and ensure that the most vulnerable and marginalised children are reached.

Goal

- Reduce disparities in the well-being of children by ensuring that vulnerable children in the most disadvantaged families and communities progressively realise their rights to survival, development, protection and participation.

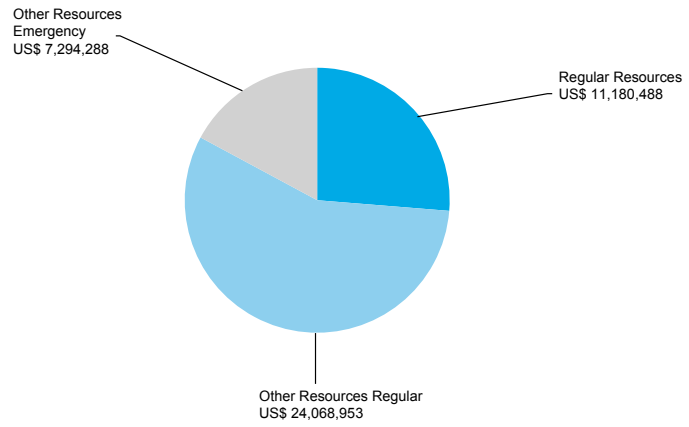
Strategies

- Focus on the most vulnerable and marginalised children, particularly orphaned children and those in remote rural areas, to reduce disparity.
- Develop the institutional capacity of government and non-governmental partners to ensure high-quality service delivery, particularly at sub-national level, complemented at the local level by community capacity development.
- Promote child rights through evidence-based advocacy to leverage knowledge and resources for children and encourage policy dialogue, development and analysis to ensure that children are placed at the centre of the development agenda.
- Mainstream HIV and AIDS and gender in each programme component.

Funding in 2007

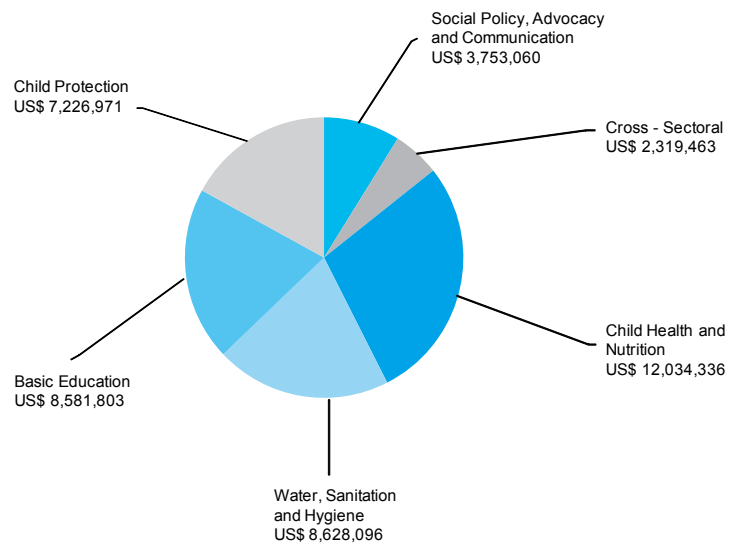
Programme funds utilised by source

US\$ 42,543,729



Resources utilised by programmes

US\$ 42,543,729





CHILD HEALTH AND NUTRITION

The main objective of the programme is to support interventions to address the underlying causes of the high mortality and poor nutritional status of children, including inadequate access for the most vulnerable children to integrated child health and nutritional services and gaps in health policy, institutional capacity and quality of service. The programme is consistent with the UNDAF objectives, the nutrition and health components of the Absolute Poverty Reduction Action Plan (PARPA II, 2006-2009), the Health Sector Strategic Plan, the National Strategic Plan to Combat Sexually Transmitted Infections and HIV and the National Nutrition Strategy, and contributes directly to the achievement of the MDGs 1, 4, 5 and 6.

The programme consists of four complementary components: (1) Policy and Planning; (2) Child Health; (3) Nutrition; and (4) HIV and AIDS.

The main implementing partners are the Ministry of Health (MISAU) and provincial directorates of Health, and NGOs including Population Services International, World Vision, Save the Children-US, CUAMM, Health Alliance International, Elizabeth Glazer Paediatric AIDS Foundation and Douleurs Sans Frontières.

In addition, in the Child Health and Nutrition programme, UNICEF works in close collaboration with the World Health Organization (WHO), the World Food Programme (WFP), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Population Fund (UNFPA).

Achievements

Policy and Planning

As a result of the high level commitment and concerted efforts of the Government and development partners, the policy and legislative framework of the health sector improved in 2007. Support was provided to the following processes: (i) development of a long-term Health Sector Strategic Plan covering the period 2007-2012 that addresses accelerated child survival and development related concerns; (ii) development of the Child Health Policy and Strategy; (iii) finalisation of the Strategy for Food and Nutrition Security, which was approved by the Council of Ministers; (iv) review of the Ministry of Health Nutrition Action Plan; and (v) a national meeting on community involvement, which resulted in an updated version of guiding principles and an Action Plan from MISAU.

Furthermore, coordination and harmonisation in the health sector was supported through the Health Sector-Wide Approach to programming (SWAp), with UNICEF acting as the co-chair of the Major Endemic (HIV and AIDS, Tuberculosis and Malaria) Working Group and vice chair and secretariat of the Country Coordinating Mechanism.

Throughout 2007, particular emphasis was placed on leveraging resources for children and women, such as those relating to the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) and Global Alliance for Vaccines and Immunisation (GAVI).

Key Results in 2007

Partners working in the programme helped achieve the following results:

- 6,086 children received anti-retroviral treatment as of end September 2007 (compared to 3,547 in 2006, 1,686 in 2005 and 500 in 2004).
- 260,000 children under five, pregnant women, orphaned and vulnerable children (OVC) and people living with HIV (PLHIV) received Insecticide-Treated Nets (ITNs) in 96 unsprayed districts.
- 73 new Prevention of Mother-to-Child Transmission (PMTCT) sites were established with UNICEF support.
- Maternal and Neonatal Tetanus (MNT) campaign in 15 high-risk districts reached over 800,000 women, achieving coverage of above 100 per cent.
- 18,158 children received nutritional support as of September 2007 in 11 provinces.
- 93 per cent of salt produced in the country in 2007 was iodised, compared with 74 per cent in 2006 and 44 per cent in 2005.
- Health policy and legislative framework improved through the development of various policies and strategies.

FOCUS ON

Maternal and Neonatal Tetanus Campaign

Maternal and Neonatal Tetanus (MNT) continues to be a public health problem in Mozambique, with a neo-natal mortality rate at 48/1000*. As a crucial step towards the elimination of MNT in the country, the Government launched a MNT immunisation campaign in early December 2006 in close collaboration with WHO, the Maternal and Neonatal Elimination Partnership and UNICEF. The campaign aimed at immunising all child-bearing age women against tetanus toxoid in 15 high-risk districts.

The campaign was built around four strategies – planning, logistics, social mobilisation, monitoring and evaluation – and mobilised 2,356 people, including 1,683 vaccinators and registration staff working in 560 vaccination teams, 112 team supervisors and 1,560 volunteers. Vaccination services were administered in 54 localities at fixed vaccination sites (104 health posts and 175 schools) and by mobile teams.

Data from MISAU shows that the campaign achieved coverage of 94.2 per cent in the first round, 101.9 per cent in the second round and 105.3 per cent in the third round – over 800,000 child-bearing age women. This campaign brings Mozambique to the frontline of elimination of MNT.

* Demographic and Health Survey, 2003

For the GFATM, MISAU received support from WHO, UNICEF and other partners for developing its proposal on Tuberculosis for Round 7. The proposal was approved and US\$ 20.9 million for fighting tuberculosis will be allocated to Mozambique.

In the course of 2007, technical inputs were also provided to MISAU for developing its submission to GAVI for the introduction of new vaccines (hemophyllus influenza type b), which has received conditional approval. Once approved, GAVI's support for the bundled vaccines is estimated at over US\$ 29 million over 2007-2009.

Child Health

Through the dedicated support and coordinated intervention of many partners, the health and nutrition status of young children has improved. As a result of the programme, the numbers of children receiving anti-retroviral treatment increased to 6,068 as of end September 2007 (18 per cent of eligible children), compared to 3,547 in 2006, 1,686 in 2005 and 500 in 2004. Support was also provided to the distribution of 260,000 ITNs, including 20,000 for OVCs and PLHIV, 77,000 to pregnant women through antenatal services and 133,500 for families during the emergency (88,500 to families in Zambezia and 45,000 to children under five in Inhambane). In addition, 1,612 community health workers were trained to effectively treat malaria at community level.

In 2007, the MNT campaign constituted a key area of collaboration. Partners, including WHO and UNICEF, supported the Government in the preparation and implementation of the second and third rounds of the MNT campaign in 15 high-risk districts, targeting women of child-bearing age. Through the campaign, 795,000 women were vaccinated in the second round (101 per cent coverage) and 821,597 women in the third round (105 per cent coverage). This high coverage indicates that the target population was underestimated; it also pays tribute to a successful social mobilisation campaign – jointly implemented by the MISAU and partners – that prompted women from neighbouring districts to visit health posts to receive vaccination.

Nutrition

In close collaboration with governmental and non-governmental partners, a total of 18,158 children received nutritional support in 11 provinces, as of September 2007. Of this total, 8,845 children were treated as inpatients in 138 districts in all provinces, with a case fatality rate of 11.2 per cent (slightly higher than the international standard of 10 per cent, due to the fact that a large number of these children are living with HIV or AIDS), 4,018 children received ready-to-use therapeutic food and 5,295 moderately malnourished children benefited from corn-soya blend supplementary food through collaboration with WFP.

In 2007, support was given to supervision, quality control and training in the production of iodised salt. Iodisation enforcement committees were established and 357 inspectors trained to provide supervision, quality control and develop communication tools to promote consumption of iodised salt. As a result, 93 per cent of salt produced in Mozambique in 2007 was reported to be iodised, compared with 74 per cent in 2006 and 44 per cent in 2005. Vitamin A coverage in the first half of the year was reported at 60 per cent by the vulnerability baseline survey in seven provinces, compared with 43 per cent in 2006.

HIV and AIDS

In 2007, capitalising on strong donor support in the area of HIV and AIDS, the health status of women and adolescents improved. With resources from UNICEF National Committees, the establishment of an additional 73 new PMTCT sites was supported, bringing the total number of UNICEF-supported sites to 140 out of 384 PMTCT sites in the country by the end of August 2007. National data for the first half of the year indicated that acceptance for counselling and testing in pregnant women in PMTCT sites was 70 per cent and the uptake of Anti-Retroviral prophylaxis was 42 per cent. In addition, support was provided to the establishment of 13 Voluntary Counselling and Testing sites in existing Youth-Friendly Health Services in collaboration with UNFPA and WHO.

As of June 2007, there were 184 Youth-Friendly Health Services, of which 42 provide voluntary counselling and testing.

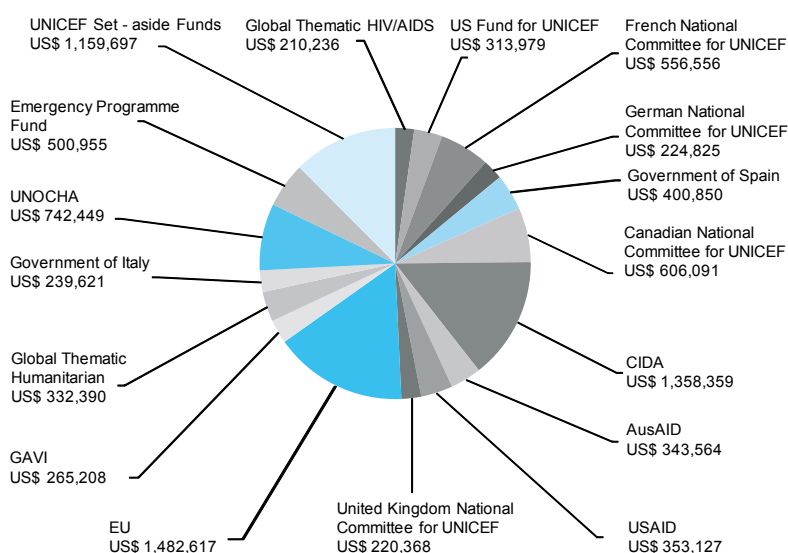
With regard to emergency preparedness and planning, MISAU was supported to ensure that populations sheltered in accommodation centres during the flood emergency had adequate access to basic health and nutrition services. In collaboration with the Nutrition and Health Cluster partners, including WHO, WFP, the Food and Agriculture Organization (FAO), CARE, World Relief and the Mozambican Red Cross (Cruz Vermelha), at least 107,534 people sheltered in accommodation centres gained access to basic health and nutrition services. District health authorities carried out epidemiological surveillance, cholera prevention, drug distribution and immunisation activities, while support to malaria prevention included Indoor Residual Spraying in accommodation centres and the provision of Long Lasting Insecticide-treated Nets (LLINs).

Funding in 2007

Breakdown of funds by source, 2007

| | |
|-----------------------------|-----------------|
| Regular Resources | US\$ 2,674,860 |
| Other Resources | US\$ 7,109,466 |
| Other Resources - Emergency | US\$ 2,250,010 |
| Total Amount Utilised | US\$ 12,034,336 |

Breakdown of funds by donor: Other Resources (including Emergency)





FOCUS ON

Malaria Prevention

Malaria is the biggest public health problem and the biggest killer of children in Mozambique. It is estimated that about 36,000 children under the age of five die each year as a result of malaria alone – about one child every fifteen minutes.

Roll Back Malaria partners, including the World Bank, WHO and UNICEF, have been supporting MISAU in the fight against malaria since 2000. Over the years, the ITN programme, which is one of the components of the overall national strategy, has evolved from being a programme primarily implemented by NGOs to one being progressively led by MISAU.

In November 2006, MISAU and partners agreed to combine the free distribution of LLINs with Vitamin A supplementation in eight districts of Niassa Province. During the week-long campaign, 56,300 LLINs were distributed to children under five and 96 per cent of children between 6-59 months received Vitamin A.

Building on the expertise of MISAU in planning, budgeting and implementing vaccination campaigns has proven to be a cost-effective approach to provide child survival interventions at a relatively low-cost. In this case, it cost about US\$0.65 per each child to receive a LLIN and a dose of Vitamin A.

■ ■ ■

The Way Forward

In the policy area, UNICEF will continue to support the Government at national and provincial levels in increasing the capacity of staff in the areas of planning, effective implementation and monitoring of activities, with a particular focus on under-served and disadvantaged areas.

Partners will be supported to accelerate all interventions related to child survival and development, including the capacity building of health workers on the updated integrated management of childhood and neo-natal illnesses modules and the updated healthy and at-risk child guidelines. There will also be a focus on supporting the introduction of community-based newborn care and treatment of malaria, diarrhoea, pneumonia and severe malnutrition.

In close collaboration with partners, vitamin A supplementation, deworming, MUAC screening, vaccination, supplemental catch up measles immunisation and communication activities will be supported in order to contribute to measles elimination and to the delivery of an integrated package of health services. MISAU will also be supported in expanding the Reaching Every District strategy to cover 33 selected districts, aiming to reach over 80 per cent coverage in each district, with an emphasis on reaching hard-to-reach populations.

MISAU and its partners will support the distribution of an additional 1,500,000 (500,000 from UNICEF) LLINs to children under five, pregnant women, OVC and PLHIV in order to increase coverage for children under five in unsprayed areas to at least 85 per cent, and to increase the distribution of LLINs to pregnant women through antenatal services from an average of 36 per cent to over 50 per cent nation-wide.

Lastly, school health and nutrition activities in the seven convergence districts of the Child-Friendly Schools (CFS) initiative will be undertaken in close coordination with relevant Government partners.



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A survey conducted two months after the campaign indicated that at least 92 per cent of the children in the targeted districts were sleeping under the LLINs. Further analysis of Government data showed that in six of the eight districts clinical malaria was at its lowest level in comparison to the last three years.

In 2007, this methodology of distributing LLINs was used in 22 additional districts by MISAU and partners. In 2008, it will be used in over 30 districts to reach children and adults in unsprayed areas with up to 4.2 million nets.

WATER, SANITATION AND HYGIENE

The main objectives of the programme are to support national policies, strategies, budgets and plans to prioritise vulnerable groups in order to reduce disparities in access to water, sanitation and hygiene; support decentralised planning, monitoring and evaluation and management procedures for drinking water and sanitation; reach at least one million new users with safe water and sanitation in target districts, prioritising vulnerable groups; and reach at least 80 per cent of primary schools in target districts with water and sanitation services and hygiene education programmes. The programme is consistent with the UNDAF objectives, the water and sanitation components of the PARPA II (2006-2009), the National Water Policy, and contributes directly to the achievement of MDG 7 and indirectly to MDGs 4 and 5.

The programme consists of four complementary components: (1) Policy and Planning; (2) Rural Water, Sanitation and Hygiene (WASH); (3) Urban and Peri-Urban WASH; and (4) School WASH.

The main implementing partners are Government counterparts at national, provincial and district levels, such as the Ministry of Public Works and Housing, the Ministry of Health, the Ministry of Education and Culture, the Ministry of State Administration, the National Directorate of Water, provincial directorates for Public Works and Housing, the Department of Environmental Health, District Governments and Municipal Councils. The programme also works closely with international NGOs: AMURT, WaterAid, ActionAid, World Vision, OXFAM, Samaritan Purse, local NGOs and key donors including the Netherlands, the Department

for International Development (United Kingdom, DFID), the Canadian International Development Agency (CIDA) and the European Union.

In the Water, Sanitation and Hygiene programme, UNICEF works in close collaboration with WHO and the United Nations Human Settlements Programme.



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Key Results in 2007

Partners working in the programme helped achieve the following results:

- 163,500 people gained access to safe drinking water.
- 27,030 people were given access to adequate sanitation facilities.
- During the Zambezi flood emergency, 60,000 people were provided with access to safe water, sanitation and hygiene facilities through water trucking, construction of communal latrines and hygiene promotion in 66 accommodation centres in seven districts.
- 38,214 school children in 73 schools gained access to safe water and 30,865 children in 62 schools to child-friendly sanitation facilities.

Achievements

Policy and Planning

In 2007, governmental and non-governmental partners continued their close collaboration to create an enabling policy environment in the water and sanitation sector. Policies and strategic planning were strengthened at national and sub-national levels through support to the preparation of a National Information System for Water and Sanitation to improve monitoring and evaluation of water and sanitation indicators set out in the PARPA and the MDGs. Support was also provided to the strengthening of the decentralisation process through the recruitment and training of 30 new staff (12 at province and 18 at district levels) and to the establishment of effective programme and financial management mechanisms. A Memorandum of Understanding was also drafted in 2007 to advance the development of a harmonised framework for the rural water supply and sanitation SWAp.

Access to Rural, Peri-urban and Urban Water, Sanitation and Hygiene

In close coordination with the Ministry of Public Works and Housing and with support from donors, access to safe drinking water and sanitation facilities improved in rural and peri-urban communities and schools through the construction of 161 new water points (92 in rural and 69 in urban areas) and the rehabilitation of 166 existing rural water points benefiting 163,500 people. The self-help construction of 5,406 household latrines (2,706 in rural and 2,700 in peri-urban areas) reached 27,030 people. A total of 55 provincial staff and districts staff improved their capacities in water quality monitoring and 40 provincial and district staff built their planning, monitoring and financial management skills.

School Water, Sanitation and Hygiene

In collaboration with the Ministry of Public Works and Housing at national and subnational level, and non-governmental partners and the private sector, the drilling of 73 boreholes and construction of 62 school sanitation facilities – separate latrines, hand washing stands and urinals – reached more than 30,000 school children, of which 60 per cent are boys and 40 per cent are girls (due to existing disparities in enrolment). Hygiene education programmes in schools and communities were supported where water and sanitation facilities were provided. These activities benefited 92,000 people (54 per cent adults and 46 per cent school children) in rural and peri-urban areas of four provinces. Hygiene promotion activities included community mobilisation, videos, dissemination of information education and communication materials as well as community debate led by community leaders and activists.

With regard to emergency preparedness and planning, joint efforts in coordination with cluster partners, including Government and non-governmental counterparts, were taken to ensure a timely response to emergencies. The construction of 69 new and rehabilitation of 87 existing water points benefited an estimated 78,000 rural people. Hygiene promotion in flood and cholera-prone areas, with key messages on hygiene practices and self-help construction of 1,479 household latrines, reached around 7,395 people.

As part of the response to cholera outbreak, 60,000 people benefited from the trucking of water and the provision of water treatment and distribution of supplies and materials in rural and peri-urban areas of six provinces (Sofala, Gaza, Zambezia, Tete, Manica and Nampula) in cholera-prone areas.

FOCUS ON

National Information System for Water and Sanitation (SINAS)

In light of Mozambique's strong commitment to the water and sanitation MDGs and the poverty reduction strategy, the National Water Directorate (DNA) and its partners kicked off the development of a National Information System for Water and Sanitation (SINAS) in 2007.

The three-year programme (2007-2009) aims at improving data collection, interpretation and dissemination of key water supply and sanitation indicators in order to monitor progress made towards national water and sanitation targets.

The main thrust of SINAS is to build a system which regularly produces quality water supply and sanitation data and facilitates information sharing between district, provincial and central levels. The system will draw from information and data produced by different sources and will merge different existing information systems into one single system, coordinated by DNA.

The launch of SINAS this year coincided with the start of a new partnership between the National Water Directorate, the European Union, WHO and UNICEF. Since both programmes have the same implementation period and share the same objectives and approaches, sectoral partners agreed to align the two for maximised use of human and financial resources.

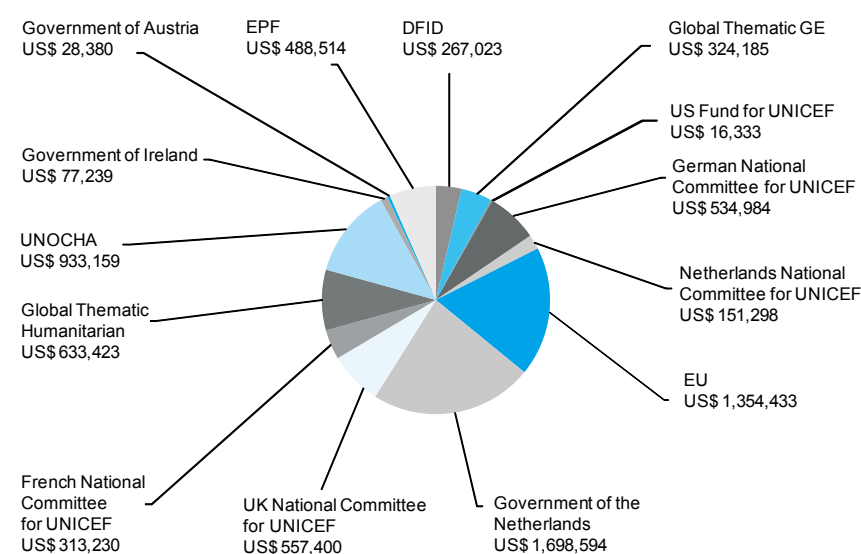
This convergence of efforts and resources will contribute to the establishment of a sustainable monitoring system for the water and sanitation sector that is owned by the Government and supported by all sector stakeholders.

Funding in 2007

Breakdown of funds by source, 2007

| | |
|-----------------------------|----------------|
| Regular Resources | US\$ 1,252,233 |
| Other Resources | US\$ 4,687,539 |
| Other Resources - Emergency | US\$ 2,688,323 |
| Total Amount Utilised | US\$ 8,628,095 |

Breakdown of funds by donor: Other Resources (including Emergency)



The Way Forward

In 2008, support will continue to be provided to the finalisation of the Code of Conduct and Memorandum of Understanding for the Rural Water Supply and Sanitation (RWSS) SWAp and to the finalisation of SWAp engagement modalities in order to strengthen the implementation of the RWSS Sector Strategic Plan. Building on the momentum created by the National Sanitation Campaign and the International Year of Sanitation, the development of a sanitation strategy – social marketing and mobilisation, technology affordability and acceptability and incentive approach – will be supported to scale up sanitation coverage. Another focus area will be the implementation of SINAS in order to strengthen the sector's M&E capacity.



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Regarding rural and peri-urban water and sanitation, support will be provided to the Government to ensure safe drinking and sustainable drinking water facilities to an additional 300,000 people as well as adequate sanitation facilities to 25,000 households in 21 districts and peri-urban areas of six municipalities. Some 145,000 care-givers in rural and poor peri-urban areas of target provinces will receive hygiene education. In the framework of the CFS initiative, 70,000 learners will gain access to child-friendly water facilities and safe sanitation. Through support to national non-governmental organisations, the hygiene skills of 35,000 learners in 200 primary schools of four rural districts will also be built.

BASIC EDUCATION

The main objectives of the programme are to support the development of national and local capacities for providing primary school age children with increased access to quality education, focusing on girls and orphaned and vulnerable children, and to support the scale up of HIV prevention in schools. The programme is consistent with, and supportive of, the UNDAF objectives, the education components of PARPA II (2006-2009), the Government Five Year Plan (2005-2009), the Strategic Plan for Education and Culture (2006-2010/11), and contributes directly to the achievement of the MDGs 2, 3 and 6.

The programme consists of two complementary components: (1) Education Policy and Capacity Development for Planning and Knowledge Management; and (2) Implementation of Quality Improvement Initiatives.

The main implementing partners are the Ministry of Education and Culture (MEC) and its Provincial and District Directorates, and people living with HIV (PLHIV) associations.

In addition, in the Education Programme, UNICEF works in close collaboration with the United Nations Educational, Scientific and Cultural Organization (UNESCO), UNFPA and WFP.

Achievements

Policy and Planning

In close collaboration with partners, the Basic Education programme contributed to increased focus on reducing disparities, with contributions to the national education sector planning and budgeting process. The programme also provided inputs to the important issues of school quality, emergency preparedness and HIV prevention through support and advocacy for: (i) inclusion of key activities from the education sector's emergency preparedness and response plan in the national contingency plan; (ii) mainstreaming of HIV prevention and gender equality in the Implementation and Investment Plan of MEC for the period 2008-2011; and (iii) a school awareness programme on HIV



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Key Results in 2007

Partners working in the programme helped achieve the following results:

- Over 150,000 children in the three CFS districts were reached with quality education.
- 74,000 children received learners' kits in the three CFS districts, which contributed to an increase in enrolment by 20 per cent (10,211 children) in Maganja da Costa (data from the other two districts will be available in early 2008).
- 825 teachers, 277 school directors and 2,108 school council members received training to provide support and care for the most vulnerable children under the CFS initiative in Buzi and Mossurize.
- Within the framework of the response to the floods and cyclone emergencies of 2007, 85,000 learners in 175 schools in five provinces resumed classes or started school for the first time, with minimal disruption, through the provision of 27,736 learners' kits; 83 school tents; 1,170 teachers' kits; 400 school kits; 75 recreation kits; and 10,000 classroom roofing sheets.
- 469,367 children, adolescents and young people in and out of school, enhanced their knowledge on HIV and life skills.
- Improved Education Sector Plan focuses on addressing disparities, school quality, emergency preparedness and HIV prevention.

FOCUS ON

Child-Friendly Schools for Africa

The Child-Friendly Schools for Africa initiative provides a multi-sectoral, coordinated approach to achieving good quality basic education with a particular focus on girls and vulnerable children. In Mozambique, the approach supports the implementation of an integrated multi-sectoral minimum quality package of components designed to raise children's learning outcomes.

The components include water provision, separate sanitation facilities for girls and boys, child-centred teaching approaches in well managed classrooms, health screening of children, life skills education, mechanisms and structures to prevent violence, abuse and exploitation and assist child victims, and initiatives to reach orphaned and vulnerable children. The model is intended to attract new learners as well as encourage retention among those already attending school. The model also includes a social mobilisation component focusing on the right of every child to education.

In Mozambique, the CFS for Africa package will be implemented in all primary schools in seven model districts in seven provinces over a four year period from 2006 to 2009. In the modeling phase, the programme aims to reach at least 300,000 learners in over 750 primary schools. Implementation began in 2006 in all of the 128 primary schools in Maganja da Costa district in Zambezia province and was expanded to Buzi in Sofala Province and to Mossurize in Manica Province in 2007.



prevention which includes a component focusing on children between the age of 10 and 14 (Window of Hope) and teacher training on HIV prevention.

Implementation of Quality Improvement Initiatives

Under the leadership of MEC, 150,000 primary school learners, particularly girls and orphaned and vulnerable children, gained access to an improved learning environment in 2007 through support to the implementation of the CFS minimum quality package. This programme included the training of 825 teachers, 277 school directors and 2,108 school council members. The training resulted in teaching practices which are more learner-centred; school directors supervising in a more participatory manner; and school council members monitoring and supporting the schools more effectively. Approximately 74,000 children were provided with learners' kits, and the learning environment of 30,000 children was improved with the provision of school desks and the rehabilitation of 450 classrooms.

As part of the response to the floods and cyclone emergencies, in partnership with Education Cluster members such as Save the Children Alliance, World Vision, Africare, UNESCO and WFP, 85,000 learners in 175 schools in five provinces resumed classes or started school for the first time, with minimal disruption, through the provision of the following materials: 27,736 learners' kits; 83 school tents; 1,170 teachers' kits; 400 school kits; 75 recreation kits; and 10,000 classroom roofing sheets.

Learners and teachers gained increased knowledge on HIV prevention through the support provided to the School Awareness Programme implemented by PLHIV in schools in ten provinces and Maputo City for children aged 10 to 14. The programmes reached 469,367 in and out of school children and adolescents with HIV and life skills education, over half of whom were girls.

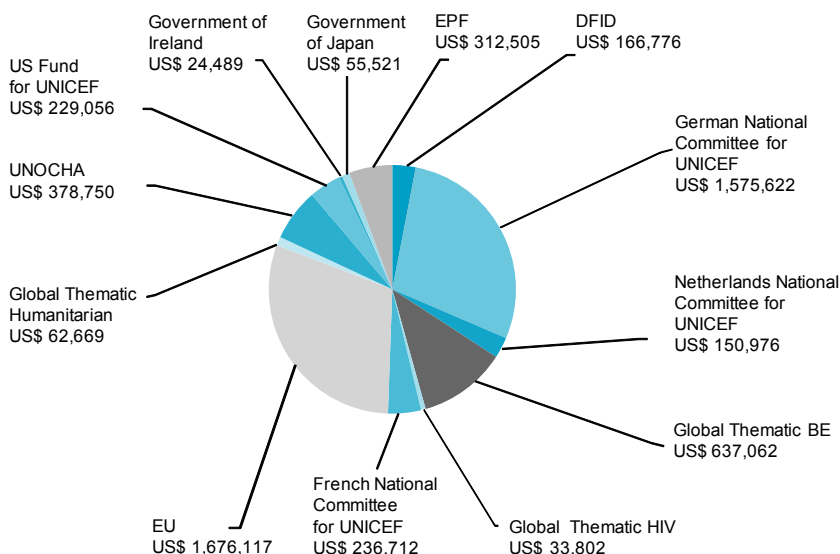


Funding in 2007

Breakdown of funds by source, 2007

| | |
|------------------------------|-----------------------|
| Regular Resources | US\$ 3,041,745 |
| Other Resources | US\$ 5,227,553 |
| Other Resources - Emergency | US\$ 312,505 |
| Total Amount Utilised | US\$ 8,581,803 |

Breakdown of funds by donor: Other Resources (including Emergency)

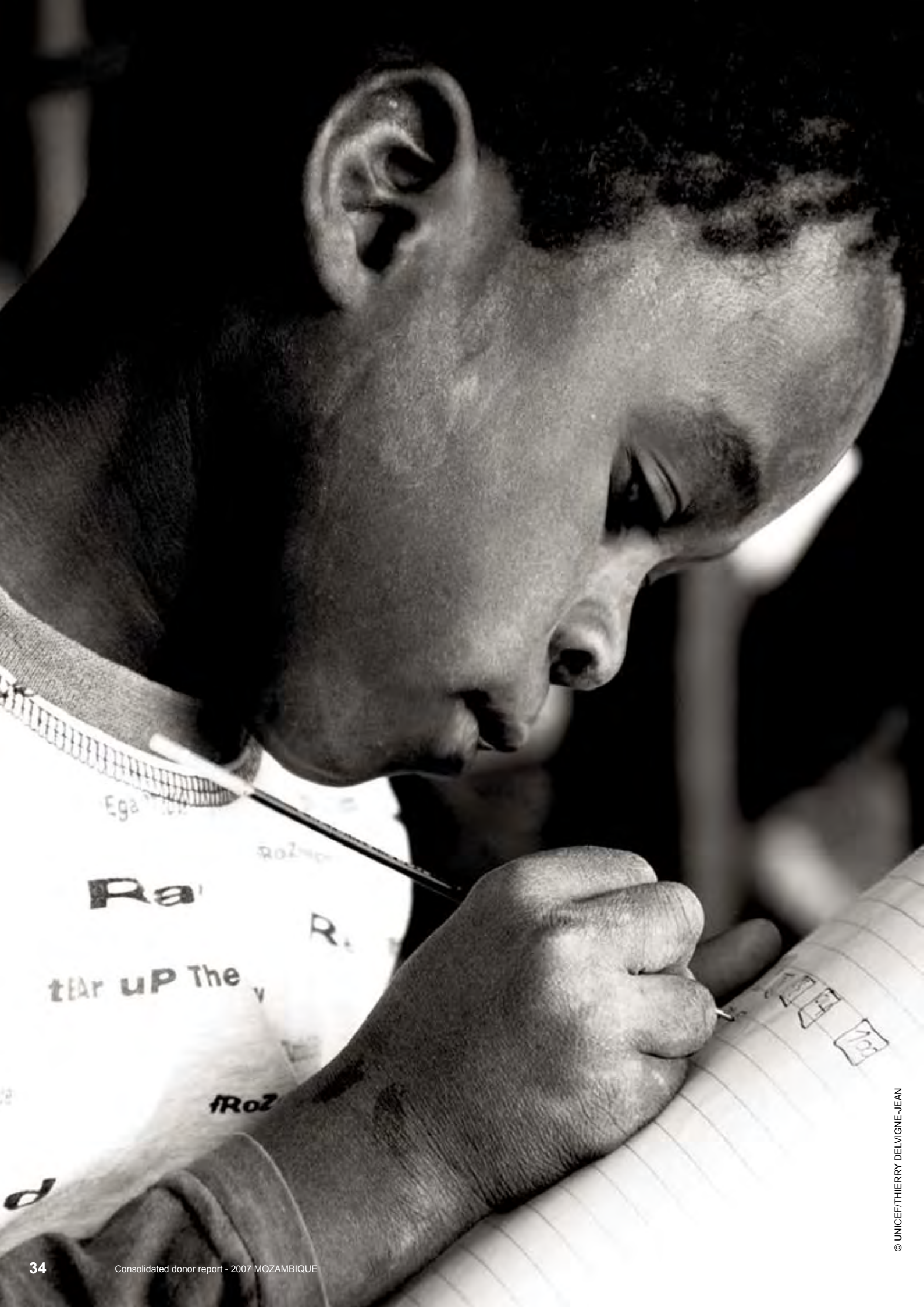


All programme sectors have been working with their respective government counterparts to implement the initiative.

The expected increased learning outcomes from modeling this sustainable quality improvement approach will be used to inform education development throughout the country.

To date, key achievements of the CFS initiative include:

- 150,000 children gained access to education in schools with a minimum quality package.
- 1,206 teachers built their skills in interactive teaching methods.
- 451 School Directors and ZIP Coordinators improved their supervision and basic school management skills.
- 3,028 school council members enhanced their skills in basic governance and school community relations.
- 104,100 learners' kits, 1,217 teachers' kits and 8,000 double desks distributed.
- 18,401 school children benefited from health screening.
- 68 water points were constructed in the district of Maganja da Costa, benefiting 34,624 learners and about 19,000 community members around the schools.
- Hygiene education programme in all 128 schools of the district of Maganja da Costa benefited at least 50,000 children and their families.



The Way Forward

In 2008, support will be provided to MEC for the development of the National Framework on School Quality using evidence-based advocacy from CFS and to increase budget allocation for school quality in order to further accelerate progress towards the MDGs. The programme will work with MEC to support all CFS provinces and districts to develop and monitor decentralised plans on school quality. Concerted efforts will also be made to support MEC in preparedness for emergencies in 2008 in order to ensure minimal disruption to education and children's learning.

The CFS initiative will move to two additional districts in 2008, while support to the first three districts of Maganja da Costa, Buzi and Mossurize will continue. Life skills programmes for in-school children at lower primary level will be scaled up through PLHIV associations in 11 provinces, in partnership with MEC, in order for more children and adolescents to acquire life skills on sexual and reproductive health and be able to make informed decisions concerning their lives. MEC will continue to be supported in the implementation of training activities on participatory teaching and management methods for teachers, school directors and school council members in order to strengthen the use of child-centred and gender sensitive education methods in CFS districts.

CHILD PROTECTION

The main objectives of the programme are to ensure that children are better protected from violence, exploitation and abuse, and the most vulnerable children have improved access to basic services and social protection. At national level, the programme aims to support the creation of a protective environment through policy, legal and regulatory frameworks. At sub-national level, it aims to support the capacities of the provincial authorities, civil society organisations and communities to find local solutions for the care and protection of orphaned and vulnerable children. The programme is fully aligned with the UNDAF objectives, the PARPA II (2006-2009), and the targets of the National Plan of Action on Children (including the Action Plan for OVC). It contributes directly to the achievement of the MDG target relating to HIV and AIDS and the objectives set out in Protecting the Vulnerable Chapter 6 of the Millennium Declaration.

The programme consists of three complementary components: (1) Policy Development and Legal Reform; (2) Prevention of Violence, Abuse and Exploitation; and (3) Care and Protection of Orphaned and Vulnerable Children.

The main implementing partners are the Ministry for Women and Social Action (MMAS) and its provincial directorates, the Ministry of Justice, the Ministry of Interior, the Ministry of Labour, the National Directorate of Registries and Notaries and its provincial directorates, the Technical Unit for Legal Reform, the Minor Court, the Supreme Court, the General Attorney Office.

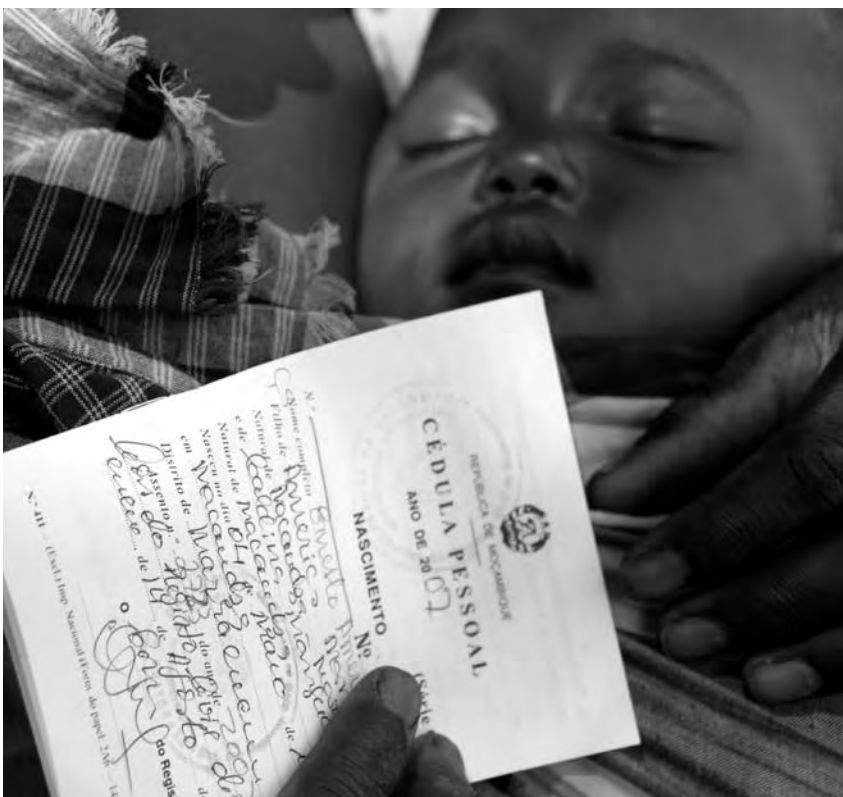
The programme also works closely with the Lawyers Bar Association, the Associação dos Defensores dos Direitos da Criança, Fundação para o Desenvolvimento da Comunidade, Terre des Hommes, Rede da Criança, Grupo de Teatro de Oprimido, Associação Moçambicana das Mulheres de Carreira Jurídica, International HIV Alliance, HelpAge International, Douleurs Sans Frontieres, Africare, Handicap International, Action Aid, Liga Moçambicana dos Direitos Humanos, HACI, RENSIDA and its associations, and 380 community-based organisations through the afore-mentioned umbrella partners.

In addition, in the Child Protection programme, UNICEF works in close collaboration with WFP, UNFPA, UNAIDS and the International Labour Organization (ILO).

Key Results in 2007

Partners in the programme helped achieved the following results:

- 160,000 orphaned and vulnerable children gained access to basic social services.
- Over 800,000 children received birth certificates.
- 184 specialised police centres (compared to 140 in 2006) assisted 9,600 women and children victims of violence.
- Children's Act approved by the Council of Ministers.





Achievements

Policy Development and Legal Reform

At the policy level, a key achievement in 2007 was the increase in funding for social protection schemes for the most vulnerable children through the commitment of the Government to expand the national cash transfer programme in 2008 to benefit a total of 120,000 vulnerable households with a doubling of the cash amount. This was achieved through technical assistance and evidence-based advocacy in collaboration with MMAS, DFID and the Government of the Netherlands. Progress was also made in terms of legal reform with the approval by the Council of Ministers of the Children's Act, which harmonises the national legal framework with the Convention on the Rights of the Child (CRC), and the approval of a new legislation on Juvenile Justice, which harmonises the national law with the CRC.

FOCUS ON

Unconditional Cash Transfer Programme

Mozambique has an existing portfolio of state-funded social assistance programmes primarily implemented through the social welfare sector via MMAS and the National Institute of Social Action (INAS). The Unconditional Cash Transfer Programme (PSA) is the longest standing State assistance scheme, and the only one whose existence and regulations are set out in legislation. Funds for the programme have been allocated exclusively from the State Budget since the creation of the programme in the 1990s. It is an unconditional cash transfer programme which was designed to target the elderly, disabled and chronically ill and their dependants.

PSA has the highest coverage among existing schemes; however, its current coverage is still woefully inadequate, covering 107,000 direct beneficiaries (within a national population of just under 20 million, more than half of whom live below the poverty line). Furthermore, the absence of periodic increases in the level of monthly disbursements has meant that the current level of benefit (maximum of US\$ 6) represents less than 10 per cent of the minimum wage. Yet, despite the current limitations, the PSA has significant potential to reach increasing numbers of highly vulnerable households and children. In the context of the implementation of the PARPA, DFID, the Government of the Netherlands, UNICEF and other partners joined together to support the Government to expand the programme both in coverage and in terms of the amounts disbursed.

In close collaboration with partners, a rapid analysis of PSA beneficiaries was carried out in two sample provinces, concluding that if the programme were to expand and provide additional funds, it would have a significant positive impact on poverty rates of children. Children were found in more than half of all households currently benefiting from the PSA. However, it was found that a majority of dependant children were not benefiting from the amount that should normally be allocated to dependants under the programme, mainly due to insufficient documentation or low levels of awareness of the eligibility criteria.

This analysis provided the evidence for INAS and partners to successfully advocate for consolidating the support provided to families currently enrolled in the scheme. At the same time, through assistance provided from UNICEF's East and Southern Africa Regional Office, the costs and benefits of alternative proposals to scale up the PSA programme were modelled and analysed confirming the affordability of the MMAS proposal to increase the benefit and also outlining the likely impact on poverty reduction.

These two elements of analysis were instrumental in enabling MMAS to demonstrate the potential impact of the PSA on children to the Ministry of Finance (MoF). In addition, in order to address MoF and MMAS concerns regarding sustainability, DFID made a 10 year commitment to provide additional funding for the programme. Through these efforts, new PSA scales were established and set out in the Council of Minister's decree to take effect in 2008. State funding for PSA (US\$ 7.5 million) will be topped up by an additional US\$ 3 million annually in external resources. The new amount will result in doubling the benefit for single beneficiaries, and most importantly, the allocations for dependants the majority being children will increase significantly.

Furthermore, continued improvement was noted in the coordination mechanisms spearheaded by MMAS and supported by UNICEF at the national and provincial levels with the participation of bi-lateral donors and key line ministries. Lastly, notable progress was made in standardising reporting on OVC access to three of six basic services as defined by the Plan of Action for OVC.

Prevention of Violence, Abuse and Exploitation

In 2007, in collaboration with the Ministry of Interior, 184 police centres for victims of violence received support to assist more than 9,600 people, including 2,749 children – 56 per cent of the children supported were girls. Six model assistance centres started rehabilitation works and 125 staff from these centres received training. The standardisation of police procedures and training with the inclusion of a new training module on child rights and child protection in the Police Training Institution curriculum constitutes a major achievement in 2007. In close collaboration with non-governmental partners and district school authorities, 9,500 community members in the two child-friendly districts of Buzi and Mossurize received training on the prevention of violence against children and child rights.

Care and Protection of Orphaned and Vulnerable Children

MMAS and civil society partners received continuous support to enable 160,000 orphaned and vulnerable children to access basic services including health, education, psycho-social support, water and sanitation, nutritional support, legal protection and financial subsidies. In addition, MMAS was supported to provide a basic package of materials to 6,000 of the most vulnerable children. Through the work of MMAS and non-governmental partners, an additional 10,000 children were identified in need of the basic package and will receive it in the first quarter of 2008.

Collaboration with the Ministry of Justice and the Government of the Netherlands resulted in the roll-out of a community-based routine system for birth registration in eight districts

with the involvement of the Ministries of Health, Education and State Administration, and the National Institute for Social Communication. As a result, over 800,000 children were provided with a birth certificate during the year (eight per cent of all children in Mozambique). The birth registration campaign built on the successful campaign of 2006 when 1.2 million children were registered.

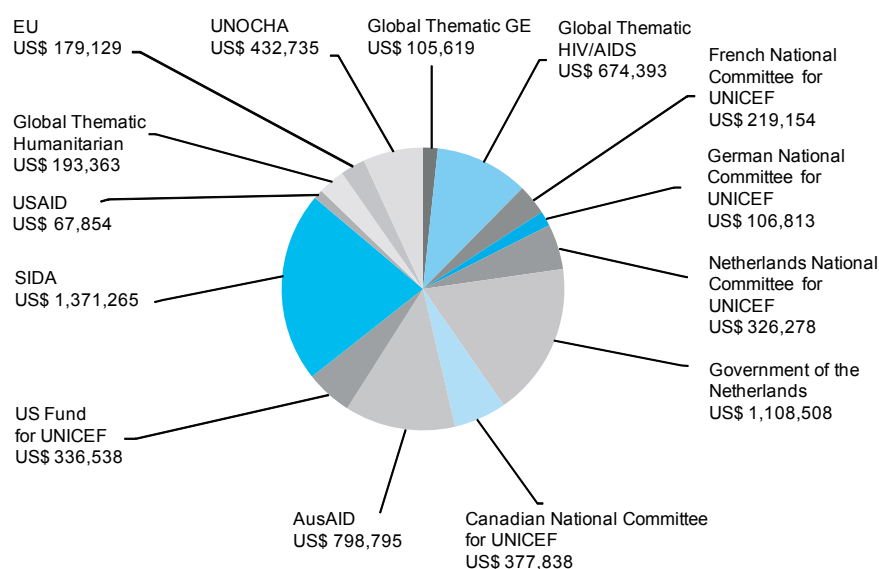
During the 2007 flood emergency, the Protection Cluster – including partners such as Save the Children Alliance, World Vision, Concern, Terre des Hommes and UNFPA – in close collaboration with MMAS at national and sub-national level supported 6,000 vulnerable families, or approximately 30,000 people, in accommodation centres with emergency household kits.

Funding in 2007

Breakdown of funds by source, 2007

| | |
|-----------------------------|----------------|
| Regular Resources | US\$ 706,272 |
| Other Resources | US\$ 5,689,915 |
| Other Resources - Emergency | US\$ 830,784 |
| Total Amount Utilised | US\$ 7,226,971 |

Breakdown of funds by donor: Other Resources (including Emergency)



The Way Forward

In 2008, in the area of policy development and legal reform, activities will focus on supporting the dissemination of the Children's Act and the establishment of mechanisms for its implementation and monitoring in order to improve the protection of children's rights. In close coordination with partners, support will be provided to the implementation of the new curriculum in the National Judicial Training Institute and the training of judges and judicial staff to ensure the implementation of the new legislation on juvenile justice. In order to improve the situation of children in conflict with the law, support will be given to the functioning of special Children's Court Sections in six provinces to develop model standards of service for children in conflict with the law for eventual application at national level.

In the Prevention of Violence, Abuse and Exploitation component of the programme, advocacy efforts by all partners will primarily aim at the development and implementation of policy and legislation relating to prevention of violence against children in line with global and regional initiatives and international instruments such as the Anti-Human Trafficking Act. Support will be provided to the establishment of six model specialised police centres in four provincial capitals and two districts in which the CFS initiative is being implemented. In these two districts, community-based surveillance systems will be replicated, ensuring that 20,000 members of school councils, community leaders, and other community members have increased awareness of violence, abuse and exploitation.

Support will also be provided to the Ministry of Interior to develop monitoring and reporting systems on violence against children at national and provincial levels, such as child abuse, child trafficking and child labour in order to strengthen capacities for monitoring and evaluation in these areas.

In close collaboration with MMAS, non-governmental partners and UN partners such as WFP and ILO, UNICEF will support the implementation of the PSA social protection schemes in order to improve the level of care and protection for orphaned and vulnerable children. Technical support will continue for the seven Provincial Technical Working Groups of MMAS and the operationalisation of an additional four to improve coordination and care of OVC. MMAS and civil society partners will continue to receive support for the implementation of the Plan of Action for OVC to ensure that at least 120,000 OVC access basic social services.

Birth registration will remain a key focus area in 2008 with support provided to the implementation of the National Action Plan for Birth Registration through accelerated community-based birth registration in 22 new districts and the expansion of routine registration services in 36 districts in order to provide at least 1.2 million children with the right to an identity.



SOCIAL POLICY, ADVOCACY AND COMMUNICATION

The programme consists of two cross-sectoral and mutually reinforcing components: (1) Social Policy, Planning, Information and Monitoring (SPPIM); and (2) Programme Communication. The programme indirectly contributes to all of the MDGs and supports the monitoring of the PARPA II implementation.

The objectives of the SPPIM component is to support advocacy and policy engagement and develop capacity to increase the availability and use of strategic information in planning and policy-making in all sectors key to the realisation of child rights. This component includes three sub-components: (1) Social Policy and Advocacy; (2) Strategic Information; and (3) Decentralised Capacity Building for Planning, Monitoring and Evaluation.

The main implementing partners are the Ministry of Planning and Development (MPD), the National Institute of Statistics (INE), the Ministry of Women and Social Action (MMAS), the National AIDS Council, AWEPA, Sociedade Aberta, and Fundação para o Desenvolvimento da Comunidade.

The objectives of the Programme Communication component are to empower young people, families, communities and service providers with the information and knowledge that is required to reinforce positive behaviour, improve their well-being and help guarantee the rights of others. This component consists of three sub-components: (1) Advocacy and Partnerships for Child Rights; (2) Community Mobilisation and Awareness; and (3) Young People Participation.

The main implementing partners are the National AIDS Council, the National Youth Council, the Ministry of Education and Culture, the Ministry of Health, MMAS the Social Communication Institute, Radio Mozambique, Mozambican Television, Community Radio Forum, Manica Social Education Group, National Song and Dance Company, Community Theatre Network, PLHIV Association Network (RENSIDA), Hope for African Children Initiative, International HIV Alliance, Nweti/Soul City and MISA Mozambique.

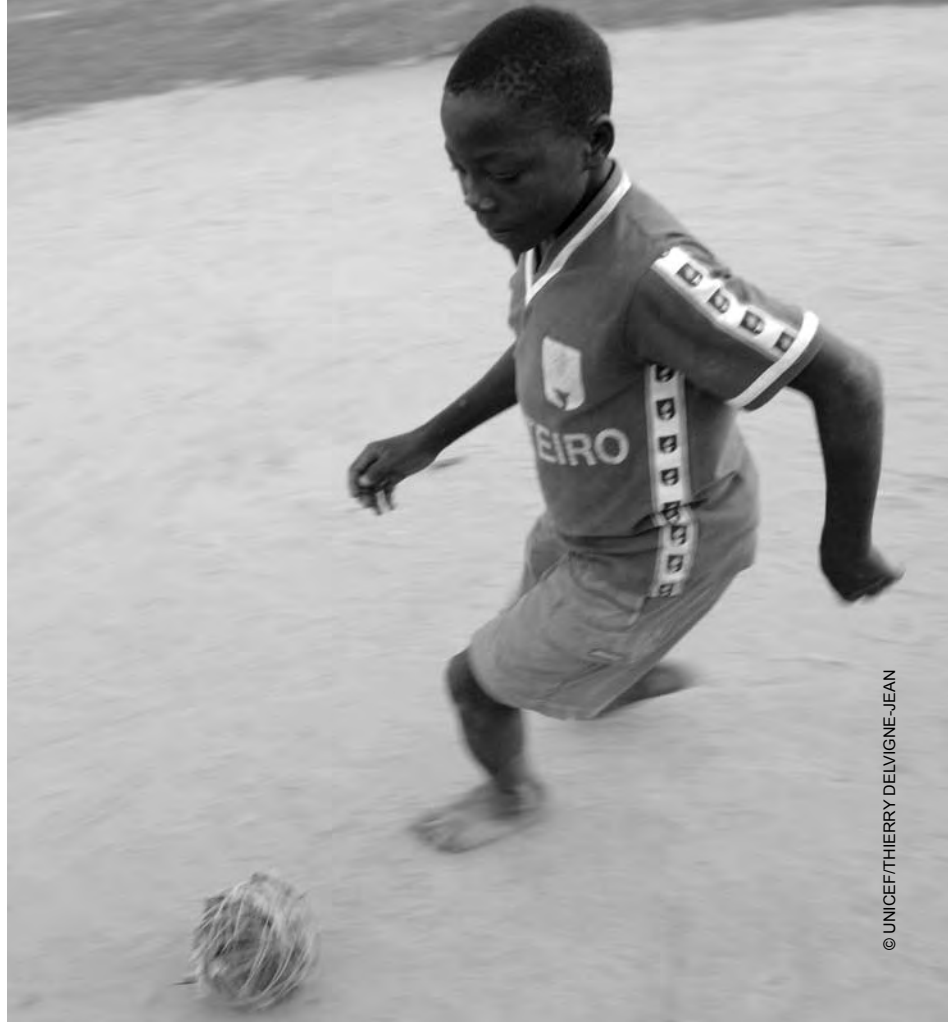
In addition, in the Social Policy, Advocacy and Communication programme, UNICEF works in close collaboration with the United Nations Development Programme (UNDP), UNFPA, WHO, UNAIDS and UNESCO.

Key Results in 2007

Partners in the programme helped achieve the following results:

- 90 per cent of UNICEF financial commitment was recorded on the 2008 State Budget, constituting a major step towards the alignment principles of the Paris Declaration.
- The report *Childhood Poverty in Mozambique: A Situation and Trends Analysis*, offering a broad range of strategic information on child development, was widely disseminated and used to influence budget allocation for children.
- Around 1 million people in 62 districts of eight provinces were reached with information on the importance of basic education, HIV, malaria and cholera prevention.
- 32,000 children and young people were involved in child-to-child live radio programmes in 30 districts (25 per cent of all districts in the country), discussing issues of girls' education, HIV prevention, cholera prevention, child rights, sports and culture.
- A child-friendly media network was established with the involvement of 89 journalists and communicators (nine per cent of journalists registered in the Journalists' Union) and were trained on child rights.





Achievements

Social Policy, Information and Monitoring

Strategic information relating to the survival, development and wellbeing of children was available for use in planning, programming and policy-making through the extensive dissemination of the report *Childhood Poverty in Mozambique: A Situation and Trends Analysis* at national and provincial levels. Support was provided to the National Directorate of Studies and Policy Analysis to conduct high quality research and to INE to develop and disseminate a new version of ESDEM, the national DevInfo database providing the most updated and comprehensive data on child development available in the country. As a result of active engagement of governmental lead focal points and partners, child development concerns were prominently highlighted in the Aide Memoires from the Joint Annual and Mid-Year Reviews between the Government and the Programme Aid Partnership. During the first half of the year, UNICEF continued its role as chair of the HIV/AIDS Partners Forum (or SWAp) prior to transitioning the responsibility to UNAIDS. During the year, UNICEF was also appointed as joint Pillar Lead of the Human Capital Pillar of the

PARPA, coordinating four Programme Aid Partnership Working Groups in areas critical to child development (Health, Education, Water and Social Action).

Programme Communication

In 2007, a Joint Programme entitled Civil Society and Child Rights was jointly developed by SIDA, the Save the Children Alliance, a range of national and international civil society partners, UNESCO and UNICEF. The purpose of this programme is to strengthen the capacity of civil society organisations advocating for, and working toward, the realisation of children's rights. The programme focuses on capacity building, advocacy and social mobilisation, and community participation. The programme is already showing results, as it is strengthening the capacity of civil society partners to "speak with one voice" in advocating for children's rights. The programme is also helping to create an expanded network of organisations working on child rights, strengthening overall coordination and sharing of best practices and lessons learned between the large group of partners.

Through funds from UNICEF National Committees, UNICEF supported the activities of multimedia mobile units to raise awareness on the importance of basic education, HIV, malaria and cholera prevention. 550,000 people in 62 districts in eight provinces were reached with life-saving messages. While the impact of activities conducted through mobile units is too early to assess in terms of behaviour change, an evaluation of the programme indicated that this type of activities was the only way to reach remote rural areas in the country. In addition, community theatre activities tackling various social issues, reached an additional 400,000 people in 60 districts. The Ministry of Health and the Ministry of Justice were supported to implement the maternal and neonatal tetanus campaign and birth registration interventions with the production of key communication material as well as training of social communication activists.

The expansion of child-to-child media programmes, in partnership with Radio Mozambique, Television Mozambique, National Community Radio Forum, N'weti and PLHIV organisations empowered 561 children and adolescents as

FOCUS ON

Unite for Children

Unite against AIDS.

Unite for Children. Unite against AIDS is a five-year campaign aimed at putting children at the centre of the national response to AIDS. The campaign, which involves governmental, non-governmental and UN partners, is an urgent call for action to raise awareness about the devastating impact of the pandemic on children and to scale up all prevention, treatment, care and support programmes for children.

The campaign focuses on four key result areas known as the 'Four Ps': Prevention of new infections among young people, Prevention of mother-to-child transmission, Paediatric treatment of AIDS and Protection of orphaned and vulnerable children.

The First Lady of Mozambique is the Patroness of the campaign and has been proactively engaged in leading a range of partners in the call for action in support of children affected by the AIDS pandemic.

In 2007, PLHIV associations continued to support prevention programmes for primary school children resulting in the participation of 469,367 children, over half of whom were girls, in debates, theatre groups and sports activities related to life skills, encouraging informed decisions to prevent HIV infection and delay the onset of sexual relationships.

■ ■ ■

The Ministry of Health, in collaboration with non-governmental partners and UNICEF, supported the establishment of new PMTCT sites. The number of sites offering PMTCT services has increased to 384 as of September 2007, up from 222 by the end of 2006. All PMTCT services are integrated into existing antenatal care facilities. In terms of paediatric treatment, as of end September 2007, 6,068 children under 15 years were receiving treatment (18 per cent coverage), compared to 3,013 in 2006 (representing nine per cent coverage).

In the area of protection, joint efforts of MMAS and partners resulted in 160,000 children being reached with at least three out of six basic services - health, education, nutritional and food support, financial support, legal and psycho-social support. In addition, MMAS in coordination with non-governmental organisations and UNICEF supported the provision of a basic package of materials to 10,000 most vulnerable children, the majority living in child-headed households. At the end of 2007, collaboration with the Ministry of Justice, the Government of the Netherlands and UNICEF resulted in the birth registration of over 800,000 children. Birth registration, a fundamental right and the first legal acknowledgement of a child's existence, is especially important for orphaned and vulnerable children as it facilitates their access to free basic services and social protection and is crucial in guaranteeing their right to inheritance, providing proof of their identity.

producers and presenters in media programmes. A total of 32,000 children and young people were involved in child-to-child live radio programmes in 30 districts (25 per cent of all districts in the country), which included discussions on issues related to girls' education, HIV prevention, cholera prevention, child rights, sports and culture. The National and Provincial Youth Councils increased youth participation in key decision-making fora, with 52 selected representatives taking part in school councils, consultative committees and provincial Development Observatories in six provinces, and involving over 500 young people in trainings related to PARPA monitoring processes.

During the 2007 emergencies, at least 21,507 families – 107,534 people – in accommodation centres and host communities were reached through hygiene promotion activities carried out by health officials, community activists and NGO partners supported by UNICEF through the provision of hygiene education flip charts and cholera leaflets. Mobile units and theatre groups were also supported to convey messages related to hygiene and HIV.

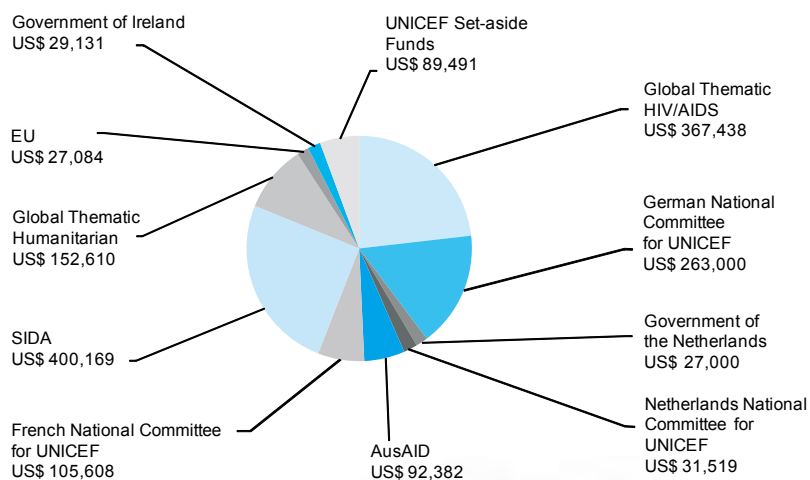


Funding in 2007

Breakdown of funds by source, 2007

| | |
|------------------------------|-----------------------|
| Regular Resources | US\$ 2,094,005 |
| Other Resources | US\$ 1,438,616 |
| Other Resources - Emergency | US\$ 220,439 |
| Total Amount Utilised | US\$ 3,753,060 |

Breakdown of funds by donor: Other Resources (including Emergency)



FOCUS ON

Recording UNICEF financial support on-budget

Knowing the totality of available public resources – both domestic and development assistance – is a key precondition for equitable policy-driven, rational allocations of public funds for children. Funds that are fully or partially outside the budget process are termed 'off-budget.' In Mozambique, such funds are comprised mainly of aid flows, although sector-own revenues (often lacking a legal basis) are also problematic. Off-budget funds undermine the Government's efforts to prioritise, plan, budget, monitor and evaluate effectively, damaging the credibility and importance of the budget process, creating costly duplication of reporting mechanisms and weakening the executive's accountability to Parliament.

Typically, development assistance provided through the UN family in Mozambique has been largely off-budget. One reason underlying this situation is the limited alignment of the annual UN planning and budgeting cycle with the Government's cycle. As a result, the UN was lagging behind in meeting target three of the Paris Declaration on Aid Effectiveness – halving the proportion of off-budget aid flows to the Government. The United Nations Country Team in Mozambique decided to address this situation by adapting its 2008 planning milestones to those of the Government.

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The Way Forward

In 2007, in the area of social policy, planning, information and monitoring, UNICEF will continue to support MPD research agenda in the production and dissemination of high quality research of relevance to child development. In conjunction with UNDP and other development partners, technical assistance to MPD will also be provided for the establishment of a specific Aid Coordination Unit to strengthen the capacity of the Ministry to coordinate the Joint Review processes.

The capacity of INE to generate and disseminate strategic information relevant to child development will also be supported through: (i) development and dissemination of provincial and district socio-economic profiles for the southern region of the country using the 2007 Population Census results; (ii) establishment of a web-version of ESDEM; (iii) updating of the ESDEM database and establishment of ESDEM provincial databases; (iv) finalisation and dissemination of the Child Labour report and Gender Statistical Profile; and (v) implementation of household surveys for PARPA monitoring, ensuring the inclusion of indicators for measurement of childhood poverty. Support will be provided to the development of standard guidelines for the harmonisation of planning instruments across provinces.



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Lastly, support will also be provided to the planning committees in focus districts so as to strengthen the capacity of these districts in planning and budgeting.

In Programme Communication, support will be given to the implementation of the Window of Hope communication initiative led by the National AIDS Council, including mass media and community-based social mobilisation activities nation-wide, in order to accelerate national efforts for HIV prevention among children. Relevant ministries will also receive support to the design and implementation of campaigns on breastfeeding, sanitation and immunisation in order to ensure scale-up of interventions in these areas. The Child-Friendly Media Network will be further strengthened to promote social demand for the realisation of child rights.

Furthermore, the capacity of multimedia mobile units to effectively deliver key behaviour and social change communication activities will be enhanced through trainings and the production of materials for staff and theatre groups. Children and young people will receive ongoing support to participate in decision-making fora and community-based activities through the empowerment of at least 800 children and young people producing and presenting child-to-child media programmes and through the involvement of 150 children and young people in local, provincial and national decision-making fora in eight provinces.

This initiative was also critical within the framework of the UN coherence agenda and the Delivering as One UN initiative to reflect efforts being made by the UN family to honour the principles of the Paris Declaration.

The UN family conducted a system-wide planning exercise in partnership with concerned ministries to develop the 2008 Annual Work Plan at the same time as the Government's 2008 national planning and budgeting exercise, which took place in May and June 2007. A specific format was developed for use by all UN agencies. This format was similar to the Annual Work Plan format of the United Nations Development Group, although it did not include details of activities and only focused on expected results and budgets. All key results and budgets were consolidated for all sectors and communicated to the Government by the UN in July 2007, in time for inclusion into the Government 2008 plans and budget.

In addition to this initiative, UNICEF actively engaged in the Budget Working Group of the Programme Aid Partners, which consists of the 19 donors that provide budget support to the Government, and followed-up directly with the Ministry of Finance to ensure that the financial figures communicated to the sectors through the UN-wide planning exercise were correctly registered by the Ministry of Finance.

As a result of these efforts, 90 per cent of UNICEF's financial commitment to the Government for 2008 has been recorded on-budget in comparison to 30 per cent in 2007. As such, UNICEF Mozambique has met the alignment target of the Paris Declaration related to halving the proportion of aid flows to government sector not reported on government's budget (with at least 85 per cent reported on budget).

EMERGENCIES

M

ozambique is a country prone to natural disasters, chronic vulnerability and persistent humanitarian conditions. The country is still rebuilding after more than a decade

of civil war that decimated the infrastructure of basic social services. The rapidly escalating AIDS epidemic is weakening national capacities and negating the rate of development. Mozambique is also threatened by natural disasters including seasonal floods, cyclones and prolonged droughts, which disrupt livelihoods and basic services, exhaust coping mechanisms and exacerbate vulnerabilities, especially for women and children.

UNICEF Mozambique's humanitarian action in 2007 was dominated by the response to floods in the Zambezi River Valley and the simultaneous impact of Cyclone Favio, between early February and late April. On 4 February 2007, the National Institute for Disaster Management (INGC) declared a red alert calling for the evacuation of the communities along the Zambezi River. An estimated 285,000 people were affected, and 163,000 out of these were displaced. On 22 February 2007, Mozambique suffered the brunt of yet another natural disaster, when Cyclone Favio made landfall in Vilanculos, in the coastal province of Inhambane. An estimated 150,000 people were affected by the cyclone, and essential infrastructures as well as health centers and educational facilities in affected areas were severely damaged.

In light of current humanitarian reform movements, a Humanitarian Country Team was convened for Mozambique to initiate the Inter-agency Standing Committee (IASC) Cluster Approach in response to the developing flood emergency.

Within the framework of the Cluster Approach, UNICEF was designated Cluster Lead for Water, Sanitation and Hygiene as well as Nutrition, and it shared leadership of the Education and Protection Clusters with the Save the Children Alliance.

UNICEF was also an active participant in the Health, Logistics, Emergency Telecommunications and Shelter Clusters.

Funding in 2007

Total emergency resources in 2007 amounted to a total of US\$ 8,978,494, including US\$ 5,210,900 Humanitarian Action Report funds and US\$ 2,667,518 received through the Central Response Emergency Fund.



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Key Results in 2007

Partners in the programme helped achieve the following results:

Zambezi flood response:

- 21,507 families sheltered in accommodation centres were provided with access to water and sanitation facilities and hygiene promotion activities.
 - Over 32,000 children under age five in accommodation centres received health screening and treatment.
 - 6,000 vulnerable families (approx 30,000 people) in accommodation centres received emergency household kits.
 - 45,000 children in accommodation centres and host communities were supported to resume schooling with minimal delays.
 - 900 families (4,500 people) in accommodation centres received plastic sheeting for shelter.
- ### Cyclone Favio response:
- 20,000 families were provided with cholera prevention and basic hygiene information.
 - 6,000 families received water supplies and benefited from water trucking and treatment.
 - 75 schools were provided with education supplies and school rehabilitation materials benefiting 40,000 learners.
 - 23,500 families were provided with 45,000 LLINs and access to basic health services.
 - 35,000 people were provided with materials for shelter and 1,000 families were provided with emergency household kits.

The Way Forward

In 2008, focus will continue to be placed on addressing chronic vulnerability and the humanitarian conditions emerging from frequent natural disasters in the country. This will be carried out through the continued mainstreaming of emergency preparedness and response interventions into routine programme activities and the provision of technical support to strengthen national capacity for effective preparedness and response at both the national and sub-national levels. UNICEF will continue to support the Cluster Approach focusing on sectors where UNICEF has lead or co-lead responsibilities, facilitate information sharing within clusters and the Government, and contribute to the updating of the Inter-agency Contingency Plan.

UNICEF will also continue to closely collaborate with the INGC, which is the governmental body responsible for the overall coordination of national emergency preparedness and response efforts. Technical support will be provided to INGC national and provincial authorities in strengthening early warning and early action capacities as well as the ability to effectively monitor and evaluate emergency preparedness and response efforts. In addition, line Ministries will be supported in contingency planning and preparedness activities, pre-positioning of supplies and communication materials, and training of staff in advance of, and during, crisis situations.



DELIVERING AS ONE

In 2007, the UN Country Team developed a range of mechanisms and structures needed to operationalise the Delivering as One UN initiative. The document *Delivering as One Operational Plan of the UN System in Mozambique 2007-2009* outlines the vision for the Delivering as One UN and how this vision is to be achieved through the implementation of the “Five Ones”: (1) One Programme; (2) One Budgetary Framework; (3) One Leader; (4) One Office and Common Services; and (5) Communicating as One.

The aim of the *One Programme* is to pave the way for a reformed UN system under the next UNDAF cycle by focusing on a strategic sub-set of UNDAF outputs that best illustrate the added value of the UN in the new aid environment: (1) policy and advocacy; (2) normative / technical support; (3) capacity development; and (4) civil society partnerships. A total of 11 joint programmes have been developed and form the core of the One Programme in the areas of Governance, Human Capital, HIV and AIDS and Economic Development.

The *One Leader* enables an empowered and accountable Resident Coordinator (RC), with the competencies and authority to guide the development and management of the UN in Mozambique and speak with one voice on behalf of the UN. The RC also supports Agency representatives leading agency-specific representation in-country.

The *One Budgetary Framework* brings together all contributions to support the coherent mobilisation, allocation and disbursement of donor resources to the unfunded components of UN programmes and activities.

In order to support the resource mobilisation for the One Programme, a One Fund has been established as a sub-set of the framework.

The aim of the *One Premises and Common Services* is to reinforce existing operational mechanisms and management systems with integrated support services under which all agencies share joint premises and common services wherever cost-efficient in order to ensure the efficient and effective delivery of operations support for programmatic activities of all the agencies in the country.

In order to reflect the critical role of *communication* in the UN coherence agenda, the UNCT has also decided to include communication as a fifth area of the Delivering as One UN initiative in the country. Through this component, the UNCT aims to communicate the *Who, What, Why, Where* and *How* of the UN in Mozambique.

The Delivering as One UN Operational Plan has been developed through a participatory and consultative process involving the Government, development partners and UN agencies at country level as well as regional and headquarters levels. The plan sets the conditions for effectively implementing the Delivering as One initiative from the last quarter of 2007 until the end of the current UNDAF cycle in December 2009.

Distribution of resources by donors, 2007

| Donor | Contribution |
|--|-------------------|
| UNICEF General Resources | 11,180,488 |
| UNICEF General Resources Set Aside | 1,354,838 |
| Emergency Programme Fund (EPF) | 1,462,524 |
| Commission of the European Union | 4,801,061 |
| Government of the Netherlands | 2,847,473 |
| German National Committee for UNICEF | 2,789,059 |
| UN Office for the Coordination Humanitarian Affairs (UNOCHA) | 2,487,093 |
| SIDA Sweden | 1,837,691 |
| Global Thematic Humanitarian Response | 1,541,399 |
| French National Committee for UNICEF | 1,459,601 |
| CIDA | 1,369,329 |
| Global Thematic HIV/AIDS and Children | 1,285,869 |
| AusAID/Australia | 1,270,530 |
| Global Thematic GE and Basic Education | 1,133,847 |
| Canadian National Committee for UNICEF | 1,014,131 |
| United States Fund for UNICEF | 967,839 |
| United Kingdom National Committee for UNICEF | 786,665 |
| Netherlands National Committee for UNICEF | 739,039 |
| Government of the United Kingdom of Great Britain and Northern Ireland | 433,780 |
| USAID | 430,007 |
| Government of Spain | 420,850 |
| The GAVI Fund | 265,208 |
| Government of Italy | 239,622 |
| Government of Ireland | 130,860 |
| Italian National Committee for UNICEF | 85,501 |
| Government of Japan | 55,522 |
| Government of Denmark | 55,282 |
| Irish National Committee for UNICEF | 40,928 |
| Government of Austria | 28,381 |
| Government of Portugal | 23,200 |
| Government of Canada | 6,112 |
| Other Resources | 28,545,879 |
| Country Programme Total | 42,543,729 |



ACRONYMS

| | |
|------------|--|
| AUSAID | Australian Agency for International Development |
| ARV | Anti-Retroviral |
| CIDA | Canadian International Development Agency |
| CFS | Child-Friendly Schools |
| CP | Country Programme |
| CRC | Convention on the Rights of the Child |
| DFID | Department for International Development (United Kingdom) |
| DNA | National Water Directorate |
| EPF | Emergency Programme Funds |
| ESDEM | Demographic and Socio-Economic Database (Mozambican adaptation of DevInfo) |
| EUWF | European Union Water Facility |
| FAO | Food and Agriculture Organization |
| GAVI | Global Alliance for Vaccines and Immunisation |
| GFATM | Global Fund on AIDS, Tuberculosis and Malaria |
| HIV/AIDS | human immune-deficiency virus/acquired immune deficiency syndrome |
| IASC | Inter-Agency Standing Committee |
| ILO | International Labour Organization |
| INAS | National Institute of Social Action |
| INGC | National Institute for Disaster Management |
| ITNs/LLINs | insecticide-treated nets/long-lasting insecticidal nets |
| MEC | Ministry of Education and Culture |
| MDGs | Millennium Development Goals |
| MISAU | Ministry of Health |
| MMAS | Ministry of Women and Social Action |
| MNT | maternal and neonatal tetanus |
| MoF | Ministry of Finance |
| MPD | Ministry of Planning and Development |
| NGO | non-governmental organisation |
| OVC | orphaned and vulnerable children |
| PAP | Programme Aid Partnership |
| PARPA | Absolute Poverty Reduction Action Plan |
| PLHIV | People Living With HIV |
| PMTCT | prevention of mother-to-child transmission |
| PSA | Unconditional Cash Transfer Programme |
| RWSS | Rural Water Supply and Sanitation |
| SIDA | Swedish International Development Agency |
| SINAS | Information System for Water and Sanitation |
| SWAp | sector wide approach to programming |
| UN | United Nations |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNESCO | United Nations Educational, Scientific and Cultural Organization |
| UNDAF | United Nations Development Assistance Framework |
| UNDP | United Nations Development Programme |
| UNFPA | United Nations Population Fund |
| UNOCHA | United Nations Office for the Coordination of Humanitarian Assistance |
| USAID | United States Agency for International Development |
| VAS | vitamin A supplementation |
| WASH | water, sanitation and hygiene |
| WHO | World Health Organization |
| WFP | World Food Programme |

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