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## United Nations Children's Fund

Executive Board

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Item 4 (a) of the provisional agenda\*

### Country programme document

#### Mozambique

##### *Summary*

The country programme document (CPD) for Mozambique is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of \$107,000,000 from regular resources, subject to the availability of funds, and \$280,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period March 2022 to December 2026.

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\* [E/ICEF/2022/1](#).



## Programme rationale

1. Mozambique is a low-income country with a per capita gross domestic product of less than \$600. The country continues to wrestle with marked inequalities, ranking 181st on the 2020 Human Development Index. Approximately 62 per cent of the population were living in extreme poverty in 2014, earning less than \$1.90 per day. That percentage is projected to have increased to 66.6 per cent (1.4 million people) in 2020, as a result of the coronavirus disease 2019 (COVID-19) pandemic.

2. Of the estimated population of 26.9 million in 2021, over 15 million are children (aged 0–18 years) and 2.4 million are youth (aged 19–24 years),<sup>1</sup> representing together 66 per cent of the total population. The child population is projected to reach 28 million by 2050. Approximately 10 million children are poor, with almost half (46 per cent) being multidimensional poor. Children in the four most disadvantaged provinces – Cabo Delgado, Nampula, Niassa and Zambézia – are 45 times more likely to be poor than those in the richest – Maputo, in particular the capital Maputo City.

3. Mozambique faces a triple crisis of climate change, escalating armed conflict and the COVID-19 pandemic. The Global Climate Risk Index scores Mozambique first among the countries most affected by natural disasters in 2019 and fifth over the period 2000–2019, making it one of the most vulnerable countries to climate change in Africa.<sup>2</sup> In 2019, Mozambique experienced cyclones of unprecedented severity that affected nearly 2.5 million people. Since 2017, the conflict in Cabo Delgado has displaced over 850,000 people, of which 46 per cent are estimated to be children. Between June 2020 and March 2021 alone, the number of internally displaced people quadrupled. Basic social services in Cabo Delgado have been severely disrupted and there are reports of grave human and child rights violations, including killings, abductions, recruitment and use of children by armed groups.

4. The COVID-19 pandemic has caused severe socioeconomic shocks. The economy contracted by 3.1 per cent in 2020 and by a further 0.6 per cent in 2021.<sup>3</sup> School closures and disruptions to other services have adversely affected the well-being of children and further weakened fragile social systems. The fiscal impacts of the crisis have limited the capacity of Government to adequately invest in social sectors.

5. Mozambique has made steady progress in reducing infant and under-five mortality as well as HIV rates among children aged 0–14 years. Infant mortality rates fell from 93.6 deaths per 1,000 live births in 2007 to 67.3 in 2017.<sup>4</sup> Under-five mortality rates declined from 97 deaths per 1,000 live births in 2011<sup>5</sup> to 74 in 2019.<sup>6</sup> This progress, however, falls short of national targets and the Sustainable Development Goals, with wide disparities among provinces. While national immunization coverage has expanded from 47 per cent in 1997 to 66 per cent in 2015, only 55 per cent of children in the northern provinces remain fully vaccinated,<sup>7</sup> and COVID-19 containment measures have sharply curtailed immunization coverage. Mozambique has one of the highest neonatal mortality rates in the world, at 29 deaths

<sup>1</sup> National Institute of Statistics (NIS), census 2017.

<sup>2</sup> World Food Programme, “Food Security and Climate Change, the Pressing Reality of Mozambique”, July 2021.

<sup>3</sup> International Monetary Fund, World Economic Outlook Database, April 2021.

<sup>4</sup> NIS, census 2007 and 2017 (although the 2011 Demographic and Health Survey (DHS) reported 64 deaths per 1,000 live births)

<sup>5</sup> DHS 2011.

<sup>6</sup> United Nations Inter-Agency Group for Child Mortality Estimation, Levels and Trends in Child Mortality, 2020.

<sup>7</sup> DHS 1997 and “Inquérito de Indicadores de Imunização, Malária e HIV/SIDA” (Survey on Vaccination, Malaria and HIV/AIDS Indicators), 2015.

per 1,000 live births.<sup>8</sup> The maternal mortality rate was 451.6 deaths per 100,000 live births in 2019,<sup>9</sup> among the 20 most elevated rates globally. Teenage pregnancy and early motherhood are prevalent.<sup>10</sup> The country has the second highest rate of new HIV infections among children globally,<sup>11</sup> with an HIV prevalence of 13.2 per cent (15.4 per cent in women and 10.1 per cent in men).<sup>12</sup>

6. In 2018, 10.8 million Mozambicans suffered from severe or moderate chronic food insecurity. High levels of stunting among children under age 5 have remained unchanged between 1997 and 2015,<sup>13</sup> at about 42 per cent, with variations from 50 per cent in Nampula to 26 per cent in Maputo City.<sup>14</sup> The latest data available showed that 69 per cent of children under age 5 suffered from vitamin A deficiency, 75 per cent were anaemic and 36 per cent were iron deficient due to a lack of dietary diversity.<sup>15</sup> In 2021, 363,296 children under age 5 are expected to suffer from severe acute malnutrition and to need treatment. Fewer than 30,000 children received treatment in 2020, which shows the need for scaling up interventions. Multisectoral and multisystem approaches across health, food security and social protection should be strengthened to lower stunting rates.

7. Mozambique has made significant progress in primary school enrolment since 2000. Budget allocations for education remain high (19.2 per cent in 2020)<sup>16</sup> but are still insufficient. In 2018, Mozambique made education compulsory by law for children between age 6 and 15 years and the number of students enrolled in 2019 almost tripled.<sup>17</sup> The Gender Parity Index is 0.91 for upper primary and lower secondary education. However, over 70 per cent of children and adolescents do not complete basic education, with gross completion rates stagnating for the past 10 years.<sup>18</sup> Over one-third of students drop out before reaching grade 3, with a higher dropout rate for girls, due to child marriage and early pregnancy.<sup>19</sup> An estimated 140,000 children are out of school.<sup>20</sup> Despite improvements in inclusive education, major challenges persist, including the lack of staff training and awareness among families of the importance of integrating children with special needs into schools, as well as the need to expand resources centres for children with special needs. In 2017, only 4.9 per cent and 7.7 per cent of grade 3 students demonstrated competency in reading and numeracy, respectively.<sup>21</sup> Student and teacher absenteeism rates are high. On average, children attend classes only 74 of the 190 required school days, partly due to long home to school distances. A mere 3.5 per cent of children aged 3–5 years were enrolled in pre-school or early learning services in 2019,<sup>22</sup> with significant

<sup>8</sup> <https://data.unicef.org/country/moz/>.

<sup>9</sup> NIS, census 2017.

<sup>10</sup> In 2018, 14 per cent of teenagers had their first pregnancy before the age of 15 and 57 per cent before the age of 18. Of all pregnancies, 11 per cent were adolescents, and 46 per cent of adolescent girls became pregnant.

<sup>11</sup> Joint United Nations Programme on HIV and AIDS, HIV estimates 2020.

<sup>12</sup> Ministry of Health, NIS, ICF Macro Mozambique AIDS Indicator Survey 2015.

<sup>13</sup> UNICEF, Multidimensional Child Poverty Report 2020.

<sup>14</sup> Mozambique National Demographic Survey 2014.

<sup>15</sup> Ministry of Health, 2003.

<sup>16</sup> Government of Mozambique state budget 2020.

<sup>17</sup> According to the Ministry of Education and Human Development, the number of students increased from 2,496,996 in 2000 to 6,938,434 in 2019.

<sup>18</sup> The completion rate dropped from 51 per cent in 2008 to 37 per cent in 2015. Since then, the trend is upward but still below 2008 rates.

<sup>19</sup> Education Sector Plan, 2020–2029, page 68.

<sup>20</sup> United Nations Educational, Scientific and Cultural Organization Institute of Statistics, data for 2019.

<sup>21</sup> National Institute for Education Development, “Segunda Avaliação Nacional da 3ª Classe 2016”, 2017.

<sup>22</sup> UNICEF, Mozambique early childhood education diagnostic report, 2019.

rural/urban disparities. The impact of the COVID-19 pandemic exacerbated the situation and recovery will be a challenge.

8. The Government has taken steps to improve the normative and policy framework for child protection, including the 2019 *Lei de prevenção e combate as uniões prematuras* on the prevention of child marriage and Civil Registration Code 12/2018 requiring mandatory birth registration. Still, negative social norms and gender inequality perpetuate violence that affects many children. The conflict in Cabo Delgado has led to reports of child rights violations, with an estimated 175,000 children in need of mental health and psychosocial support.<sup>23</sup> Mozambique has one of the highest child marriage rates globally, with over 4 in 10 young women aged 18–24 years married or living with a partner before age 18.<sup>24</sup> Three in 10 females and 4 in 10 males aged 18–24 years reported having experienced some form of violence in childhood. In 2019, the prevalence of physical violence during the previous 12 months was 21.1 per cent for girls and 23.2 per cent for boys aged 13–17 years. Further, 14 per cent of girls and 8 per cent of boys reported having experienced sexual violence.<sup>25</sup> In 2017, 68 per cent of children under age 1 and approximately half of children under age 5 did not have their births registered.<sup>26</sup> The number of children living in large-scale residential care increased from 6,502 in 2018 to 7,269 children in 2020.<sup>27</sup> Prior to the COVID-19 pandemic, over 1 million children were engaged in child labour.<sup>28</sup> The limited access to adequately staffed child protection services and the lack of capacity for coordination across sectors impede an effective response to the challenges children are facing.

9. The proportion of people with access to improved water sources increased from 61 per cent in 2015 to 73 per cent in 2020.<sup>29</sup> However, coverage in urban areas is 5.5 times higher than in rural areas. Access to improved sanitation has increased from 34 per cent to 42 per cent nationally during the same period, but with an estimated 27 per cent of the population still practicing open defecation. Only 56 per cent of health centres and 48 per cent of rural schools have improved water sources.<sup>30</sup> In 2020, 94 per cent of water, sanitation and hygiene (WASH) sector resources were externally funded, and resources are allocated disproportionately to major cities. The WASH sector would require \$3.2 billion to reach the Sustainable Development Goals but currently receives only about \$100 million per year.

10. Social protection is a key government strategy to reduce poverty, vulnerability and inequality. A newly implemented child grant allocating cash and care support to 0–2-year-olds in vulnerable households has been incorporated into the Basic Social Subsidy Programme. However, coverage of social protection programmes needs further expansion. The formulation of an equitable and child rights-focused social policy is hampered by limited availability and use of evidence to inform government budgeting and programming priorities. The decentralisation process under way provides an opportunity to improve public finance management for children.

11. Key lessons learned from the evaluation of the previous country programme 2017–2021 called for: (1) a more realistic scope and ambition of the country programme, convergent programming and geographic focus on defined provinces,

<sup>23</sup> UNICEF, *Humanitarian Action for Children 2021*.

<sup>24</sup> Violence against children and youth survey in Mozambique, 2019.

<sup>25</sup> Ibid.

<sup>26</sup> NIS, census 2017.

<sup>27</sup> Ministry of Gender, Child and Social Action, 2020 administrative data.

<sup>28</sup> NIS and Eduardo Mondlane University, 2017.

<sup>29</sup> World Health Organization/UNICEF, *Progress on Household Drinking Water, Sanitation and Hygiene 2000–2020: Five years into the SDGs*, 2021.

<sup>30</sup> Joint Monitoring Programme, 2019 estimates for access to water in rural schools and health care facilities.

and strengthening the humanitarian-development-peace nexus; and (2) gender integration in emergency preparedness, response and recovery planning and programme implementation, as well as monitoring and evaluation of future emergencies.

12. Based on an analysis of the concluding observations of the Committee on the Rights of the Child and recommendations of the Universal Periodic Review, and following a consultative process with the Government, other key partners and children, six priority areas have been identified for UNICEF intervention: maternal, newborn and under-five morbidity and mortality; child, adolescent and maternal malnutrition; access to quality education and learning; protection from violence, exploitation, abuse and harmful practices; access to quality WASH services and sustainable environment; and multidimensional child poverty.

## **Programme priorities and partnerships**

13. The proposed programme of cooperation between the Government of Mozambique and UNICEF aims to support the country to accelerate efforts towards achieving the targets of the 2030 Agenda for Sustainable Development and meeting its commitment to respect, protect and fulfil the rights of children, in line with the Convention on the Rights of the Child and the Core Commitments for Children in Humanitarian Action (CCCs). It derives from the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2022–2026 and aligns with the Government Five-Year Plan 2020–2024, the National Development Strategy 2015–2035 and relevant sector policies and programmes.

14. The country programme vision is that, by 2026, more children, adolescents and women in Mozambique – particularly the most vulnerable – will have their rights realized and live in a safer environment. The theory of change is based on achieving the following:

(a) The Government, at national and subnational levels, has enhanced capacities to plan, implement, monitor and coordinate shock-responsive and resilient service delivery systems.

(b) Children, adolescents and their families, particularly the most disadvantaged, have greater access to quality, inclusive and sustainable essential social services.

(c) Parents and other caregivers practice healthy, caring, nurturing and protective behaviours, including using social services, in a supportive community environment where harmful social and gender norms are addressed.

(d) Children, especially adolescents, are empowered and participate as agents of change to promote child rights.

(e) Households and communities are more cohesive, resilient and better able to resist shocks and prevent conflict.

15. Within the UNSDCF, UNICEF is uniquely positioned to support the achievement of the national development targets and the Sustainable Development Goals for children in Mozambique. The UNICEF country programme contributes to UNSDCF strategic priorities 1 on human development; 3 on climate resilience and sustainable use of natural resources; and 4 on peacebuilding, human rights and inclusive governance. UNICEF will contribute to a lesser extent to strategic priority 2 on economic diversification and sustainable livelihoods.

16. UNICEF will focus on systems strengthening to achieve equity in child outcomes, particularly by improving access and quality of service provision;

enhancing the humanitarian-development-peace nexus; strengthening the social service workforce and child-friendly justice reform; strengthening data and evidence-driven approaches; designing innovations and strategic partnerships, including with the private sector; generating demand and building trust in services; and improving the efficiency of allocation and use of financial resources.

17. UNICEF will promote intersectoral approaches in its programming. Programmes for early childhood development will focus on coordinated and multisectoral efforts to ensure safe, responsive and nurturing caregiving and an integrated package of interventions, using health, protection and early learning services. Programming for adolescents will emphasize access to and relevance of learning and adequate life skills; health and well-being of adolescent girls and boys, including mental health; demand for sexual and reproductive health and rights; gender-based violence prevention, risk mitigation and response; and access to justice.

18. Inclusion and gender equality are at the heart of the country programme. UNICEF will actively identify and support children from the most marginalized groups, including children living in extreme poverty; children with disabilities; and children of displaced communities. In order to achieve at-scale results for children, UNICEF will focus on the provinces of Cabo Delgado, Nampula, Sofala and Zambézia.

19. In line with UNICEF Strategic Plan, 2022–2025, the programme will be based on five programme components.

**Every child, including adolescents, survives and thrives**

20. This component will support two outcomes, survive and thrive. These outcomes are aligned with the National Health Promotion Strategic Plan 2021–2025, the Early Newborn Action Plan 2020, and the National Food and Nutrition Security Policy 2021–2025.

21. This component will be led by the Ministry of Health and the Technical Secretariat for Food Security and Nutrition.

22. UNICEF will strengthen health systems, especially at subnational level, to deliver quality evidence-based services that help children survive. An integrated primary health care approach for universal health care will be prioritized and a community sub-health system piloted, expanded and institutionalized, building on the existing community health worker system. UNICEF will support the improvement of WASH infrastructure and implementation of hygiene and infection prevention as well as promoting better practices in health-care facilities.

23. Equitable maternal, neonatal, child, adolescent health and nutrition services will deliver immunization, vitamin A supplementation, deworming, severe acute malnutrition treatment, infant and young child feeding (IYCF) counselling, treatment of key childhood diseases, maternal health and nutrition and neonatal care, as well as prevention of mother-to-child transmission of HIV. The COVID-19 response and vaccination will be prioritized.

24. To help children thrive, interventions will strengthen Technical Secretariat for Food Security and Nutrition efforts to prioritize stunting at all levels – leading to increased capacity of national and subnational government authorities to conduct planning, budgeting, coordination, financial tracking, and advocacy across health, education, child protection and social policy sectors, within existing national and subnational multisectoral coordination mechanisms.

25. UNICEF will support legislation for improved nutrition and work with the Government to monitor and enforce food fortification legislation, adherence to the

International Code of Marketing of Breast-milk Substitutes and for the promotion of child-friendly workplace policies. UNICEF will also work with private sector companies to build support and capacities for implementing these measures.

26. Nutrition-sensitive multisectoral actions will emphasize synergies between food, WASH, health and social protection systems at community level. Social behaviour change strategies will be implemented to promote a package of essential family practices, including improved IYCF as well as demand for key health services, school attendance, household hygiene practices and birth registration. Improved early childhood development services will be delivered through community and institutional platforms, embedded in existing health and nutrition services. Early identification and intervention for developmental delays and disabilities will be integrated at facility and community level.

**Every child, including adolescents, learns and acquires skills for the future**

27. This component will support the Government in the implementation of the Education Strategic Plan 2020–2029 through a system-strengthening approach. UNICEF will prioritize support to ensure that: (a) the youngest children and vulnerable adolescents have access to inclusive early learning and alternative learning opportunities; (b) children have access to quality primary and pre-primary education; (c) provincial and district education authorities provide an inclusive, safe and conducive learning environment; and (d) continuity of learning during emergencies is ensured. This component will be led by the Ministry of Education and Human Development.

28. The programme will develop and promote an equitable multisectoral early childhood education strategy, including at least one year of compulsory preschool, and the expansion of accelerated school readiness. The programme will support increased access to education for children with disabilities.

29. To support primary education quality, the programme will provide reading and numeracy kits to children in early grade classrooms. Teachers will receive pre- and in-service trainings and teacher training institutes will receive assistance for monitoring the performance of teachers. Digital learning innovations will contribute to the quality of learning.

30. To prevent drop-out, the programme will focus on addressing violence in schools, WASH and menstrual hygiene management. UNICEF will also build capacity of civil society organizations and school councils to address violence against children, with strong participation of girls.

31. Ensuring primary education completion and access to lower secondary education for adolescent girls will be a priority. Innovative interventions are planned for vulnerable adolescents to access alternative formal or non-formal education, vocational training as well as digital literacy and e-learning opportunities.

32. UNICEF will work with school communities to develop resilient emergency preparedness and response plans, emphasizing alternative learning opportunities, including learning materials and temporary learning spaces for adolescents and for provision of education in emergencies.

**Every child, including adolescents, is protected from violence, exploitation, abuse, neglect and harmful practices**

33. This component will support interventions ensuring that girls, boys and adolescents in all situations are better protected from violence, exploitation, abuse, neglect and harmful practices, including in emergencies. Key strategies include strengthening child protection systems, in particular social welfare and justice sectors,

for equitable access to quality services, and improving prevention efforts through social norms and behaviour change interventions. This component will be led by the Ministry of Gender, Children and Social Action in close collaboration with the Ministry of Justice, the Ministry of Interior and other key actors.

34. The programme will support a more resilient, inclusive, gender-sensitive and disability-responsive child protection system, with a professional social service workforce and increased budgetary and human resources. Coordination between the social welfare and justice systems will be central to operationalize a national integrated case management system across development and humanitarian contexts – including the piloting and roll-out of an electronic online platform to improve the quality of child protection evidence and data collection.

35. UNICEF will strengthen access to justice for children, working with Government, United Nations and civil society partners, to establish specialized courts for children, build the capacity of justice professionals in child rights, and introduce diversion and alternatives to detention for children. The programme will support an alternative care continuum that prevents and responds to family separation and the needs of children on the move and promotes family-based care.

36. Girls, boys and adolescents, and their families and communities, will be supported in improving their knowledge, skills and capacity to prevent and report violence and harmful practices, to adopt positive parenting practices, and to access social safety nets and gender-equitable education and life skills. Specific focus will be given to intersectoral linkages and a life-cycle approach to ending child marriage and early pregnancies.

37. Prevention, risk mitigation and response to violence, including gender-based violence, will be a priority, working with United Nations entities and civil society partners, in particular in Cabo Delgado, where children have been exposed to life-threatening violations due to the ongoing conflict. Case management for family tracing, reunification and reintegration of separated and unaccompanied children will be prioritized. The programme will provide access to critical child protection services during emergencies, including mental health and psychosocial support, and interventions to prevent and respond to child recruitment into armed groups.

**Every child, including adolescents, has access to safe and equitable water, sanitation and hygiene services and supplies**

38. This component will assist the Government in ensuring that children, adolescents and their families have access to safe and resilient WASH services, in line with the National Policy on Water, Sanitation and Hygiene 2019–2024. Key strategies will include strengthening national systems; generating evidence and advocacy; building capacity and competencies; promoting sustainable markets; innovative approaches and technologies; and empowering communities. This component will be led by the Ministry of Public Works, Housing and Water Resources.

39. The programme will contribute to the development of a water and sanitation law and support equity-based targeting and mobilization of resources through innovative and blended financing. A priority will be the integration of WASH in schools and health-care facilities, promoting hygiene education and menstrual hygiene management.

40. The programme will integrate the WASH sector into the recently adopted climate change priorities of the Government and will develop the national strategy plan for WASH adaptation to climate change-related risks.

41. Support will be provided to strengthen health centre and school management systems as well as community capacities for management of WASH services through



water committees, small-scale private water operators, sanitation entrepreneurs and pump mechanics. Communities will be supported to become “faecal contamination free”, including through the development of a sanitation marketing chain. Behaviour change interventions will promote elimination of open defecation, household water treatment and storage, and increased demand for WASH products and services.

42. Supportive business environments, regulatory frameworks and support to small-scale private sector entities will be key to delivering high-quality, affordable WASH services, especially in remote, underserved areas. The programme will reinforce Government emergency WASH capacities and support community-based emergency preparedness response systems in risk-prone areas through disaster risk reduction and risk-informed programming.

**Every child, including adolescents, has access to inclusive social protection and lives free from poverty**

43. The programme will strengthen social protection systems, with a focus on child-sensitive programming and shock responsiveness. It will support consolidating and scaling up the integrated child grant programme, based on lessons learned from the pilot project in Nampula, and integrating this rights-based cash and care programme model into the next basic social security strategy. Interventions will create stronger linkages to other programmes and develop operational guidelines, including a monitoring and evaluation system. The programme will also provide technical assistance to improve the social protection beneficiary information management system, roll out a new basic social security operations manual and build capacity on disability inclusion. This component will be led by the Ministry of Economy and Finance in close collaboration with the Ministry of Gender, Children and Social Action and other ministries.

44. This programme aims to improve the size and quality of public investments in social services and to align plans and budgets with the Convention on the Rights of the Child, the Sustainable Development Goals and national strategies. It will strengthen legislative and oversight functions of national and provincial assemblies and work with civil society, including private sector actors, to strengthen participation and accountability structures to promote budget transparency and monitor key child-related indicators.

45. Data and evidence on child poverty, gathered in collaboration with the National Institute of Statistics, will be used to inform policymaking and to strengthen the capacity of Government, academic institutions and civil society to generate and use evidence.

**Programme effectiveness**

46. UNICEF will enhance effective implementation and management of the country programme by spearheading integrated programming and investment in early childhood and adolescence. The focus will be on strategic communication and advocacy, social and behavioural change, gender transformative and disability-inclusive programming, strategic public and private partnerships, along with the coordination of planning, monitoring, evaluation, and evidence generation and dissemination. Strengthened risk-informed programming, emergency preparedness and response will be key programme effectiveness efforts.

**Summary budget table\***

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Every child, including adolescents, survives and thrives	26 200	82 300	108 500
Every child, including adolescents, learns and acquires skills for the future	17 000	55 200	72 200
Every child, including adolescents, is protected from violence, exploitation, abuse, neglect and harmful practices	20 500	27 200	47 700
Every, child including adolescents, has access to safe and equitable water, sanitation and hygiene services and supplies	14 000	67 800	81 800
Every child, including adolescents, has access to inclusive social protection and lives free from poverty	12 000	13 800	25 800
Programme effectiveness	17 300	33 700	51 000
<b>Total</b>	<b>107 000</b>	<b>280 000</b>	<b>387 000</b>

\* With ongoing emergency interventions, the Humanitarian Action for Children Appeal 2022 is projected at \$101,000,000 and current Other Resources – Emergency for 2022–2023 at \$43,000,000.

**Programme and risk management**

47. This country programme document outlines UNICEF contributions to national and subnational results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

48. The country programme will be implemented under the leadership of the Ministry of Foreign Affairs and Cooperation, in collaboration with line ministries, bi- and multilateral partners, civil society organizations, academic and research institutions and the private sector, within the framework of the UNSDCF.

49. Risk monitoring and emergency preparedness are at the core of the theory of change. The country programme will be flexible and agile to mitigate risks and make rapid adjustments.

50. UNICEF will strengthen the management of the harmonized approach to cash transfers and sustain compliance with other risk control mechanisms. UNICEF will continue to strengthen the efficiency and effectiveness of its operations with overall cost consciousness, quality, efficiency and effectiveness.

**Monitoring, learning and evaluation**

51. UNICEF will work with the National Institute of Statistics and other relevant national institutions to monitor progress towards national and international goals, specifically the Sustainable Development Goals, within the UNSDCF monitoring processes and mechanisms. UNICEF will continue to play an active role within the United Nations country team results and working groups to contribute to the achievement of the UNSDCF.

52. UNICEF will support the Government in the generation of disaggregated data. Strengthening child rights monitoring across the country and prevention and response to child rights violations in line with the CCCs will be a priority, as will working with partners to strengthen national evaluation systems capacity.

## Annex

## Results and resources framework

## Mozambique – UNICEF country programme of cooperation, March 2022–December 2026

<b>Convention on the Rights of the Child:</b> (Articles 9, 11, 13, 15, 19, 20–25, 28, 29, 31, 32, 34, 36, 37, 38, 40–42)
<b>National priorities: Government Five-Year Plan</b> ( <i>Plano Quinquenal do Governo (PQG)</i> ) 2020–2024, Priorities 1 and 3, and PQG Pillars 1, 2 and 3
<b>United Nations Sustainable Development Cooperation Framework (UNSDCF) outcomes involving UNICEF:</b> 1, 3 and 4
<b>Related UNICEF Strategic Plan, 2022–2025 Goal Areas:</b> 1–5

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
Outcome 1: By 2026, more people, particularly the most vulnerable and marginalized, have a more equitable access to and utilization of quality, inclusive, resilient, gender- and shock-responsive social protection and essential social services.	By 2026, more children, including adolescents, and women access quality maternal neonatal child, health, immunization, nutrition, and HIV services.	Number and percentage of children aged 6–59 months who received vitamin A supplements in both semesters  B: (2020) Semester 1 2,180,423 (59.3%) Semester 2 3,395,602 (68.9%) T: (2026) Semesters 1 and 2 3,801,788 (85%)	Health information system (HIS) Ministry of Health (MOH)	1.1. Increased health system planning and delivery capacity and supply chains available.  1.2. Immunization and vitamin A services are better coordinated, planned and delivered.  1.3 Increased health systems capacity for maternal and neonatal childcare, nutrition, HIV/PMTCT (prevention of mother-to-child transmission) services and management of	MOH  Ministry of Public Works, Housing and Water Resources (MPWHWR)  Technical Secretariat for Food Security and Nutrition  Secretary of State for Youth and Employment (SSYE)	26 200	82 300	108 500
		Percentage of fully vaccinated children  B: 94% (2021) T: 98% (2026)	Expanded programme on immunization					

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
Outcome 1	By 2026, more children, including adolescents, and women benefit from positive caring and feeding practices and from inter-sectoral, coordinated, climate resilient nutrition and health services.	Percentage of mothers and newborns receiving postnatal care within two days of birth B: 91% (2021) T: 95% (2026)	HIS MOH	severe acute malnutrition. 1.4 Increased capacity for management of acute malnutrition.				
		Percentage of children (0–14 years) living with HIV who are receiving antiretroviral therapy B: 64% (2020) T: 90% (2026)	HIS–HIV programme annual report.	1.5 Health and nutrition services in emergencies. 2.1 Improved capacity of institutions and stakeholders for multisectoral, evidence-based nutrition actions.				
		Percentage of children under age 5 in priority programme areas who are stunted B: 46.23% (2019) T: 40% (2026)	DHS	2.2 Key early childhood development actions are integrated into community and institutional platforms.				
		Percentage of children aged 6–23 months in programme areas receiving a minimum number of food groups B: 13% (2019) T: 20% (2026)	DHS	2.3 Increased knowledge of children, including adolescents, women and communities on nutritious diets, WASH, early childcare and health-seeking behaviours.				
		Percentage of infants aged 0–5 months in programme areas who are exclusively breastfed B: 62% (2019) T: 72% (2026)	DHS					

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
Outcome 1	By 2026, more children, including adolescents, access early education and primary education services with better learning outcomes and life skills.	Number of out-of-school girls and boys aged 6–14* B: 321,947 (2018) T: < 220,00 (2026)	DHS	3.1. Improved enabling environment for learning. 3.2. Increased access to early learning and alternative learning opportunities. 3.3. Improved quality primary and pre-primary education. 3.4. Education in emergencies.	Ministry of Education and Human Development (MINEHD)	17 000	55 200	72 200
		Mean score in 4th grade in reading and numeracy B: (2016) Reading 4.1% Numeracy 7.7% T: (2025) 20% for both	National learning assessment (2025)					
Outcome 1  Outcome 4: By 2026, more people, especially the most vulnerable and marginalized, are protected, enjoy their rights, and benefit from a secure, peaceful environment, enabled by inclusive governance systems, and independent and accountable institutions abiding by the rule of law.	By 2026, more children, including adolescents, and their families access multisectoral services to protect them from violence, exploitation, abuse, neglect and harmful practices.	Percentage of children in family-based care of the total number of children in all forms of formal alternative care B: 10% (2020) T: 25% (2026)	Administrative data from Ministry of Gender, Children and Social Action (MGCSA) and the Supreme Court	4.1. Improved enabling environment to implement child protection programmes. 4.2. Increased capacity of child protection systems and institutions. 4.3. Increased knowledge, favourable attitudes and skills among children and families. 4.4. Child protection in emergencies.	MGCSA  Ministry of Justice  MOH  MINEHD  Ministry of Labour, Employment and Social Security  Ministry of Defence  SSYE	20 500	27 200	47 700
		Availability of interoperability between the health and civil registration systems to facilitate birth registration B: 3.8% (2021) T: 24.2% (2026)	Administrative data from MGCSA  Partner reports					
		Percentage of mothers (or primary caregivers) who think that physical punishment is necessary to raise/educate children B: DHS 2022 T: 20% reduction against 2022 baseline value in	DHS and provincial survey					

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
		UNICEF-targeted provinces						
Outcome 1 Outcome 3: By 2026, more people, especially the most vulnerable, are resilient to climate change and disasters, and benefit from more sustainable management of environment and natural resources and resilient infrastructures and human settlements, with positive effects on national gross domestic product.	By 2026, more children, including adolescents, use sustainable improved water, sanitation and hygiene services in a safe, equitable and sustainable climate and environment.	Proportion of population using safely managed drinking water services <sup>a</sup>  B: (2019) Rural: 52% Urban: 83% T: (2026) Rural: 80% Urban: 93%	National household budget survey, DHS and other household level surveys	5.1 Improved enabling environment for WASH.  5.2 Increased access to safe water services.  5.3 Increased access to safe sanitation infrastructure and hygiene services.  5.4. WASH services in schools and health facilities.  5.5. WASH in emergencies.	MOH  MPWHWR  National Institute of Social Action (NISA)  Civil society organizations (CSOs)	14 000	67 800	81 800
		Proportion of population using safely managed sanitation services <sup>b</sup>  B: (2019) Rural: 32% Urban: 56% T: (2026) Rural: 70% Urban: 86%	National household budget survey, DHS and other household-level surveys					
Outcome 1 Outcome 4	More children, including adolescents, access social protection programmes and social services.	Percentage of vulnerable households (children, persons with disabilities, elderly) reached by regular government social protection programmes  B: 22% (2020) T: 35% (2026)	MGCSA-NISA (Social and Economic Plan and PQG annual report)	6.1. Improved government capacity for inclusive and shock-responsive social protection system.  6.2 Improved government capacity	MGCSA  NISA  Ministry of Finance and Economy	12 000	13 800	25 800

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
		Percentage of households affected by shocks benefiting from shock responsive social protection/cash transfers  B: 7.5% (2020 COVID-19 response) T: 15% (2026)	MGCSA- NISA annual report	at all levels for equitable and efficient budget allocation and expenditure.  6.3 Enhanced capacity of public and non-public institutions to generate, analyse and use data to inform policymaking.	Ministry of State Administration and Public Service  National Institute of Statistics  National Assembly; provincial assemblies; CSOs			
		Budget allocation to social sectors (in % of total budget)  B: (2021) Education 17.4% Health 10.2% Social protection 3.9% Total: 31.5% T: (2026) Education >20% Health 15% Social protection 5% Total: >40%	Enacted state budget					
	<b>Programme effectiveness outcome</b>					<b>17 300</b>	<b>33 700</b>	<b>51 000</b>
	<b>Total resources</b>					<b>107 000</b>	<b>280 000</b>	<b>387 000</b>

<sup>a</sup> Based on the Government Five-Year Plan 2020–2024 and projections to achieve targets in accordance with the WASH Sector Action Plan for the Implementation of the Sustainable Development Goals 2015–2030.

<sup>b</sup> Ibid.