



**Convention on the
Rights of the Child**

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COMMITTEE ON THE RIGHTS OF THE CHILD

**CONSIDERATION OF REPORTS SUBMITTED BY STATES PARTIES
UNDER ARTICLE 44 OF THE CONVENTION**

Second periodic reports of States parties due in 2001

MOZAMBIQUE* **

[26 February 2008]

* In accordance with the information transmitted to States parties regarding the processing of their reports, the present document was not formally edited before being sent to the United Nations translation services.

** Annexes are available only in English and may be consulted in the files of the Secretariat.

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Acronyms

ADDC	Association of Defenders of the Rights of the Child
AIDI	Integrated Care for Childhood Diseases
AMMCJ	Association of Mozambican Women in the Legal Profession
APBDH	Human Rights Based Approach to Programming
ASPH	Water, Sanitation and Hygiene Promotion
ASVIMO	Association to Support Widows, the Elderly and Vulnerable Children
CADBC	African Charter on the Rights and Welfare of the Child
CBO	Community Based Organization
CNCS	National AIDS Council
CNJ	National Youth Council
CRIS	Country Response Information System
DCC	Development of Community Capacity
DfID	Department for International Development
DIPI	Integrated Childhood Development
DPMCAS	Provincial Directorate of Women's Affairs and Social Welfare
DPOPH	Provincial Directorate of Public Works and Housing
DPT	Diphtheria, Pertussis (whooping cough) and Tetanus
EAJM	Statute of Legal Aid for Minors
EP1	First Level Primary Education
EP2	Second Level Primary Education
ER	Girls' Education
ESDEM	Social, Demographic and Economic Statistics of Mozambique
GAS	Water and Sanitation Group
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GoM	Government of Mozambique
HCM	Maputo Central Hospital
HIPIC	Heavily Indebted Poor Countries
IDS	Demographic and Health Survey
ILO	International Labour Organization
INAV	National Traffic Institute
INE	National Statistics Institute
IOM	International Organization of Migration
IRA	Acute Respiratory Infections
KAP	Knowledge, Attitude and Practice
LDH	Human Rights League
MDGs	Millennium Development Goals
MFME	My Future My Choice
MICOA	Ministry for Environmental Coordination
MINED	Ministry of Education and Culture
MINJUST	Ministry of Justice
MINT	Ministry of the Interior
MISAU	Ministry of Health
MJD	Ministry of Youth and Sport
MMAS	Ministry of Women's Affairs and Social Welfare

MPD	Ministry of Planning and Development
MoU	Memorandum of Understanding
MTSP	Medium Term Strategic Plan
MULEIDE	Women Law and Development Association
NGOs	Non-Governmental Organizations
OE	State Budget
OVC	Orphan and Vulnerable Children
PARPA	Plan of Action for the Reduction of Absolute Poverty
PAT	Accelerated Treatment Programme
PAV	Expanded Vaccination Programme
PC	(National) Cooperation Programme
PdC	Cooperation Partners
PEE	Strategic Education Plan
PEPFAR	President's Emergency Plan for AIDS Relief
PES	Economic and Social Plan
PJ	Youth Participation
PLWA	People Living with AIDS
PNAC	National Action Plan for Children
PTMF	Prevention of Mother to Child Transmission
PTMF +	Prevention of Mother to Child Transmission Plus
RenSIDA	National Network of People Living with AIDS
RI	Intermediate (or mid-term) Review
RTI	Insecticide Treated Mosquito Nets
SAAJ	Adolescent and Youth Friendly Health Services
SC	Steering Committee
SETSAN	Food and Nutritional Security Technical Secretariat
STD's	Sexually Transmitted Diseases
TBE	Gross School Attendance Rate
TDM	Minors' Tribunal
TLE	Net School Attendance Rate
TMM	Maternal Mortality Rate
TMM5	Under-Five Mortality Rate
TMPF	Mother to Child Transmission
TT	Tetanus Toxoid
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Fund for Population Activities
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Testing
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization
ZIP	Zone of Pedagogic Influence

I. INTRODUCTION

1. In 1994, the Government of the Republic of Mozambique ratified the Convention on the Rights of the Child, and reaffirmed its pledge to gradually achieve the rights of all Mozambican children, through a solid political and legal framework.
2. This is the first regular report after the initial report submitted to the Committee for the Rights of the Child in 2000 under the terms of article 44, paragraph 1 of the Convention,¹ which merited conclusive observations of the Committee, adopted on 22 January 2002.
3. This article establishes that the States parties to the Convention should submit regular reports on its implementation, the first, two (2) years after ratification, and subsequently every five (5) years.
4. The initial report was made public at a ceremony held in a shelter for children living under difficult circumstances in the outskirts of Maputo city. The ceremony involved the participation of children, members of the Report Drafting Committee, representatives of the ministries and institutions involved in implementing the Convention, civil society organizations (CSOs), UNICEF and NGOs.
5. The report was distributed nationally and publicized through mass media, particularly on radio and television.
6. The present report covers the 2000-2006 period and was drafted in accordance with the Committee's revised general directives, in terms of form and content pertaining to regular reports submitted by the States parties. The data contained in the initial report are not included in this one. However, all changes verified in the various aggregate contents during the period under analysis have been inserted.
7. This report includes the latest statistical data for Mozambique, the changes undertaken in light of the Committee's recommendations following the initial report, as well as efforts made to implement the Convention, by the Government of the Republic of Mozambique, by civil society, and by NGOs. Among the primary sources of information used in the present report, special reference is made to surveys undertaken by INE, in particular the National Demographic and Health Survey (1997, 2003).

¹ "Article 44, paragraph 1. States parties undertake to submit to the Committee, through the Secretary-General of the United Nations, reports on the measures they have adopted which give effect to the rights recognized herein and on the progress made on the enjoyment of those rights:

- (a) Within two years of the entry into force of the Convention for the State Party concerned;
- (b) Thereafter every five years."

8. The present report was written by a multi-sector team led by the Ministry of Women's Affairs and Social Welfare. Information was collected and various consultations were held in all regions of the country, with representatives of the Government, United Nations, bilateral and multilateral donors, NGOs, CSOs and children, in order to present a comprehensive situation with regards to the reality of Mozambican children, in the framework of the Convention.

Geographic location

9. The Republic of Mozambique is located on the south-east African coast, occupying a total surface area of 799,380 km². It is divided into eleven provinces, namely: Niassa, Cabo Delgado, Nampula, Zambézia, Tete, Manica, Sofala, Inhambane, Gaza, Maputo Province and Maputo City. The capital of Mozambique is Maputo city.

10. The country borders Tanzania to the North, South Africa (Kwazulu-Natal province) and Swaziland to the South, and Malawi, Zambia, Zimbabwe and South Africa (Mpumalanga Province) to the West. To the East, it is bordered by the Indian Ocean. It is a member of the Southern African Development Community (SADC).

Demographic composition of the population

11. Demographic data indicate that the Mozambican population is 19,888,701 inhabitants² of whom 10,285,670 are women and 9,630,031 are men. Children account for about 50 per cent of the country's total population.

12. The Mozambican population is predominantly rural. The population density varies. It is at its highest in Maputo city with about 300 inhabitants per km² and at its lowest in Niassa with about six inhabitants per km². The average population density is 20 inhabitants per km².

Culture and religion

13. In general, Mozambican culture is based on traditional customs, beliefs, practices and values, which vary by region and population group. In rural areas, Mozambicans to a large extent embraces traditional beliefs, practices and cults.

14. Culture is an instrument that promotes patriotic awareness and national unity. Song, dance, poetry, sculpture, painting and other forms of cultural expression always had a very significant role in mobilising Mozambican citizens in the struggle to attain their dignity.

15. Portuguese is the country's official language. In addition, Emakhuwa, Elomwe and Cisena are widely spoken national languages (for the linguistic distribution of the population see annex).

16. In the case of religion, the majority of Mozambicans are Christians. A significant number of Muslims are also found in the northern part of the country, particularly in the coastal area.

² Information available on the site of the National Statistics Institute - www.ine.mz.

17. It is important to note that article 12 of the Constitution of the Republic observes the principle of the lay nature of the state, and thus separation between the state and religious denominations. It also states that religious denominations are free to organize themselves and to worship, but should conform to the laws of the State.

The political, economic and social situation

18. In the second half of the twentieth century, Mozambique experienced war and social insecurity. The General Peace Agreement, signed between the Government and Renamo in 1992, put an end to the violence and pacification followed.

19. Since the signing of the Peace Agreement, Mozambique has become an example of successful post war reconstruction and economic recovery in Africa. The country held its third democratic and peaceful parliamentary and presidential elections in December 2004, reaffirming its commitment to political stability and national reconciliation.

20. As a result, the country has recorded high economic growth rates, with an annual average of about six per cent between 1996 and 2003, considerably more than the continental average. In addition, the country has made significant progress in relation to key human and social development indicators, with a substantial reduction in maternal and child mortality rates, and an increase in net school attendance rates.

21. Consequently, the Government's Five Year Plan has produced some positive results in terms of socio-economic growth in the country. However, more efforts are required to reach the desired results needed to positively improve the lives of Mozambicans, particularly those of children.

22. Notwithstanding the current prevalence of peace and of good economic performance, defence and security expenditures incurred during the civil war have unfortunately resulted into heavy servicing of the foreign debt, even though Mozambique is part of the HIPC debt relief initiative. The debt servicing limits the possibilities of greater investment in the social sector, which would guarantee access to basic services (health, education, electricity, housing, employment and safe drinking water) for all children. The continual and indispensable role, played by countless national and foreign NGOs, religious institutions and other civil society bodies should be stressed. They have performed the complementary task of implementing the main childcare strategies, in partnership with government bodies. The partnership between the government and these organizations will continue to be necessary in the short and long term.

23. Reducing absolute poverty is one of the priority objectives on the Government's agenda. This commitment is reflected in the Action Plan for Poverty Reduction (PARPA), an integrated and explicit policy instrument to decrease absolute poverty in Mozambique.

24. Available data indicate that poverty in Mozambique fell substantially, from 69.4 per cent in 1997 to 54.1 per cent in 2003, which shows the efforts made to improve the living conditions of Mozambicans.

25. Efforts to ensure that Mozambican children can enjoy their fundamental rights have continuously been challenged by the effects of colonization, armed conflict, underdevelopment and absolute poverty. The overall objective of the Government is to reduce the incidence of poverty from 70 per cent in 2000, to 50 per cent in 2010.³

26. Despite these efforts, the levels of chronic malnutrition remain high (41 per cent in 2003). Nutritional deficiencies such as the lack of iron and folic acid, iodine and vitamin A, have also been reported. Activities such as marketing iodized salt and health units distributing ferrous salt and vitamin A have been initiated.

27. Mozambique is prone to natural disasters, such as droughts and floods. The floods in 2000 and 2001, in the south and centre of the country, caused approximately 700 deaths and the displacement of over a million people. Economic and social activities were seriously affected, due to damaged or destroyed infrastructure such as roads and bridges. Furthermore, 2003 and 2004 were characterized by poor rainfall in the central and southern provinces, affecting the life of 650,000 people.

28. Improvements in the education sector are well known, with the net attendance rate in primary education rising by more than 33 per cent from 2000 to 2006. However, geographical and residential disparities continue, particularly in the rural areas. Significant increases were noted in school enrolment, both for girls and boys.

29. In primary level, education, gender disparities are gradually declining, with the girl to boy ratio increasing from 0.71 per cent in 1997 to 0.83 per cent in 2003. The discrepancies are more evident in the northern and central provinces than in the south, where the number of girls and boys enrolled in EP1 is more or less the same. Existing disparities are more evident however in rural than in urban areas. To reverse the situation, campaigns have been waged in recent years to raise awareness among both parents and girls of the importance of girls' education. Various means are used in these campaigns, including messages from influential community members and leaders.

30. Between 1997 and 2003, the under-five mortality rate declined by about 19 per cent, falling from 219 to 178 per 1,000 live births. However, despite this reduction, the current mortality rates remain very high and suggest that about one in every five children die before their fifth birthday. Over the same period, the under-five mortality rate fell by about 19 per cent in the rural areas (from 237 to 192), against a drop of only about five per cent in urban areas (from 150 to 143). Geographical and residential disparities remain significant, with the under-five mortality rate varying from 89 per 1,000 live births in Maputo City to 241 in Cabo Delgado (2003).

31. The trend in the maternal mortality rate shows a substantial decline of about 400 deaths per 100,000 live births in 2003. In addition, the number of births assisted by qualified health staff increased from 44.2 per cent in 1997 to 47.7 per cent in 2003, however with a substantial

³ Action Plan for the Reduction of Absolute Poverty (2000-2004), Ministry of Planning and Finance.

difference between rural and urban areas (34.2 per cent and 80 per cent respectively in 2003). Maputo city and province show the highest rates (above 80 per cent), followed by Gaza (60.6 per cent), while Cabo Delgado, Nampula and Zambézia provinces have the lowest coverage (below 40 per cent).

32. The prevalence of HIV/AIDS among people aged between 15 and 49 has increased in recent years, rising from 8.2 per cent in 1998 to 16.2 per cent in 2004. The provinces with the highest rates are Sofala, Maputo and Maputo City (26.5 per cent, 20.7 per cent and 20.7 per cent respectively), while Nampula and Cabo Delgado have the lowest rates (9.2 per cent and 8.6 per cent respectively). In 2003, about 12.2 per cent of the total Mozambican population were estimated to live with HIV or AIDS, most of whom (58 per cent) were female. In addition, young women were reported to be more affected than men with HIV prevalence in the 15-24 age group three times higher for young women than young men.

33. Malaria is one of the greatest public health problems in Mozambique, responsible for high rates of morbidity and mortality, incapacity and poverty. It is estimated that 40 per cent of all outpatient consultations and up to 60 per cent of in-patients in paediatric wards are the result of malaria, as are 30 per cent of all hospital deaths.

34. The Ministry of Health has adopted an integrated malaria control strategy, which includes a combination of interventions: home spraying, use of insecticide-treated mosquito nets, effective treatment of clinical cases, and intermittent preventive treatment of malaria during pregnancy. In the case of the latter intervention, it is possible to reach 80 per cent of pregnant women in the country, and thus protect not only them but also their children. However, this set of interventions still does not cover the entire country, since less than 25 per cent of the population benefits from spraying and 20 per cent from the mosquito nets. It is hoped that a community-based and multi-sector programme, addressing larval control of mosquitoes will be introduced shortly.

35. Despite the efforts made by Government and civil society, applying the principles of the various conventions and instruments promoting children's rights, when developing effective protection mechanisms and tools, remains a challenge.

The role of the Government and civil society

36. It is the Government's responsibility to promote children's rights, by developing partnerships nation-wide and by seeking to publicise and ensure the fulfilment of rights that are fundamental to survival and development, participation, non-discrimination and protection of children.

37. The coordination of activities to ensure the full realization of child rights is the responsibility of the Government, in particular the Ministry of Women's Affairs and Social Welfare (MMAS).

38. To this effect, the responsibilities of the Government are:

- To ensure application of the rights of the child

- To adopt various measures, including legislative means, in order to protect children from exploitation and violence
- To promote decentralisation and partnership with civil society, in all activities benefiting children
- To define quality standards and methodologies for interventions
- To guide, supervise and inspect all activities for children of pre-school age, abandoned children, disabled children, children victim of violence and street children
- To promote and conduct studies on the situation of children in the country
- To train staff involved in activities that benefit children
- To mobilize resources to fund activities for children
- To regularly centralise and systematise information that monitor the implementation of the Convention on the Rights of the Child and other similar instruments

39. In promoting children's welfare, civil society, through religious organizations, NGOs, associations, private sector and other organizations, is called upon to participate in defining and implementing programmes, plans and projects, as well as in mobilizing resources to ensure the survival, protection and development of children.

40. The Government's focus on the welfare and rights of children has grown substantially in recent years. However, implementation of the Convention on the Rights of the Child must continue to take into consideration the specific human, social and economic context of Mozambique, in particular the impact of poverty, HIV/AIDS, malaria and cyclical and persistent natural disasters.

Legal reform for child protection

41. The welfare of children is one of the country's major priorities. The Declaration of the Rights of the Mozambican Child, and the inclusion of clauses concerning this in the Constitution of the Republic, show Mozambique's commitment to children.

42. In addition, this commitment is shown through the ratification of numerous regional and/or international treaties, intended to protect and promote the rights of children. However, most of these have yet to be incorporated in domestic legislation. Thus, various civil and criminal matters in the context of existing legal provisions in the country generally precede the realization of children's rights required by the Convention, by the CADBC and by similar international legislation.

43. Therefore, the Government has started to revise and draft legislation that will ensure the protection of children in Mozambique, in line with ratified international instruments and the current situation in the country.

II. GENERAL MEASURES OF IMPLEMENTATION (arts. 4, 42 and 44, para. 6)

Constitutional provisions on the rights of the child

44. The Convention on the Rights of the Child was approved for ratification, without reservations, by the Council of Ministers, through Resolution no. 19/90. It came into effect in the domestic legal order after its publication in the official gazette, the “Boletim da República”, on 23 October 1990.

45. During the period covered by the present report, as well as the Initial Report, the same Constitution of the Republic has been in force that is since 30 November 1990. A new Constitution however, came into effect on 1 January 2005. This Constitution includes greater provisions with reference to children’s rights.

46. The Mozambican Constitution observes the principle of equality between the Convention on the Rights of the Child and the country’s legislation, in the event of conflict, in article 18:

“Article 18 (International Law)

1. International treaties and agreements, approved and ratified, shall be in force in the Mozambican legal frameworks after their official publication and for as long as they bind the State of Mozambique internationally.
2. In the domestic legal framework the principles of international law shall have the same value as the infra-constitutional normative acts issued from the Assembly of the Republic and the Government, according to their respective form of reception.”

47. Throughout the Constitution, citizens’ fundamental individual and collective rights are emphasised. Furthermore, it is important that we consider how the new Constitution unequivocally protects children’s rights, as established by the Convention, in the following articles:

“Article 47 (Rights of children)

1. Children have the right to protection and to the care necessary for their welfare.
2. Children may freely express their opinion on matters concerning them, in accordance with their age and maturity.
3. All actions concerning children, whether undertaken by public or private institutions, the best interests of the child shall be a primary consideration (...).”

“Article 120 (Motherhood and fatherhood)

1. Motherhood and fatherhood shall be dignified and protected.

2. The family is responsible for the harmonious growth of children and shall educate the new generations with moral, ethical and social values.
3. The family and the state shall ensure the education of children, teaching them with values of national unity, respect for the nation, equality between men and women, respect and social solidarity.
4. Fathers and mothers shall provide care for children born in and out of marriage. (...)"

**“Article 121
(Childhood)**

1. All children have the right to protection from their family, society and the state, in order to ensure their full development.
2. Children, particularly orphans, disabled children, and abandoned children, shall enjoy the protection of the family, society and the state against any form of discrimination, ill-treatment, and against abusive authority in family and other institutions.
3. Children may not be discriminated against, or subjected to ill-treatment, by reason of their birth.
4. Child labour is prohibited, whether the child is of school age or any other age.”

48. These provisions address child protection and respond to the need to harmonise the national legal system with the international instruments the Government upholds, which serve to promote and protect children’s rights. In addition, the provisions demonstrate the country’s commitment to comply with its obligations under the Convention, the CADBC and other international instruments.

49. During the reporting period, the following important instruments were also ratified: the Optional Protocols to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography, and on the involvement of children in armed conflict; ILO Conventions No. 138 (1973) concerning the Minimum Age for Admission to Employment, and No. 182 (1999) on the Worst Forms of Child Labour.

Political measures

50. The Social Welfare Policy approved in April 1998 promotes the participation of the whole society in its approach and response to gender, protection, social inclusion and poverty issues.

51. The main objective of the Social Welfare Policy is to promote the integration of marginalized groups in development processes, so as to contribute to the equality of opportunities between citizens, as well as to social stability.

52. The policy is based on principles including non-institutionalization, promotion of civil society participation, community participation, social justice, gender awareness, respect for cultural diversity, national unity and sustainability of actions and programmes.

53. In undertaking social welfare activities, the ruling principle requires “normative centralisation and executive decentralisation”. Based on this principle, the Executive focuses on defining policies, strategies and standards, as well as monitoring, evaluation and supervision. Civil society and vocational institutions complement the Government’s programme by implementing activities for targeted groups, namely children, women, the disabled and the elderly.

54. In Mozambique, the Government, civil society, and NGOs still face many challenges in trying to ensure the rights to survival, development, protection and participation for all Mozambican children.

55. In 2006, the National Action Plan for Children (PNAC) was approved, effective 2006-2011. One of the plan’s priorities is to support the development and coordination of activities involving all stakeholders - government bodies, national and international NGOs, the private sector and other civil society actors - in promoting the welfare of children. In addition, the PNAC supports the establishment of partnerships between civil society, private sector and other key society members, and the incorporation of these into Government strategies and plans at central, provincial and district levels.

56. The PNAC objectives and targets to be achieved by 2010 are based on the recommendations of the Special Session of the United Nations General Assembly and the African Forum on Children, which focussed on nutrition, legal protection, mother and child health, HIV/AIDS, water and sanitation, basic education and child development, social welfare (family environment, alternative care and social security), leisure, culture and sport.

57. The country’s progress will be measured against these targets and government institutions should focus on these areas when promoting policies and establishing programme objectives for children. Furthermore, special attention will be given to the needs of vulnerable children, such as abandoned children, children living in absolute poverty, children victim of abuse and violence of any kind, orphans, disabled children and children suffering from chronic illnesses.

58. Furthermore, to deal with the specific needs of orphan and vulnerable children, the Government has drawn up a multi-sectoral Plan for Orphan and Vulnerable Children. The plan’s key objective is to ensure that all orphan and vulnerable children enjoy access to basic services, necessary for their survival and development.

General political priorities defined by the Government

59. The Government of the Republic of Mozambique has been actively fulfilling its international commitments towards the effective realization of the fundamental rights and freedoms of citizens, in particular children. This has been done through the adoption of policies, and legislative and administrative measures. As such, the following activities have been developed:

- Ensure the effectiveness and efficiency of justice administration
- Ensure the independence of the courts from the legislative and executive powers or any other form of subordination, guaranteeing that the courts are guided exclusively by the Constitution and other laws

- Promote the training of magistrates and law officers so as to cover the needs of justice administration
- Ensure that the system for inspecting judicial bodies is functional
- Consolidate and expand legal aid for poorer citizens, and ensure their defence in criminal cases
- Establish conditions for the Bar Association in Mozambique to become operational
- Ensure respect for human rights in the public order context

60. In the Government programme, the following main objectives and priorities were identified:

- Reduction in the levels of absolute poverty, which will be pursued through activities in education, health and rural development
- Rapid and sustainable economic growth, with a focus on creating an economic environment favourable to the private sector
- Promotion of economic development in rural areas, and reduction of regional imbalances
- Promotion of peace and national unity, justice, democracy, and patriotic awareness, as essential conditions for harmonious development

61. With these in mind, the Government has prioritized the following actions.

62. The Government promotes the principle of respect for human rights, enshrined in the Universal Declaration of Human Rights, as one of the basic conditions for maintaining a climate of social and political harmony. This is indispensable if the country is to develop successfully.

63. As such the Government has continued its efforts to revise the rule of law, by implementing a fair and effective justice system. For many years, young people have played a significant role in the political, economic, social and cultural spheres of society. As member of youth associations, young people participate in seeking solutions to society's challenges.

64. National unity, honouring diverse ethnic and cultural groups, traditions, religion, gender and plurality of ideas, has always been preserved. It enables all citizens to freely express their talents, creativity and cultural knowledge, which in turn promotes freedom of expression, democracy and culture. This is essential in order to maintain a political and social climate favourable to harmonious economic and social development.

65. Within this framework, the participation of citizens in the socio-economic and political life of the country is regarded as the ideal means to seek the best solutions to problems faced by the country and to promote citizens' rights. Promotion of dialogue is believed to be the most effective way for the Government to identify and address citizens' needs.

66. In order to reduce the levels of absolute poverty, basic services must be provided to the neediest people. The Government seeks to improve the living conditions of the majority of the population, women. Focusing on the needs of women is paramount, by promoting equality of opportunities and rights, by increasing women and girls' education levels and by strengthening their role as educators of future generations.
67. Recognising that knowledge is indispensable for improving living conditions, the Government is committed to increasing access to education services and improving the quality of education. The promotion of patriotic awareness among citizens, in particular young people, is one of the key government strategies.
68. The right to education is one of the fundamental rights Mozambicans gained following national independence. It is in this context that Mozambique accepted the challenge of Education For All. With the advent of peace in 1992, gains in the first years of independence, which were subsequently lost during the civil war, were recovered and even surpassed. For example, the net school attendance rate in EP1 returned to 100 per cent, and the level of non-literacy was reduced to approximately 50 per cent.
69. EP2 was expanded to all districts in the country. As for higher education, the number of universities increased from one in 1975, located in the Capital, to three public and six private universities in seven provinces in 2006.
70. As such, the Government is advocating for greater investment in education, with a focus on basic education, including literacy classes. Thus, the continuous expansion of primary education will be complemented by literacy programmes targeting women, and young girls and boys.
71. In addition, the Government is investing in labour training, necessary for national economic growth, by improving technical and professional education. It will also focus on the need to balance rural and urban development, and better integration of sectors vital to our economy.
72. All citizens should enjoy the fundamental right to life. Hence the Government is committed to promoting and preserving health, and preventing diseases. Better health also contributes to greater productivity at household level, increase income, improve living conditions, and reduce the levels of absolute poverty.
73. Improving health care is a Government priority. Between 2000 and 2006, an additional 143 units were added to the health network, which now consists of 1,340 units. As a result of this progress, approximately 60 per cent of Mozambicans have access to health care today.
74. The expansion of health, water supply and sanitation services will continue, by prioritizing the Primary Health Care strategy, scaling up prevention activities, and focusing on sanitation, transmissible and endemic diseases, in particular cholera, malaria and HIV/AIDS.
75. In the case of HIV/AIDS, measures were adopted with a view to end discrimination against all workers and employment candidates in the workplace. Adequate measures must be taken to

prevent exclusion, stigmatisation and discrimination. In addition, measures to ensure that people living with HIV/AIDS have social and emotional protection are provided through education, information, awareness raising and health care.

76. Economic development should aim to eradicate poverty, reduce imbalances between regions, and strengthen the country's business sector to benefit all Mozambicans.

Legislative measures

77. The legal reform for child protection currently under way takes into consideration the Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child and other international treaties for children, signed and ratified by Mozambique. The reform is based on: children's right to protection, the country's socio-economic situation, the need to ensure that gaps and discriminatory clauses in the current legislation are addressed, and to ensure that legislation is guided by the best interests of the child.

78. The legal reform also intends to harmonise and update the various fragmented laws on the matter, and ensure that they are in line with the current reality of the country, and with international legislation.

79. Legal reform on matters of child protection in Mozambique is taking place under the leadership of the Government, with involvement from civil society, NGOs, and other stakeholders, as well as children. In addition, the Constitution of the Republic unequivocally protects children.

80. In Mozambique's national legislation, several laws concerning children were revised or adopted. In 2004, the Assembly of the Republic approved the Civil Registry Code, which expands the period of free birth registration from 30 to 120 days after the child's birth. Of note, this achievement responds directly to the recommendation made concerning this issue in the initial report.

81. Furthermore, in 2004, the Assembly of the Republic approved a new Family Law, which strengthens the commitment to children's rights, and provides another opportunity to further protect the rights of women and children, through revising the provisions that address issues regarding inheritance and the legal status of women in polygamous unions.

82. The adoption of the decree regulating Law No. 6/99 should also be noted. This Law regulates minors' access to public places of nocturnal entertainment as well as regulating minors' alcohol and tobacco consumption.

Legislation under review

83. Furthermore, as part of the legal reform, an extensive process to review important legal diplomas, such as the Civil Code, the Penal Code, the Penal Procedural Code, the Civil Procedural Code, and the Commercial Code, is under way.

84. As a result of this process, the legal reform has made progress to ensure harmonisation of the principles and guidelines of the Convention in the Civil Code, the Civil Registry Code, the Statute of Legal Assistance for Minors, and the Penal Code. Of note, the Council of Ministers

have also approved bills on Child Protection and on the Legal Organization for Minors. These instruments deal with various areas related to child rights, including the right to equal protection, to a name and nationality, freedom of expression, thought and assembly, to have a family, to special protection for children's physical, mental and social development, to health and education, to special protection for physically or mentally disabled people, to protection against abuse, exploitation and abandonment. The Council of Ministers also approved Bills on Preventing and Fighting against Trafficking in People, and on Domestic Violence. This series of bills has been submitted to the Assembly of the Republic for approval.

85. The fundamental provisions enshrined in the Constitution provide a solid basis for drafting concrete measures to assure child protection in national legislation. The priority areas in revising legislation concerning children were determined by several factors, including:

(a) The situation with regards to social problems in the Mozambican context;

(b) Responses from participants' interviews collected during a study which was conducted to identify priorities pertaining to the legal reform for children; the results of the regional seminars and the themes that emerged from the consultations with children;

(c) Legal reform processes related to the Family Law, Inheritance, and the commitment to harmonise legislation affecting the welfare of children with these processes.

86. In drafting and revising legislation concerning children, the participation of children should be noted, from which emerged the need to follow child-centred approaches when designing and implementing laws.

87. Customary law is a fundamental aspect of the Mozambican legal system. It has played an influential role in the lives of many Mozambican children. As part of the legal reform, traditions and customs have been taken into consideration, in particular where these perpetuate discrimination and/or may be damaging to children.

88. Civil and political rights, such as freedom of expression (art. 13 of the Convention on the Rights of the Child) and freedom of religion (art. 14 of the Convention) for all citizens (including children) are clearly stipulated in the Constitution of the Republic (articles 48, 47 and 54).

89. In line with article 42 of the Convention on the Rights of the Child, as was mentioned in the initial report, a strategy to publicise the rights of the child was established, which seeks to inform and encourage children, families, institutions and the public at large to respect and apply the principles and precepts of the Convention. In this reporting period, publicising the Convention has continued through lectures, radio and television programmes, brochures and leaflets promoting children's rights. For example, a brochure on the Convention was produced and distributed with a print-run of 20,000 copies. In addition, approximately 20,000 posters were produced on the rights to protection and birth registration.

90. As part of the strategy to publicize the Convention, several other activities have been carried out over the past nine years, all to increase public awareness about its principles and provisions. By way of media, information about children's rights is continuously disseminated, for both children and adults, as per the chapter on children's right to information below.

91. With regards to education, the inclusion of information on children's rights in official school textbooks should be mentioned. For example, the fourth grade book makes clear reference to articles 23 and 27 of the Convention. Similarly, the rights to non-discrimination, protection, and a name and nationality are mentioned in the sixth grade book on Moral and Civic Education.

92. Similarly, information on the Convention has been included in teacher and police training.

Existing mechanisms at central, provincial and local level in coordinating policies for children and monitoring implementation of the Convention

93. The Government of Mozambique has adopted a series of well-articulated policies in order to pursue its national agenda objectives, through the Government's Five Year Programme (PQG) and through PARPA. These two planning instruments are operated through the annual Economic and Social Plan (PES) and the State Budget (OE).

94. The PES and the PARPA are the first step to operationalizing the PQG.⁴ The PES presents the main macro-economic objectives, the progress of economic indicators, and development by sector, and budget policies. The PES also provides a planning matrix for key indicators, enabling the monitoring of Government's performance by sector. In order to achieve the objectives of the PQG, focus areas have generally been education, health, infrastructure, agriculture, rural development, good governance, legislation and justice, macroeconomics, financial policies and international trade. The other operational instrument is the OE, which is the financial plan for the PES.

Institutional coordination

95. As outlined in the PARPA, coordination between the ministries and other State organs takes place at various political and technical levels: (a) work meetings dealing with legislation, activity programmes and to solve unforeseen and urgent matters, and: (b) broadly drafting and implementing the Government's Five Year Programme, the PARPA, sector and provincial strategic plans, the medium term fiscal scenario (MTEF), the Economic and Social Plan, the State Budget, and other governance instruments.

96. Inter-sector coordination is ensured through work meetings involving the participation of Council of Ministers and various other specialized councils such as the Economic Council, and through specific meetings in which Council of Ministers members take part such as HIV/AIDS, and other technical meetings.

⁴ PARPA is an instrument for medium term programming, while the PES is annual. The activities in the PES are based on the PARPA.

97. Inter-sector coordination concerning programmes, plans, strategies, budget and other instruments follows the principles set by the Government and relies on the availability of resources. Cross-cutting matters⁵ are addressed in various global, sector and specific plans and strategies.
98. The PARPA Working Groups exist to ensure harmonisation between the Government, civil society and cooperation partners. These groups should remain involved and active in the fight against absolute poverty.
99. Civil society participation and international partners' contributions are duly taken into consideration when drafting the PARPA. Starting in 2010-2014, specific and key PARPA components will be included in the PQG, in order to consolidate public planning.
100. Participation is an essential instrument to increase the efficiency and effectiveness of public policies. Monitoring and evaluation are undertaken by various sectoral units at central, provincial, district and community levels. They are assisted by the Technical Secretariat of the Poverty Observatory. This is a participatory forum that includes Government, civil society and cooperation partners. Its aim is to monitor performance and progress of interventions carried out by public and private organizations.⁶
101. However, it is the task of the Ministry of Women's Affairs and Social Welfare to coordinate and lead activities in support of children, women, the elderly and the disabled.

Autonomous monitoring and evaluation mechanisms

102. Monitoring interventions implemented to the benefit of children, is part of the monitoring and evaluation (M&E) system among all Government programmes. At central level, M&E is conducted by various Ministry of Planning and Development Directorates in coordination with the National Statistics Institute (INE), particularly when it involves conducting surveys such as the Household Survey on Living Conditions (IAF), the Demographic and Health Survey and the Questionnaire on Basic Indicators of Welfare (QUIBB).
103. Good performance of the M&E system depends on the existing communication and cooperation network between national and provincial sector directorates, including the Provincial Planning and Finance Directorates, and with other partners. Civil society, in general, has played an important role by promoting debate on public policies, based on M&E results presented in the central and provincial Poverty Observatories.

⁵ These matters are considered cross-cutting, in that they cannot be taken in isolation, since the plan of action depends on a concerted and integrated attitude from multiple actors. To address these factors is crucial for the success of the poverty reduction strategy. In order to implement a poverty reduction plan of action, it is important to tackle the basic causes that hinder the country's development.

⁶ The Poverty Observatory is a consultative forum with the aim of strengthening interaction between Government and its national and international partners, in monitoring and evaluating implementation of the policies and plans adopted for poverty reduction, in particular the PARPA.

104. At provincial level, the Provincial Planning Directorates and Provincial Finance Directorates continue to maintain key relationships with the sectors and civil society. In each of the directorates, a Poverty Observatory Technical Secretariat has been set up, which liaises with partners involved with the Poverty Observatories, as well as with local participatory institutions. In coordination with sectors and partners, the Secretariat is responsible for identifying which impact studies will need to be conducted.

105. At district level, managing the M&E system is the responsibility of the Local Government via community participation and consultation institutions, where quality, usefulness, sustainability and accessibility of the goods and services produced during programme implementation are monitored and evaluated.

106. The Constitution of the Republic recognizes the Ombudsman as an independent and impartial civil servant, adhering solely to the Constitution of the Republic and the laws. The Ombudsman is tasked with ensuring the rights of citizens, and defending legality and justice in Public Administration activities.⁷

Budgetary evolution in the area children between 2000 and 2006

107. The fight against poverty requires that scarce budget *resources* are effectively allocated and contribute to sustained and comprehensive economic development. The drafting of the Medium Term Fiscal Scenario, an instrument for programming and managing financial resources, provides a medium term vision for resources allocation, in line with the Government's objectives.

108. The integration of sector policies ensures that all poverty reduction activities are strategically planned and incorporated in the Government's various annual instruments. As such, activities addressing the Government's key economic and social objectives, reflected in the Plan of Action, will be included in the PES and State Budget.

109. In order to successfully achieve national development objectives, financial resources must be allocated to sectors that contribute to children's well-being and development, as children represent the future of Mozambique. In response to Government's commitment to children's issues, resources allocation to these sectors has increased during the 2000 - 2006 reporting period. Support from international cooperation partners should be recognized, with a significant contribution of approximately 50 per cent to the state budget.

110. It should also be noted that funds allocation has increased (with variations) for all sectors supporting child survival, protection and development.

111. The financial allocation for the water and sanitation sector increased by 673.49 per cent between 2000 and 2006. The water and sanitation sector contributes to reducing the incidence of water borne diseases such as diarrhoea, which is one of the primary causes for under-five mortality. In the case of the education sector, funding allocation increased by 333.85 percent in

⁷ Article 256 and in line with the Constitution of the Republic.

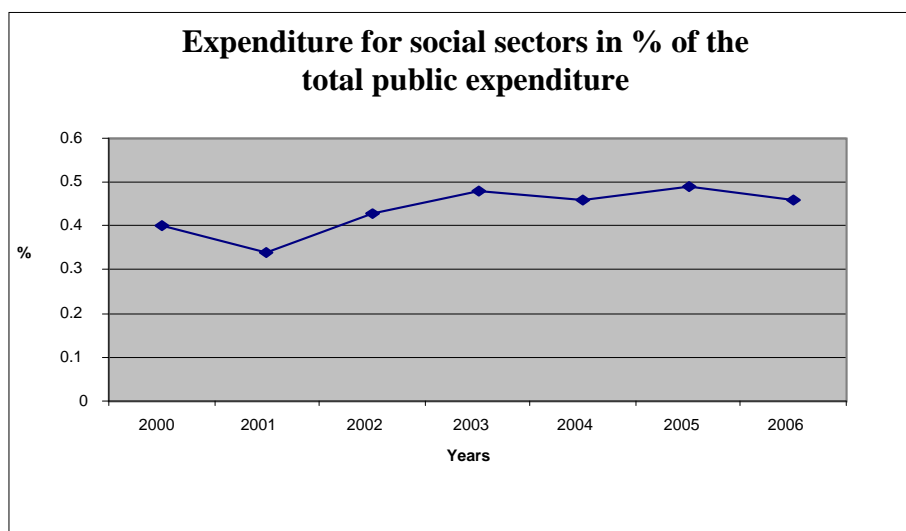
the same period. The education sector aims to achieve universal primary schooling, as one of the MDGs. With regards to the health sector, a significant increase in resources allocation was also noted, reported at 309.76 per cent for the 2000-2006 reporting period. In terms of the total resources, financial resources for the social welfare sector increased by 167.76 per cent in the last seven years. Budget information for the selected sectors are shown in the table below:

Table 1
Budget in millions

Sectors \ Years	2000	2001	2002	2003	2004	2005	2006	Growth % (2000-2006)
Water and sanitation	968.72	1 115.63	3 727.13	4 247.59	3 812.64	7 615.40	7 493.02	673.49
Education	1 853.86	2 489.04	4 120.94	4 858.58	5 739.86	6 446.99	8 043.07	333.85
Health	1 824.85	2 188.72	3 957.66	4 557.74	5 415.25	5 982.22	7 477.59	309.76
Social Welfare	99.98	171.31	211.77	267.39	215.38	230.72	267.72	167.76
Total social sectors	6 747.42	7 965.71	12 019.49	13 933.31	15 185.13	20 277.33	23 283.39	245.07
Total Government spending	16 894.30	23 714.90	27 991.90	28 921.00	33 166.70	40 979.00	50 356.00	198.07

Source: MPD, 2006.

112. Total public expenditure for all social sectors contributing to child well-being is reported to have increased overall, with one exception noted for the year 2000 - 2001 when resource allocation fell from 40 per cent to 34 per cent. Financial allocation increased however from 34 per cent to 43 per cent between 2001 and 2003. Between 2003 and 2006, figures fluctuated between 46 to 49 per cent. In 2005, the largest financial allocation for all sectors was recorded, as shown in the graph below. Expenditure for social sectors in % of the total public expenditure



Source: MPD, 2006.

III. DEFINITION OF THE CHILD (art. 1)

113. Article 122 of the 1966 Civil Code in Mozambique defines minors as “persons of either sex under the age of 21”.

114. However, the new Family Law (Law 10/2004, 25 August) revokes Book IV of the Civil Code, referring to Family Law. The new law defines three forms of marriage: civil marriage, religious marriage and traditional marriage, and stipulates that “monogamous religious and traditional marriages have the same value and effect as civil marriage, when legal requirements for civil marriage have been met”. In other words, “religious and traditional marriages can only be celebrated by those who have the matrimonial capacity as required by civil law”.

115. The Civil Code previously stated that all persons wishing to marry should not be of “age lower than 16 years for men and 14 years for women”. The new Family Law now stipulates that a person should not be of “age lower than 18 years”. However, it states that “women or men over the age of 16 may, exceptionally, enter into marriage in the case of special circumstances involving public and family interest, and when there is consent from parents or legal guardians”.

116. The following matters are as previously reported in the initial report:

- (a) Criminal responsibility, acquired at the age of 16 years;
- (b) Criminal protection measures that ensure the civil protection of minors;
- (c) Legal consultation, as well as capacity to practice jury functions regulated and supervised by civil law, is barred to individuals who have not reached the age of majority,
- (d) Capacity to undertake medical consultations, for which children do not need their parents’ consent to benefit from clinical care, as long as this does not imply surgery;
- (e) Compulsory schooling, for which the legal age of admission to basic primary education is six years; the State tries to encourage school age children enrolment and retention up to grade seven;
- (f) The legal age to work is 15 years, as per Labour Law No.º 8/98, which is currently under review. The review is looking at the possibility of allowing children aged 12 to 15 to work under special conditions;
- (g) According to the Law on Military Service, the minimum age to join the military is 18;
- (h) Ban on alcohol and tobacco consumption for minors under the age of 18.

117. The concept of “child” is still not linked to a specific age, but is rather determined by a series of physical and mental changes.

118. Thus it was necessary to increase the minimum marital age to 18 years for both sexes as established in the Convention, and to ensure that gender discrimination issues were addressed.

IV. GENERAL PRINCIPLES

119. The Constitution of the Republic of Mozambique boasts of principles that promote citizenship rights, supported by the democratic rule of law. Article 35 of the Constitution endorses the universal principle of equality by stipulating that: “All citizens are equal before the law, enjoy the same rights and are subject to the same duties, regardless of colour, race, sex, ethnic origin, place of birth, religion, level of education, social position, profession or political choice”.⁸

120. The interpretation of the constitutional provision and other provisions on the rights of the child are in line with the Universal Declaration of Human Rights, the African Charter of Human and People’s Rights, and other international human rights instruments.

121. The following principles guide the legislation and implementation of the Convention in Mozambique: the right to life, honour, to one’s good name, to reputation, to the defence of one’s public image, privacy, individual freedoms, freedoms of ethnic and religious groups, such as the freedom of expression, freedom of the press, the right to meet and to demonstrate, freedom of assembly, freedom of conscience, religion and worship, freedom of residence and movement.

122. The Constitution also establishes individual rights, freedoms and guarantees - including for children - such as the right to security, to access to the courts, to impugnation, to property, to inheritance, to work, education, health, housing, physical culture and sport, etc.

123. Article 36 of the Constitution, which refers to gender equality, establishes that “men and women are equal before the law in all spheres of political, economic, social and cultural life”.

Non-discrimination (art. 2)

124. In addition to the specific articles pertaining to children - articles 47, 120 and 121 of the Constitution observes the principles of universality and equality of citizens, regardless of colour, race, sex, ethnic origin, place of birth, religion, level of education, social position, marital status of one’s parents, profession, gender, etc. These principles cover all aspects of political, economic, social and cultural life, except for the provisions in the Constitution itself, or other instruments deriving from it, such as the age for marriage, for voting, for gaining access to certain places, etc.

125. The constitutional provisions protect and guarantee children’s rights, ensuring that the domestic legal system reflects the international standards ratified by the Republic of Mozambique - Articles 35, 36 and 37 of the Constitution mentioned throughout this report.

126. Apart from the legal framework, other practical activities continue to be implemented to ensure children’s access to education, health, birth registration and others, to reduce urban/rural disparities and to target the most difficult to reach. This is done in collaboration with civil

⁸ The same principle was enshrined in the 1975 and 1990 Constitutions in articles 26 and 66 respectively.

society, national and international NGOs, and aims to eliminate disparities and negative attitudes, resulting from ignorance, preconceptions and traditional or religious practices which might promote discrimination against children.

127. The Government strategy with regards to child welfare aims to safeguard the best interests of the child, in line with the principles and guidelines of the Convention, by supporting the commitment of all stakeholders in an effort to eradicate all social issues affecting children, such as abandonment, sexual abuse, exploitation at work, delinquency, and physical and psychological violence.

128. It should be stressed that eradicating these issues surpasses the responsibilities of the Government, in that it also demands responsibility from civil society and from other national and international partners.

Best interests of the child (art. 3)

129. The principle of the best interests of the child is already expressly enshrined in the Constitution (art. 47). Similarly, the best interests of the child are also promoted in several other basic principles concerning children's rights, such as non-discrimination, survival and development, and respect for children's point of view. These principles become relevant in determining what constitutes the best interests of the child, whether individually, in a specific situation, or in defining the best interests of children as a group.

130. In fact, "the fundamental rights enshrined in the Constitution do not exclude any others stated in the laws" (art. 42 of the Constitution).

131. Progress with regards to issues related to the best interests of the child is also noted through the adoption of article 47, paragraph 3, in the new Constitution, stipulating that all actions concerning children, whether practiced by public bodies or private institutions, must take into account the principle of the best interests of the child.

132. In terms of ordinary legislation, in line with article 3 of the Convention on the Rights of the Child, the legislative, administrative and judicial measures taken by the state authorities take into account the principles concerning the best interests of the child.

133. Finally, the principle stipulating that all matters dealing with children should be conducted 'in the best interests of the child', is clearly stated in national legislation, namely in article 47, paragraph 3, of the Constitution, article 97 of the EAJM and article 284 of the Family Law (Law 10/2004).

The right to life, survival and development (art. 6)

134. The new Constitution of the country guarantees children's right to well-being (art. 47), as well as their protection by the family, the state and society, in pursuit of children's full development.

135. Children should have basic access to food, education, health and leisure. Despite Government and civil society efforts, absolute poverty continues to affect the majority of the population, making the task of realising children's rights and improving access to basic services depend on socio-economic development that more challenging.

136. To prevent and reduce the number of children victim of road accidents, measures were taken such as, for example, keeping reasonable standards in terms of distances between constructed schools and public highways; rigorous training for drivers and issuing of drivers' licenses for all owners of motor vehicles; traffic police training; collaboration between the police, schools and INAV (National Traffic Institute) to facilitate the collective crossing of pupils at critical points on public highways; and putting speed humps on the roads close to schools.

137. In addition, information on good conduct for children walking on public highways and on road signs (for vehicles and people), has been introduced to the basic education curriculum.

138. With regards to demining, the objective of the Mine Action Programme is to reduce the impact of anti-personnel land mines in communities. This contributes to the implementation of PARPA and helps ensure strict observance to the provisions of the Ottawa Convention, which ban the use, storage, production and transfer of anti-personnel mines.

139. Objectives for both Government and partners are outlined in the Five Year Mine Plan of Action. Activities have focused on demining areas of high and medium impact; monitoring and inspecting demining activity; civic education on the danger of land mines; assistance for the victims, and mobilisation of resources.

140. Civic education includes lectures and dissemination of information to raise awareness about mine danger in the communities. These activities benefit teachers, school age children and the community at large.

141. With respect to mine victims and survivors, the Government has continued to make efforts to provide support that improves the quality of life and reduces the socio-economic vulnerability of victims and survivors.

Respect for the opinions of children (art. 12)

142. Article 47 of the Constitution answers to the provision of article 12 of the Convention in that it states that children may freely express their opinions about questions that concern them and these should be duly taken into consideration, in line with their age and maturity.

143. As a result of the Family Law, court decisions on guardianship, the regulation of parental power, juvenile justice and the placing of children in foster families, shall take into consideration the child's point of view. In particular, in cases of adoption it is obligatory to hear the opinion of the child to be adopted, when he/she is older than seven years (art. 399). The consent of the child is obligatory when he/she is older than 12 years of age (art. 396).

144. The Child Parliament, which promotes children's participation in the context of children's rights, continues to operate. From 2000-2006, two national sessions were held, preceded by provincial sessions.

145. Children participating in the Child Parliament are elected through a participatory process held in schools, centres or communities. All sessions held at the Child Parliament present opportunities for children and adults to reflect upon the rights of the child and also to discuss themes chosen by the children themselves.

146. During the sessions, participating children have the opportunity to interact and dialogue with members of the Government, parliamentarians, and representatives of civil society. They are also invited to make recommendations on questions that affect their lives. It should be emphasised that State institutions and civil society are committed to address all issues raised by the children.

147. Negative traditional practices, such as premature marriages, initiation rites and other similar practices, have been a major constraint in achieving child rights.

148. In addition to efforts to promote, protect and defend the interests of children, Government and partners aim to increase knowledge about negative practices by improving awareness of children's rights and by commissioning studies and research.

149. Children participate in school councils, formed by student representatives, parents, teachers, and communities. Student representatives are elected by their peers. The school councils discuss and propose solutions to the problems that affect their schools.

150. In addition to school councils, pupils also participate in school life with the support of class chiefs and through regular meetings with class directors.

V. CIVIL RIGHTS AND FREEDOMS **(arts. 7, 8, 13-17 and 37)**

151. Article 35 of the Constitution defends the principles of universality and equality. To this effect, articles 48 and 51 recognize that children have the right to freedom of expression, freedom of the press, freedom to meet and demonstrate, as well as the right to information. In fact, freedom of expression implies children's ability to express their thoughts by all legal means. This, and the exercise of the right to information, may not be limited.

Name and nationality (art. 7)

152. The right of Mozambican children to a name and nationality is duly enshrined in the country's domestic legislation, as mentioned in the Initial Report. The new Family Law, in line with article 7 of the Convention on the Rights of the Child, states in article 205 the right to be registered and to use a name. This article reads:

“Article 205

1. Children have the right to be registered immediately after their birth.
2. They have the right to a name of their own, and to use the surname of their parents' family.”

153. In choosing a name for the child being registered, the constitutional guideline is taken into consideration, which mandates equality between men and women. It is neither fair nor legal for the father of the child to be the only parent with the right to give his surname to the child.

154. As mentioned earlier, the same law revoked Book IV of the Civil Code in relation to parenthood, and as such no longer adheres to the concept of legitimate and illegitimate children. As such, article 204 referring to equality of rights establishes that “children have the same rights and are subject to the same duties, regardless of their origin of birth”.

155. In the case of nationality, the Constitution observes the principle of original nationality and acquired nationality. Original nationality - article 23 referring to the principle of consanguinity states the following:

“Article 23

1. The following are Mozambican, as long as they were born in Mozambique:
 - (a) The children of a mother or a father who was born in Mozambique;
 - (b) The children of stateless parents, or whose nationality is unknown;
 - (c) Those who resided in Mozambique at the date of independence and who have not chosen, expressly or tacitly, another nationality;
2. The children of a Mozambican mother or father, who is serving the State outside the country, are Mozambicans even if they were born abroad;
3. The children of a father or mother of Mozambican nationality, even if born abroad, are Mozambicans as long as they, when they are older than 18, or their legal representatives, if they are younger, expressly declare that they wish to be Mozambicans.”

156. On the principle of territoriality, article 24 states that:

“Article 24

1. Citizens born in Mozambique after the proclamation of independence are Mozambicans;
2. Exceptions to this rule are the children of a foreign father or mother when either of them is in Mozambique in the service of the state to which they belong;
3. The citizens mentioned in the previous paragraph only have Mozambican nationality, if they, when they are older than 18, or their legal representatives if they are younger, declare that they wish to be Mozambicans.”
4. The deadline for the declaration mentioned in the previous paragraph is a year from the date of birth, or from the date of the interested party’s 18th birthday, depending on whether the declaration is made by the legal representative of by him/herself.”

157. Furthermore, article 25 referring to the age of majority, states that “those individuals who met the requirements for original nationality, but did not acquire it because of the choice made by their legal representatives, are Mozambicans if, up to a year after attaining their 18th birthday, they declare for themselves that they wish to be Mozambicans”.

158. In the case of acquired nationality (naturalisation), this may only be obtained by individuals older than the age of majority, except in cases of adoption, as per article 29, which states that “anyone fully adopted by a Mozambican national acquires Mozambican nationality” and through their parents as per article 28, which states that “through the act of naturalisation, Mozambican nationality may be granted to the children of the citizen of acquired nationality, who are single and less than 18 years old”.

159. The Civil Registration services are responsible for registering births. In order to ensure increased access to registration, and as part of the National Birth Registration Plan, efforts have continued to make the services accessible by opening new birth registration posts, and running campaigns to make families and communities aware of registration, including through the use of mobile brigades.

160. Thanks to the efforts made by Government and with the collaboration of partners supporting the National Birth Registration Plan, a significant increase in the number of registered births has been reported from 2004-2006, as indicated in the table below.

Table 2

Number of births registered from 2004 to 2006

Year	2004	2005	2006
No. of registrations	370 883	521 615	1 532 610
Growth rate	-----	40%	293%

Source: Ministry of Justice.

Preservation of identity (art. 8)

161. National legislation recognizes all rights that refer to and preserve a child’s identity, namely the right to a name, nationality and belonging to a family. Once the right to a name is fulfilled, preserving a child’s name is guaranteed and protected by existing national legislation. This is yet another area in which the country ensures that the best interests of the child are respected.

162. The legal protection framework improved with the adoption of a National Birth Registration Plan and the new Registry Code already mentioned in the present report.

Freedom of thought, conscience and religion (art. 14)

163. Detailed information concerning the right to freedom of thought, conscience and religion has been covered earlier in this report, in the initial report, and in the new Constitution - article 51 and subsequent articles (see also Chapter III, General Principles).

Freedom of association and of peaceful assembly (art. 15)

164. Detailed information may be found in the initial report, as well as in the new Constitution (see also Chapter III, General Principles).

Protection of privacy (art. 16)

165. Articles 41 and 43 of the Constitution of the Republic states that every Mozambican citizen has the right to honour, good name, reputation, defence of his/her public image, and privacy. Furthermore, all Constitutional principles concerning fundamental rights are interpreted and included in accordance with the Universal Declaration of Human Rights, and the African Charter on Human and People's Rights.

Access to appropriate information (art. 17)

166. Constitutional rights and other legislation promote the right to access to information. Readers are referred to the initial report for more detailed information already provided on this subject.

167. The existence of an independent press and of state-owned, private and community media, which undertake various activities so as to ensure that children have the right to access appropriate information, should be noted. However, despite Government and partners' efforts to fulfil this right, the level of poverty and development continue to hinder progress in terms of children accessing new information technologies.

168. Furthermore, in a developing country with a market economy, the circulation of the state and private media in rural areas is limited, due to low numbers of printed media and to lack of access to radio and television. Access to information is also limited due to non-literacy and geographical remoteness of communities.

169. Children's participation in appropriate programmes and the dissemination of social and cultural information of interest to children have both been encouraged by public mass media.

170. As mentioned in the Initial Report, Radio Mozambique (RM), the main broadcasting medium in the country, is the only one to cover the whole country through both its national and provincial stations (one in each province). It also broadcasts on FM frequency in some cities.

171. In the case of television, Mozambican Television (TVM), the principal TV broadcasting organization in the country, has increased its coverage and can be accessed in all provincial capitals and in some districts. The country has also benefited from an emergence of private television stations, namely STV which covers Maputo city and some provincial capitals.

172. Between 2000 and 2006, several media programmes in Portuguese and other national languages were made by children for children. An annual average of 204 such programmes on Radio Mozambique, 126 on community radios, and 50 on TVM has been reported.

173. The participation of children in programmes made in and out of the radio and television studios should be noted. In fact, 235 children were trained in journalism at Radio Mozambique and TVM. "Children's clubs" were also set up as spaces where children can prepare

programming materials to be broadcast. With the support of civil society, activities also involved journalism training for children, with the aim of encouraging children to participate in the creation and dissemination of information. For example, the Children's Network, which brings together associations working on children's matters, trained 22 children in journalism leading to the production of an information bulletin.

The right not to be subjected to torture or other cruel, inhuman and degrading treatment or punishment, including capital punishment (art. 37)

174. The Republic of Mozambique ratified the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, through resolution No. 8/94, of 20 December, by the Assembly of the Republic.

175. As a way of introducing the principles of this Convention into domestic legislation, article 40 of the Constitution, on the right to life and physical integrity, states the following:

“Article 40

1. All citizens have the right to life and to physical and moral integrity, and may not be subjected to torture or to cruel or inhuman treatment.
2. In the Republic of Mozambique there is no death penalty.”

176. The new Constitution adopts the family as “the fundamental unit and the basis of all society” (art. 119). Abuse and violence outside the family environment are punishable under the provisions of the Penal Code, as they are considered as civil crimes against third parties.

177. Penal Code clauses addressing violence against children are covered in detail the Initial Report.

178. Reported cases of maltreatment or cruel treatment of children by relatives or by third parties, merit intervention by police and judicial authorities, and punishment for the offenders.

179. Despite existing legislation to protect children, many cases of violence are reported to occur inside the household. Furthermore, children are exposed to acts of violence against other family members.

180. The National Survey on Reproductive Health and Sexual Behaviour of Adolescents and Young People (INJAD/INE, 2001) showed that, as children or adolescents, 30 per cent of all women and 37 per cent of all men surveyed directly witnessed violence between their parents, while 15 per cent of women and 20 per cent of men were victim of physical abuse from a relative.

181. In 2000, in response to and within the framework of the Government's post-Beijing Plan of Action, the SADC Declaration on Gender and Development, the Convention on the Elimination of all Forms of Discrimination against Women, and the Convention on the Rights of the Child, the Ministry of the Interior began setting up units in police stations to provide support to victims of domestic violence. Of note, a pilot project was carried out with UNICEF support, to set up four units, two in Maputo City and two in Maputo province. Subsequently, further units were

established in other provinces, and by 2006 there were 151 functioning units. This effort was supported by partners such as UNICEF, Save the Children Norway, OSEO (Swiss Agency) and *Terre des Hommes* (Germany).

182. In 2004, the Department of Women and Children in the Ministry of the Interior introduced statistical surveys recording the number of crimes against minors country-wide. These surveys therefore provide useful data on reported cases of violence (see annex 1).

183. As part of its planned activities, the Department mobilizes partnerships with other State institutions and with civil society organizations to provide social, medical, psychological and legal assistance for the victims and their families.

184. Frequent cases of lost children are also reported. Until the children's families are identified, these children are sent to state-owned shelters or civil society organizations, which can care for them.

185. In terms of prevention activities, lectures on violence against women and children have been given in a variety of community for a. In addition, training has been provided for police commanders, duty officers and other policemen, teachers, health professionals and social workers, among others.

VI. FAMILY ENVIRONMENT AND ALTERNATIVE CARE

186. The Ministry of Women's Affairs and Social Welfare, through the National Social Welfare Institute (INAS), has carried out activities providing direct assistance to children, namely the Direct Social Support and Food Subsidies programme.

187. The Direct Social Support Programme (PASD) consists of providing support in the form of material resources such as basic foodstuffs, school and other materials to individuals who are temporarily unable to work and who require immediate support. About 84 per cent of the programme's beneficiaries are children. Since 2003, approximately 29,559 children have been assisted. They have been provided with basic goods, housing, prostheses, shawls for babies, payment for school fees, school materials and other support.

188. Due to the growing number of malnourished children, health sector programmes activities such as increasing parents' awareness to change food consumption behaviour and promoting the use of local products have been prioritized.

189. The Food Subsidy Programme (PSA) provides monthly cash transfers to individuals who are unable to work, in order to support them in meeting their basic food needs. Children are also assisted in this programme since their mothers are direct beneficiaries. Overall, the programme assists elderly people, disabled people, the chronically ill, women with malnourished children, and/or households with many children.

190. Women who are caring for children and who have been benefiting from the PSA will gradually join the Income Generation Programme (PGR) or the PASD. These two programmes are reported to be better in terms of effective and sustainable care, as they enable mothers to become involved in productive activities and also become productive members of society.

191. As part of the PASD and PSA programmes, the sector has prioritized care for children living in absolute poverty, malnourished children, children under difficult circumstances such as orphans, children heading households, and all other vulnerable children.

192. The following table includes data on the number of children assisted by the PSA and PASD programmes.

Table 3

Children assisted by the food subsidy and direct social support programmes

Year	No. of children assisted by PSA	No. of children assisted by PASD	Total
2002	3 699		3 699
2003	1 584	1 001	2 585
2004	688	2 650	3 338
2005	385	6 756	7 141
2006	222	19 152	19 374
Total	6 578	29 559	36 137

Source: INAS Annual Reports, 2002-2006.

193. During the reporting period (2000-2006), and in response to PARPA objectives, the Integrated National Social Welfare Employment and Youth Programme had the main objective of providing job opportunities and innovative and alternative forms of income generation income for Mozambicans. This programme targeted in particular vulnerable or socially excluded groups, including young people at risk of social exclusion, women, disabled people and others.

194. This programme was implemented in all provinces, with 76 projects reaching a total of 38,192 people. A further 199,780 people benefited from the construction of 179 schools, health posts, shops and markets amongst others. As a result, household access to food and clothing and community access to services, in particular education and health care, improved significantly.

Parental guidance (art. 5)

195. The Constitution stipulates that the family is the basic unit of society. The family is responsible for ensuring full and harmonious children development, education and teaching of moral and social values.

196. The Family Law addresses the relevance and legal tutelage of the family as an institution. It also institutionalises parenthood, giving other family members the responsibility to care for children.

197. In fact, a number of new legal provisions include parental guidance as a responsibility to be assumed by not only parents but by the extended family and/or the wider community where the family resides, depending on the traditional structure of the child's family.

Parental responsibilities (art. 18, paras. 1-2)

198. Article 121 of the Constitution of the Republic, referring to childhood, states:

“Article 121

1. All children have the right to protection by the family, society and the state, to ensure their full and harmonious development.
2. Children, particularly orphans, disabled and abandoned children, shall be protected by the family, society and the state, against any form of discrimination, against ill-treatment, and against the abusive exercise of authority within the family and in other institutions.
3. Children may not be discriminated against, due to birth, or subjected to ill-treatment.
4. Child labour is banned, for children of the age of compulsory schooling or of any other age.”

199. The Family Law makes it compulsory for parents to represent their children and to administer children’s property, as part of the powers and duties vested in parental authority, until they reach the age of majority or emancipation.

200. However, if on the date when the children reach the age of majority or are emancipated, they have not completed their education, parental obligations and authority remain, insofar as they “are reasonable, and for the length of time needed for the respective training to be completed” (art. 286).

201. On irrenunciability, article 288 states that “parents may not renounce parental authority or any of the rights and duties they are granted as parents, without prejudice to what this present law stipulates with regard to foster and adoptive families”.

202. Furthermore, article 289, on children born out of wedlock but with the mutual consent of the couple, states that “the father or the mother may not exempt themselves from their duties towards children born out of wedlock”.

Separation from parents (art. 9)

203. Article 313 of the new Family Law requires provision of parental authority in the event of divorce, separation or marriage annulment, by agreement of the parents, subject to court approval or imposition, which is refused if the agreement does not meet the best interests of the minor. This includes keeping a close relationship with the parent to whom he/she is separated from, as well as the administration of his/her property. This parent is entitled to closely monitor the child’s education and living conditions.

204. In cases where there is no agreement, the court shall decide on the residence of the minor, the maintenance allowance and the form in which this shall be provided, the parent to whom the child will be entrusted, or when the best interests of the minor so justifies, to a third person or to

an appropriate public or private institution. In such cases, the exercise of parental authority is regulated by article 314 of the Family Law, referring to the powers and duties of parents required for them to perform their functions adequately.

Family reunification (art. 10)

205. In addition to the Constitutional rights, the Family Law and other similar legislation, readers are referred to the information provided in the initial report.

Child maintenance (art. 27, para. 4)

206. In addition to the Constitutional rights, the Family Law and other similar legislation, readers are referred to the information provided in the initial report.

207. However, it is important to note here that the new Family Law includes health and leisure in its definition of maintenance. These are seen as indispensable for adequate maintenance of the person, along with sustenance, housing and clothing. Where the maintained person is a minor, maintenance also covers education.

208. For example, between 2000 and 2006 the Maputo City Minors Court handled 1,369 cases dealing with parental authority and ordered maintenance for 3,556 minors.

Children deprived of a family environment (art. 20)

209. In Mozambique, the fundamental causes leading children to be deprived of a family environment are: separation of parents, orphanhood, ill-treatment within the family or parental environment, abandonment and expulsion.

210. The existing National Social Welfare Policy discourages the institutionalisation of children that are deprived of parental care, except as a last resort. This policy requires that unaccompanied children separated from their relatives must be re-integrated into a family environment, to protect their personality and provide emotional security, as well as ensuring family ties and cultural identity. The chosen environment should start with extended families, members of the same community, and finally substitute families.

211. The new Family Law introduced the concept of “foster family” as an option to address the lack of parental care, and to therefore provide an orphan, a child with unknown parents or an abandoned child with a caring family.

Adoption (art. 21)

212. The Family Law stipulates that the authorisation to adopt should be granted by a competent court. The purpose of adoption is to provide a home and a stable family environment for a child who would not otherwise have them.

213. The adopted child assumes the identity of the adoptive family and all ties with the biological family are renounced. All parental rights and responsibilities are then entrusted to the adoptive parents, with the child acquiring the adoptive family’s surname.

214. Article 391 of the Family Law establishes that adoption may only be granted when it is in the best interests of the child, does not endanger the relations and interests of the other children within the same family, and that the child and the adopting family demonstrate sufficient capacities for adequate integration. Excluding exceptional cases, adoption is preceded by a period of adaptation of at least six months, during which the child is gradually integrated into the family. Article 392 of the same law stipulates that the Social Welfare Services is to be involved in the adoption process, and monitor the integration of the child into his/her new family. The Maputo City Minors Tribunal granted the adoptions of 120 children.

Illicit transfer and non-return (art. 11)

215. With regard to this chapter, as per the Initial Report, the legislative and constitutional framework of Mozambique remains the same. Mozambican law implicitly bans the illicit transfer or trafficking of people, and the traffickers are tried under existing laws for kidnapping, abduction or sexual abuse.

216. Poverty, illegal immigration and the fragile conditions of border control have contributed to illicit transfer and trafficking of minors and of women, in particular to South Africa via Swaziland.⁹ In 2004, the Immigration Services signed an agreement with their South African counterparts, in order to share information regarding this matter.

217. The Ministry of the Interior provided training for police operating in Maputo, Beira and Nampula, in order to better protect women and children from trafficking and in general. In addition, the Ministry of Foreign Affairs and Cooperation has worked together with the United Nations to implement the two international conventions against trafficking of children and women.

218. The government of Maputo province has a partnership agreement with the South African province of Mpumalanga, which deals with the protection of vulnerable groups, particularly children. Under this agreement, and whenever necessary, staff from the two provinces work together to prevent the illegal departure of children from their country, and to ensure their repatriation and reintegration. In cases where the South African side finds Mozambican children in a situation of vulnerability on South African soil, the country communicates this information as well as repatriation measures to be taken to Mozambican officials.

Abuse and neglect (art. 19), including physical and psychological recovery and social reintegration (art. 39)

219. The Constitution supports children's rights to full protection. The prevention of negligence against children, both in domestic and public spheres, is addressed within the framework of the rights to life, protection, survival, the right not to be submitted to abuse and mistreatment, and in the context of parental responsibilities.

⁹ *Seduction, Sale & Slavery, Trafficking in Women & Children for Sexual Exploitation in Southern African*, 3rd Edition, International Organization for Migration (IOM), Regional Office for Southern Africa, Jonathan Martens, Maciej 'Mac' Pieczkowski & Bernadette van Vuuren-Smyth, Pretoria, South Africa, May 2003.

Periodic review of placement (art. 25)

220. The Social Welfare Services monitor all children under the temporary or permanent care of adoptive parents, and by court orders, according to the procedures mentioned earlier. Monitoring is ensured until the child reaches the age of majority. The Services present an annual report to the court that decreed the adoption, fostering or other form of treatment for the child.

Environment

221. The provision of basic conditions for a healthy environment should be ensured, including access to safe drinking water for communities and for children in particular. The Ministry of Environmental Coordination has been designing campaigns to increase communities' awareness on the importance of drinking safe water and to improve communities' capacity to recognize signs of contaminated water.

VII. HEALTH AND BASIC WELL-BEING

Health and health care (art. 24)

222. The Constitution states that all citizens have the right to medical and health care. Various legislation contain provisions that ensure free medical and surgical treatment for all children under five years old, including preventive health care, diagnostic examinations, out-patient consultations, hospitalisation, and medical or surgical treatment. Children over the age of five pay a small amount of five Meticaís,¹⁰ for out-patient consultations and medication. They are exempt from payment for all other medical and surgical care, and laboratory tests.

Survival and development of the child (art. 6, para. 2)

223. The Convention adopts several rights that are relevant to survival and development, by stating that States parties must respect the right to life inherent to children, and by calling for the States Parties to "ensure to the maximum extent possible the survival and development of the child" (art. 6).

224. Article 40 of the Constitution of the Republic establishes the right to life and to physical and moral integrity for all citizens.

225. The Constitution also adopts the right to participate in political, economic, social and cultural life, except for provisions in the Constitution, or in other laws deriving from it, for such matters as the age of marriage, voting, and for access to certain establishments, inheritance, etc. Non-discrimination refers to all rights and duties of citizens resident in areas under the jurisdiction of the Mozambican state and unequivocally ensures to all citizens - including children - the right to life, to survival and to development.

¹⁰ Equivalent to about 20 American cents, at the exchange rate of 25 Meticaís to the US dollar .

Disabled children (art. 23)

226. Article 37 of the Constitution of the Republic of Mozambique referring to disability states that “disabled citizens are in full possession of the rights enshrined in the Constitution and are subject to the same duties, with the exception of the exercise or compliance with those for which they are incapable due to their disability”. Similarly, article 12, paragraph 2, states that “children, particularly orphans, disabled children and abandoned children enjoy the protection of the family, society and the state against any form of discrimination and ill-treatment, and against the abusive exercise of authority in the family and in other institutions”.

227. In 1998, the country adopted the Policy on Disabled Persons and its Implementation Strategy, which seeks to remove barriers that prevent disabled people from full enjoying their rights. There are three schools in Mozambique located in the cities of Maputo and Beira, addressing the special needs of people with mental, hearing and visual disabilities.

228. In addition, recreation centres for people who are visually impaired also exist, but they are insufficient to meet the needs of the communities.

229. With regards to mental health, the Government has also set up programmes and activities to prevent and treat mental disturbances among children. For example, there is a mental development unit within paediatric services. In addition, the school health programme advocates for early diagnosis of diseases such as epilepsy and mental retardation, with a view to increase successful treatment for them. However, these services and programmes are still geographically limited and are very far from meeting the needs of the public, whether urban or rural. There are prospects for improving and extending the school health programme, as well as extending care for children with delayed development.

230. In a joint effort with the Government, associations of disabled people in Mozambique have implemented activities such as setting up sports federations.

231. To ensure that disabled people have access to public buildings, including schools and hospitals, an effort has been made to build access ramps. As a result, new public buildings already include access ramps in their blueprints, while new ramps have been adapted for certain old buildings.

Infant mortality

232. Between 1997 and 2003, the mortality rates for children under five years old fell by about 18 per cent (from 219 to 178 for every 1,000 live births) and the infant mortality rate fell by about 15 per cent (from 147 to 124 for every 1,000 live births).¹¹ However, the current mortality rates are very high, which means that one in every five children die before their fifth birthday, and one in eight children die before their first birthday.

¹¹ Demographic and Health Survey, INE 1997 and 2003.

233. Efforts are being made to improve the quality of vaccination, by introducing another vaccine (Hib), which is hoped to protect even more children from disease. Meanwhile, strategies to increase the number of successful births in health units have been developed, since an estimated 40 per cent of children under five die during the neo-natal period. One of the strategies includes the institutionalisation of the National Assessment Committee on Maternal and Peri-natal Deaths. Sanitation and the supply of clean water, as well as measures taken in the fight against malaria, will also improve child survival.

234. Of the estimated 715,000 new births each year, about 89,000 die before reaching the age of five. Along with poverty reduction, the under-five mortality rate (TMM5) has fallen more rapidly in rural than urban areas.

235. The TMM5 dropped by about 20 per cent in rural areas (from 237 to 192), compared with five per cent in urban zones (from 150 to 143). Geographical and residential disparities remain high. In 2003, children of non-literate mothers were 130 per cent more likely to die before reaching the age of five than the children of mothers with secondary education. In 1997, this probability was only 86 per cent.

Maternal mortality

236. The trend relating to the maternal mortality rate shows a substantial reduction, from approximately 1,000 deaths per 100,000 live births, in the early 1990s to 408 per 100,000 live births in 2003.¹² It is believed that improvements to quality and access to health services, particularly in the case of family planning and ante-natal care, may have contributed to reducing the maternal mortality rate. The coverage of anti-tetanus vaccination has improved notably, with the percentage of women who receive two or more doses of TT rising from 29 per cent in 1997 to 57 per cent in 2003. Efforts have been made to provide health units with basic and emergency obstetric care, as well as training people to attend in emergencies.

237. The TT coverage has improved, particularly among women from rural areas and non-literate women. In the former case, TT coverage increased from 23 per cent in 1997 to 54 per cent, in 2003 while in the latter, it increased from 18 per cent to 49 per cent. In comparison, coverage among women with secondary education only increased from 65 per cent to 66 per cent. Ante-natal care¹³ increased from 71 per cent in 1997 to 85 per cent in 2003, with most of the increase noted in rural areas (from 65 per cent to 79 per cent), while in urban areas percentages increased from 96 to 97 per cent.

238. In 2006, 47 per cent of births took place in health institutions, with an intra-hospital maternal mortality rate of 180 per 100,000 live births. The slow growth for institutional birth coverage contributes not only towards safer motherhood, but also towards improving the child survival rate.

¹² The TMM was estimated to be more than 1, 000 in the early 1990s. The 2003 data come from the 2003 IDS (INE).

¹³ Ante-natal care refers to the percentage of pregnant women who are attended by trained health staff at least once during the pregnancy.

239. Community training was conducted to assist with the prevention, treatment/management of the most common complications in pregnancy as well as among new-born infants (community AIDI). This training was complimented by nurse training and the acquisition of equipment and ambulances for the health centres. In the case of birth assistance,¹⁴ similar development is noted, with 48 per cent of births attended by qualified health staff in 2003, compared with 44 per cent in 1997. The total fertility rate remains high, with an average of 5.5 children per woman.¹⁵ In 2003, the total fertility rate among non-literate women was 6.3 in comparison with just 2.9 among women with secondary education.

Endemic diseases

240. Malaria remains the primary cause of mortality (35 per cent) among Mozambican children, followed by acute respiratory infections (31 per cent) and malnutrition (8 per cent).¹⁶

241. Other causes of mortality include diarrhoeal diseases and diseases that can be avoided through vaccination, such as measles. Cholera remains a threat, with repeated outbreaks.¹⁷ AIDS is emerging as an underlying cause of deaths among children.¹⁸

242. In 2003, the prevalence of fever among children under five years old was recorded at 27 per cent, while Acute Respiratory Infections (ARI) and the prevalence of diarrhoea were recorded at 10 per cent and 14 per cent respectively.¹⁹

¹⁴ Birth assistance is the proportion of births assisted by trained health personnel

¹⁵ IDS, 2003

¹⁶ In "Study on Mortality in Zambézia Province", by the Manhiça Health Research Centre, 2001. The causes of death among one-year old children. The study shows the following causes of death among children before their first birthday, and their weight: malaria 35 per cent, pneumonia 20 per cent, meningitis 11 per cent, malnutrition 6 per cent, diarrhoea 4 per cent, anaemia 2 per cent and others/unknown 22 per cent. Among children aged between 1 and 4, the study shows the following causes and their respective weight: malaria 28 per cent, pneumonia 16 per cent, anaemia 12 per cent, malnutrition 12 per cent, meningitis 10 per cent, diarrhoea 6 per cent, others/unknowns 16 per cent.

¹⁷ Cholera outbreaks occur regularly. Although the mortality rate is less than 1 per cent, the number of cases remains very high: 2,447 cases in 2002, 13,997 cases in 2003 and 24,166 cases between January and May 2004.

¹⁸ In 2003, it was estimated that AIDS caused 14,713 deaths among children under five. See "Demographic Impact of HIV/AIDS in Mozambique", INE/MISAU, May 2004.

¹⁹ IDS 2003 (INE). Fever, ARI and the prevalence of diarrhoea are defined as the proportion of children under five years old sick from fever, ARI or diarrhoea in the two weeks prior to the survey.

243. In the same year, rates of fever among children were recorded as twice as high (56 per cent and 28 per cent, respectively)²⁰ in districts affected by hunger, and with a high HIV/AIDS prevalence. Although the incidence of malaria can be reduced through the use of mosquito nets, most Mozambican children do not sleep under nets. In 2003, only about 10 per cent of children less than five years of age were reported to sleep under mosquito nets, noting significant geographical disparities with only three per cent in Sofala province to 15 per cent and more in Maputo city and Zambézia and Gaza provinces.²¹

244. In 2006, malaria prophylaxis for pregnancy (preventive intermittent treatment) was introduced nation-wide.

245. The relatively high prevalence of diarrhoea among children is linked to the use of unsafe drinking water and poor sanitation and hygiene practices. Only 36 per cent of the population has access to safe drinking water, with significant geographical and residential disparities.²² The rural population has 50 percent less access to safe drinking water compared to urban dwellers (26 per cent versus 58 per cent).

246. Safe drinking water coverage rates vary from only 14 per cent in Zambézia province to 66 per cent in Maputo city. As for access to safe sanitation, only 45 per cent of the population uses sanitary methods for waste disposal, with again huge geographical disparities, from less than 30 per cent in Zambézia, Nampula and Sofala provinces to 90 per cent and more in Maputo province and city. Access to safe drinking water or sanitation has not shown any progress over time.²³

Malnutrition

247. Malnutrition is the underlying cause for approximately half the deaths among children under the age of five.²⁴ According to the WHO classification,²⁵ the level of chronic malnutrition

²⁰ See “Third Multi-sector Analysis on the Impact of the Humanitarian Situation on the life of Mozambican women and children”, SETSAN/UNICEF, November 2003.

²¹ 2003 IDS (INE).

²² The National Water Board (DNA) uses different coverage indicators due to different calculation methodologies. In 2003, the DNA estimated safe water coverage at 38.6 per cent (compared with 36 per cent of the INE) and safe sanitation coverage at 33.7 per cent (compared with 45 per cent by the INE).

²³ Access to clean drinking water was estimated at 37 per cent in 2001 (INE, QUIBB), and 36 per cent in 2003 (INE, IAF). Access to safe sanitation was estimated at 41 per cent (INE, QUIBB), and 45 per cent in 2003 (INE, IAF).

²⁴ Pelletier DL and Johnson U, 1994.

²⁵ WHO classification of chronic malnutrition (stunting): low (< 20 per cent), medium (20-30 per cent), high (30 - 40 per cent) and very high (> 40 per cent.).

(stunting) in Mozambique is very high, with 41 per cent recorded in 2003 among children aged from 6 to 59 months. The prevalence of chronic malnutrition is higher in rural than in urban areas, with 46 per cent and 29 per cent prevalence respectively and is highest among the provinces in the north of the country, reaching 56 per cent in Cabo Delgado.

248. Apart from calorie-protein malnutrition, the most common form of malnutrition, a shortage of micronutrients (iron, iodine and vitamin A, among others) has also been reported, which is responsible for anaemia, goitre, and vitamin A deficiency, leading to higher risk of mortality. In the case of anaemia and vitamin A deficiency, health units administer ferrous salt to those in need and vitamin A to all children under five and to mothers who have just giving birth. The marketing of iodated salt has been extended to cover the whole country, and the distribution of iodine has been re-established in the most affected provinces.

249. With regards to mortality rates, the mothers' level of education has been shown to significantly impact the nutritional status of their children. Children whose mothers have no educational qualifications are three times more likely to be chronically malnourished than children whose mothers have secondary education (47 per cent versus 15 per cent).

250. In 2003, the prevalence of marasmus (wasting) was 4 per cent (a low level according to the WHO classification), and the prevalence of low weight was 24 per cent (a high level according to the WHO classification).²⁶ There was no significant progress noted in the nutritional status of children between 2001 and 2003.²⁷ The combined effects of the drought, which lasted three consecutive years (2001, 2002 and 2003) in the southern and central regions of the country, and of HIV/AIDS, have created a current humanitarian situation with pockets of increased malnutrition and food insecurity.

251. In 2002, the prevalence of marasmus among children aged between 6 and 59 months was higher (6.4 per cent) than the national average and was recorded in 29 districts that were affected by hunger and high prevalence of HIV/AIDS. In the same year, in Gaza province the prevalence of marasmus in excess of 10 per cent was recorded.²⁸ The prevalence of marasmus was brought under control in 2003 and 2004 through the emergency response coordinated by MISAU, WFP

²⁶ The prevalence of marasmus is also referred to as acute malnutrition and is expressed through a recent loss of weight as a result of severe illness or lack of food. Low weight is a combination of chronic malnutrition and marasmus (height/age and weight/height) and reflects the overall nutritional status of a child, taking into account that a child can be small or thin.

²⁷ In 2001, QUIBB (INE) found the following prevalence among children aged 6-49 months: chronic malnutrition 44 per cent, marasmus 5.5 per cent and low weight 26 per cent.

²⁸ See "Second Multi-sector Evaluation of the Impact of the Humanitarian Crisis", SETSAN/UNICEF February 2003.

and UNICEF.²⁹ In the same areas, the number of people needing food aid increased from 587,000 in 2002 to 659,000 in 2003, But fortunately dropped to 187,000 in 2004 as a result of less severe hunger and better crop production.³⁰

252. The International Code on the Sale of Breast Milk Substitutes was recently reprinted and distributed. An International Breastfeeding Week was regularly organised.

253. The Basic Nutritional Package was approved, and primary level health workers were trained to use it. This package includes breastfeeding, supplementary feeding, vitamin A and iron supplements, regular consumption of iodated salt, nutritional surveillance, balanced family diet, and nutritional care appropriate for sick and malnourished children.

Vaccination coverage

254. The percentage of one-year old children fully vaccinated against DPT, tuberculosis, poliomyelitis and measles has improved significantly, from 47 per cent in 1997 to 63 per cent in 2003. Vaccination against measles has significantly increased, with a 19 per cent rise in this period (from 58 per cent to 77 per cent), but was unfortunately not enough to prevent a measles epidemic.

255. The epidemic, which began in 2002, was particularly severe in 2003 when over 25,000 cases of measles were reported with a mortality rate of 8/1,000. More than 55 per cent of reported cases during the epidemic occurred among children over one year old.

256. Coverage remains low, particularly in Niassa province where only about half of one year old children are vaccinated against measles. In Zambézia and Niassa provinces, the poliomyelitis coverage is also only approximately 50 per cent. General immunization against poliomyelitis (Polio 3) increased from 55 per cent to 70 per cent between 1997 and 2003.

257. However, the national coverage is insufficient to prevent outbreaks of polio and ensure eradication of the disease, especially in light of the recent polio outbreaks reported in more than 20 countries in Sub-Saharan Africa.³¹ In Zambézia and Niassa provinces, polio vaccination coverage is about 50 per cent.

258. While full immunisation declined significantly in urban areas between 1997 and 2003 (from 85 per cent to 81 per cent), it increased substantially in rural areas, from 36 per cent in 1997 to 56 per cent in 2003. However, there are large residential and geographical disparities

²⁹ In these districts, the prevalence of marasmus (wasting) dropped to 4.1 per cent in 2004. See "Evaluation of the Supplementary Feeding Programme", MISAU, UNICEF/WFP, June 2004.

³⁰ See Multi-sector Analysis of Vulnerability 2002, 2003 e 2004, SETSAN.

³¹ In 2004, the largest polio epidemic since 1999 in Sub-Saharan Africa broke out in Nigeria and spread across Central and Eastern Africa. There are now 22 countries affected, 10 of which were free from polio in 2003.

varying between 45 per cent in Zambézia province to 93 per cent in Maputo province. Children of non-literate mothers are half as likely to be vaccinated than children of mothers with secondary education (49 per cent versus 98 per cent). Furthermore, the quality of the Expanded Vaccination Programme (PAV) has not improved, as shown by the percentage of one-year children fully vaccinated (according to the national calendar), with numbers remaining the same between 1997 and 2003.

259. Improvements in the cold chain network, due to improvements of vaccines supply and vaccination equipment, and better transport means have contributed to increased vaccination coverage in 2006.

HIV and AIDS

260. Mozambique is challenged with a growing number of vulnerable and orphan children due to the high incidence of HIV/AIDS, amongst other factors. In 2002, the prevalence rate was estimated at 13 per cent for the 15- 49 age group.³² The fertility rate in the country is 5.9 per cent and the projected life expectancy for 2010 (revised in 2002), dropped from 50.3 to 36.5 years, taking into account the impact of HIV/AIDS.

261. The Government approved the National Strategic Plan for the Prevention and Fight against AIDS, an important instrument designed to respond to the HIV/AIDS challenge in Mozambique. The National AIDS Council (CNCS) was also established and is chaired by the Prime Minister. It was created to ensure a multi-sector approach and a greater partnership with civil society as well as with other stakeholders. Efforts were focused on establishing a policy and an institutional framework for implementing the National Strategic Plan. However, Mozambique's capacity to respond effectively to the epidemic has been frustrated by the country's shortage of human, technical and institutional resources.

262. Access to prevention, care and treatment is still very limited, and the prevalence of stigma often undermines interventions undertaken in response to the epidemic. The HIV infection rate is evidently high along Mozambique's development corridors, and it is forecast that the phenomenon will continue, unless both prevention and cross border health-care activities, involving several countries, are scaled up.³³

263. HIV and AIDS are the main threats to the development of Mozambique. The HIV/AIDS prevalence among those aged between 15 and 49 has risen moderately over time, from 8.2 per cent in 1998 to an estimated 16.2 per cent in 2004. It is estimated that about 500 new HIV infections occur every day, of which approximately 90 are affecting children, caused by mother-to-child transmission. It is estimated that 1,450,000 Mozambicans are living with HIV or AIDS, 58 per cent of whom are women.

³² www.unaids.org.

³³ www.who.int/emc-hiv/fact-sheets/mozambique).

264. The prevention of vertical mother-to-child transmission is one of the country's priorities, with services expanding to 222 health units - and this remains insufficient. In 2006, the same health units assisted 269,084 pregnant women, of whom 72 per cent agreed to take an HIV test and 14.7 per cent were found HIV-positive. Over the same period, of the 28,516 HIV-positive women, 43 per cent received prophylaxis as did 12,042 children. The first service to prevent vertical transmission was set up in 2002.

265. Among people living with HIV or AIDS, six per cent are children under 15 years of age. The gender difference is particularly sharp in the 15-19 and 20-24 age groups, where prevalence for women is three times higher than men's. Prevalence was also noted to be highest in central Mozambique (Manica, Sofala, Tete and Zambézia provinces). These provinces account for about 46 per cent of all people living with HIV or AIDS in the country.

266. With an increased number of health units offering antiretroviral treatment, the number of people benefiting from the treatment has risen to 44,100, of whom 6.1 per cent are children. However, certain challenges remain such as the lack of knowledge regarding the need for child testing and the difficulty to make a decision with regards to treatment.

267. As a result, many children have become orphans and/or vulnerable. It is estimated that in 2004 there were about 825,000 maternal orphans in Mozambique, 228,000 (28 per cent) of whom had been orphaned because of AIDS. Of these, most (66 per cent) are in the central part of the country.

268. The number of maternal orphans due to AIDS will continue to grow dramatically and is projected to reach approximately 520,000 in 2010,³⁴ amounting to about 50 per cent of all maternal orphans projected for that year. While the number of orphans will continue to rise, community and family coping mechanisms are weakening. As such, orphan children are becoming ever more vulnerable and with potentially lesser access to basic social services.

269. In 2003, a Participatory Study on Household and Community Protection Mechanisms for the care and protection of orphan and vulnerable children due to HIV/AIDS was conducted in five provinces. The study showed that about 12 per cent of households with orphan children were stigmatized because of the presence of orphans.

270. In 29 districts affected by hunger and high HIV/AIDS prevalence, maternal orphans under five years old were 50 per cent more likely to be chronically malnourished than the population of children in general (the general prevalence of chronic malnutrition was 37.6 per cent against 56 per cent among maternal orphans).

³⁴ "Demographic impact of HIV/AIDS in Mozambique", INE/MISAU May 2004.

271. In addition, vulnerability was aggravated by severe chronic malnutrition, with maternal orphans twice as likely to be severely chronically malnourished than the population of children in general (36.4 per cent versus 15.3 per cent). It was also found that the maternal orphans had less access to care and a greater likelihood to fall ill.³⁵ In 2003, the rate of school attendance in EP1 for orphans was eight points (percentile) lower than the attendance rate of non-orphans.³⁶

Adolescent and Youth Friendly Services (SAAJ)

272. This service was established in the health sector to attract adolescents and youths. Initially, it was created to support the prevention of sexually transmitted infections, including HIV and AIDS, but soon came to include reproductive health in general. In recent years, SAAJ have started to address health issues for this age group in a more comprehensive manner, including behaviour change for a healthy life, and while also looking at situations that put young children at risk, such as the consumption of drugs, alcohol etc. The first SAAJ was set up in 1999. Today there are 179 SAAJ across the country. The impact of the response to the HIV epidemic remains limited, mainly due to limitations found in the national capacity to expand counselling, testing and treatment facilities.³⁷

273. These facilities are predominantly concentrated in urban areas. Of an estimated 220,000 people who need HIV testing and counselling on AIDS, only two per cent have access to such services.³⁸ Both knowledge and practice about HIV and AIDS are very weak, particularly among women. There is still little data available on the other components of the SAAJ.

274. This is a multi-sectoral programme, with the Ministries of Education and Culture (MEC) and of Youth and Sport (MJD) jointly implementing activities for this age group, which are integrated with Geração Biz. As a joint effort, these services have distributed more than a million condoms.

275. In the 2003 Demographic and Health Survey, results on HIV/AIDS prevention indicated that only 44 per cent of women aged 15 and above know at least two methods of preventing AIDS, compared with 60 per cent of men. Women without educational qualifications are 2.5 times less likely to know about prevention than women with secondary education (33 per cent versus 82 per cent).

³⁵ “Third Multi-sector Analysis on the Impact of the Humanitarian Situation on the lives of Mozambican Children and Women” SETSAN/UNICEF November 2003.

³⁶ Research data INE 2003 IAF in “Poverty and Social Impact Analysis, Primary School Cost and Outcomes: Measuring the Impact of Lowering the Costs of Schooling”, World Bank, June 2004.

³⁷ The donor community promised more than 500 million USD to fight against the HIV/AIDS epidemic (BM, MAP and PAT, PEPFAR, Global Fund, Clinton Foundation).

³⁸ According to MISAU, in July 2004 there were about 4,000 people in the country on VCT treatment.

276. Furthermore, knowledge of prevention is extremely low in Cabo Delgado, Niassa, Zambézia and Inhambane provinces, where less than 30 per cent of the women know two or more ways of preventing HIV infection. Condom use is also estimated to be very low.

277. Among women who had sexual relations with a partner with whom they are not living, only 23 per cent had protected sex, a number which varies significantly depending on the level of education, that is ranging from four per cent among women with no educational qualifications to 56 per cent among women with secondary education. A similar pattern is observed among men. Only nine per cent of men with no educational qualifications use a condom in sexual relations with a partner they are not living with, compared to 59 per cent among men with secondary education.³⁹

Social Security and child care services and facilities (art. 26 and 18, para. 3)

278. Absolute poverty in Mozambique has affected a high percentage of the population and has contributed to increased anti-social behaviour, begging and other forms of social exclusion.

279. In response to this, assistance, support and social integration for the most vulnerable population groups, especially children, the disabled, the elderly and others, are key social welfare objectives. As such, from 2000-2006, efforts have been made to reduce poverty, to increase social protection and to improve housing policies.⁴⁰

Children in situations of vulnerability and deprived of family surroundings

280. The Government's Social Welfare strategy, which focuses on caring for vulnerable children, prioritizes the reintegration of these children into families and communities, through interventions that prevent abandonment and provide support. Families and communities are supported through targeted programmes and projects, which include income generation, professional training, community development and others.

281. Where children are separated from their families, efforts are made to locate relatives and reunite the family. When this is impossible, finding the child a foster family is prioritized. Putting children in institutions is a last resort. Data on the Family Location and Reunification Programme is included in table 5 below.

282. From 2000 to 2006, we saw a significant increase in the number of assisted children in open centres and shelters, where they benefited from education, professional training, food and health care.

283. During the same period, the number of children cared for in orphanages fluctuated. This is due to the effort made by all social welfare actors to provide children with a family environment, whether through foster families or within the community.

³⁹ INE, IDS 2003.

⁴⁰ *Balanço Preliminar do Programa do Governo 2000-2004 nas Áreas da Mulher, Família e da Acção Social*, Ministry of Women's Affairs and Social Welfare, July 2004.

Table 4
Care for vulnerable children

Indicators	2000	2001	2002	2003	2004	2005	2006
No. of open centres and shelters	77	7	7	7	8	9	131
No. of children assisted	7 012	13 391	14 607	14 009	7 559	15 176	20 895
No. of orphanages	14	18	22	21	25	36	25
No. of children assisted	681	565	1 193	932	742	2 189	1 280

Source: MMAS Reports.

Family location and reunification

284. From 2000 to 2006, a total of 5,457 children were located and reunited with families; 1,347 with their own families, and 1,266 with foster families, mainly in Manica, Sofala, Zambézia and Nampula provinces. Over this period, the programme fluctuated in terms of progress, while challenges such as documenting children and uniting them with families were encountered. Floods and other natural disasters contributed to this situation, by causing children to separate from their relatives.

Table 5
Family location and reunification

Indicators	2000	2001	2002	2003	2004	2005	2006
Children documented	785	584	1 858	2 230	673	4.124	4.053
Children reunited with their biological families	296	172	607	444	564	564	1 111
Children integrated into foster families	120	87	911	227	237	246	256

Source: MMAS Reports.

Standard of living (art. 27)

285. Detailed information regarding this subject can be found in the initial report. However, it is important to mention some definitions regarding the concept of poverty, seeing that poverty reduction has been one of the main objectives in governance programmes in various countries, including Mozambique.

286. The definition of poverty remains a matter of debate, but for policy purposes, poverty was initially related to lack of income - in cash or in kind - needed to satisfy basic needs. This monetary definition does not cover all aspects of poverty, and so the concept was expanded to cover factors such as lack of access to education, health, water and sanitation, among others.

287. Currently, the concept of poverty also includes factors such as isolation, social exclusion, lack of power, vulnerability and others. In other words, since poverty is a multi-dimensional phenomenon, the standard of living cannot be measured by any single criteria or indicator alone, therefore a multiple approach is needed.⁴¹

Environment

288. Here, the focus is on preparing plans to address urbanization of cities, towns and districts. The objective is to adequately plan social infrastructure (schools, hospitals etc.) in order to ensure a healthy environment.

289. To ensure a healthy environment, audits and environmental assessments of projects implemented across the country have been carried out. A Cleaner Production Centre was also set up, with the objective of defining acceptable environmental standards and, based on these, to encourage industries to introduce clean technologies, thus protecting public health.

VIII. EDUCATION, VOCATIONAL TRAINING AND GUIDANCE (art. 28)

290. The Constitution and various legislations in force in the Republic of Mozambique have established that education is a right and duty of every citizen; and that the state promotes the extension of education and continuous professional training, and equality of access for all citizens.

291. The main objective of promoting the educational system is to ensure that all citizens, particularly children, have access to education and to eradicate non-literacy. Within this framework, basic education is granted to all citizens through the gradual introduction of compulsory education and access to professional training.

292. As mentioned in the Initial Report, the right to education is attained through the National Education System, with its principles captured in Law No. 6/92, of 6 May. This Law covers three areas of education: pre-school, school and out-of-school education.

Pre-school education

293. Pre-school education takes place in crèches and playgrounds for children less than six years old. It complements or supplements educational family activities. The Ministry of Women's Affairs and Social Welfare together with the Education and Health Ministries are tasked to define guidelines for pre-school education, to support and inspect their compliance, and to define criteria and standards for the opening, operation and closure of pre-school education establishments.

⁴¹ There are two main methods for monitoring and evaluating the standard of living: *quantitative studies* - on illiteracy, mortality rates, the percentage of the population without access to water, income, etc. - and *qualitative studies* - climatic conditions, support from the government and other institutions, employment opportunities, access to financial resources, physical or mental incapacity, forced migration, divine or fatalistic questions, etc.

294. Pre-school education contributes to the comprehensive and harmonious development of children, particularly focusing on their intellectual, moral and social abilities as well as on their psychomotor skills. This programme was implemented in two locations: playground centres and community crèches.

295. During the reporting period, private crèches were established, which contributed to the increased number of children attending pre-school education. The majority of crèches, both State-run and private, are concentrated in Maputo and Beira cities. The number of public and private crèches increased from 49 in 2000 to 162 in 2006.

Table 6

Pre-school education

Indicators	2000	2001	2002	2003	2004	2005	2006
No. of MMAS centres	16	13	15	15	15	15	15
No. of children attending	1 435	1 346	1 525	1 572	1 144	1 450	1 823
No. of private crèches	33	80	111	111	100	111	147
No. of children attending	4 661	5 542	6 643	74 91	9 178	11 532	12 722
No. of community crèches	410	360	475	526	422	558	490
No. of children attending	19 526	22 687	29 620	37 434	27 195	39 935	42 150

Source: MMAS reports.

296. Overall, the pre-school programme resulted in: better use of available time by parents, in particular by mothers, to undertake other activities mostly in agriculture, in informal trade, and in other productive work; better socialisation of children; increased school attendance rates in rural and peri-urban areas; and greater learning capacity for children in primary school.

School education

297. In order to ensure increase access to education, as well as increase the education infrastructure, several activities were implemented during the reporting period, including: training and allocation of new teachers, and the supply of school materials, particularly text books and teachers' manuals; improved effectiveness of internal system to increase its enrolment capacity; exploration of distance learning as an alternative to expand citizens' access to education; literacy classes for young people and adults as a complementary activity to formal education, and contributing to the reduction of non-literacy and absolute poverty. Other measures or incentives were used, such as granting scholarships to the neediest pupils; and exempting the poorest children from enrolment and school fees, particularly in areas where the incidence of poverty is acute.

298. A significant increase in the gross and net school attendance rates between 2000 and 2006 was reported in EP1. The gross rate increased from 92.4 per cent to 135.3 per cent and the net rate from 55 per cent to 88.3 per cent. In absolute terms, the number of pupils in EP1 increased from 2.3 million in 2000 to 3.6 million in 2006. Similarly the gross attendance rate in EP2 increased from 25.3 per cent to 51.4 per cent and the net rate from 2.7 per cent to 8.9 per cent during the same period.

299. The school network has also substantially expanded, with the number of EP1 schools growing from 7,071 in 2000 to 8,954 in 2006. The additional number of EP schools, however, did not keep pace with the number of pupils. As a result, the ratio of pupils to EP1 schools increased from approximately 322 pupils per school in 2000 to 400 pupils in 2006. Likewise, the number of teachers did not grow proportionately, with an average of 76 pupils per EP1 teacher in 2006 compared with 65 in 2000. Furthermore, the proportion of unqualified teachers remained unchanged, at 38 per cent over the same period.

300. The gross rate for completing EP1 improved significantly, rising from only 30.2 per cent in 2000 to 75.3 per cent in 2006.

301. Despite a decline in the 2000-2006 period, significant geographical and residential disparities remain, which particularly affect children from the central and northern provinces and living in rural areas. In EP1, the difference between the provinces with the lowest and highest net school attendance rates in 2006 was 27 per cent, and in 2000 it was 42 per cent.

302. Gender disparities declined considerably between 2000 and 2006, mainly in terms of access but also in terms of completing EP1. In 2000, the difference in the net EP1 attendance rate between girls and boys was 9 percent (higher for boys), while in 2006 this difference had fallen to 4 percent. The net EPI attendance rate for girls increased from 50.6 per cent in 2000 to 86.3 per cent in 2006. The attendance rate for six year olds was slightly higher for girls in 2006 (63.3 per cent for girls, 63.0 per cent for boys). The parity index of EP1 graduates increased from 61.3 per cent in 2000 to 78.7 per cent in 2006.

303. The Mozambican Government has also invested efforts to establish conditions in school where children with special needs may also be assisted. This group of children includes those with special learning needs, orphan and vulnerable children. Some children with special learning needs attend regular schools and benefit from teachers who are trained in the use of inclusive education methodologies. Other children requiring special care attend special schools. In 2005, 531,944 children were enrolled in primary schools (EP1 and EP2), and increased to 692,009 in 2006.

304. Assuming that better quality of education results from a continuous process of improvement and change in both infrastructure and teaching and learning methodologies, the Government has focused its interventions on a triangle composed of three inextricably linked factors - the curriculum, the teachers, and education materials, in particular pupils' text books and teachers' manuals.

305. In 2003, the basic education curriculum review was concluded, and the new education programmes were tested in selected experimental schools in all provinces. Since 2004, the new curriculum is being implemented. Its main educational innovations are: the integration of the seven classes in basic education, with a knowledge structure by areas rather than by subject discipline; a national curriculum with core knowledge skills and values that are compulsory for all pupils and with flexibility to include the local curriculum; advancement by learning cycles rather than by school years; the introduction of Mozambican languages as languages of education, and to be administered in a bilingual fashion; the introduction of English from the third cycle onwards, which corresponds to 6th grade; and the introduction of Crafts and Moral and Civic Education.

306. As a way to improve the levels of care for school-age children, and to particularly encourage girls to attend school, the Mozambican Government has adopted teacher training policies that prioritize the teacher training for women. This measure contributed to increasing the number of EP1 teachers from 26,140 in 2000 to 31,620 in 2006.

307. In-service teacher training is a key objective for the Mozambican Government. Approximately 15,000 teachers have already benefited from courses that gave them a basic level graduation for primary education. At the same time, and as a way to improve the quality and performance of the teachers in light of the new basic education curriculum, more than 40,000 teachers have been part of “recycling” courses.

308. Enrolment fee exemption for primary education is one of the successful measures the Mozambican Government adopted in order to increase school access for all children. This measure is complemented by the free distribution of school books to all pupils in primary education.

309. Secondary education, particularly the 1st cycle, has grown substantially more than primary education, due to the huge growth in primary schooling. The number of 1st cycle secondary schools increased from 93 in 2000 to 216 in 2006 and the number of pupils increased from 78,300 to 257,700. This increase is one of the greatest challenges faced by the country, in that Mozambique does not yet possess the conditions and sufficient resources to meet this new challenge.

310. In an attempt to explore distance learning as an alternative to expand access to education, a pilot project is currently being implemented, involving 1st cycle secondary pupils in one province. It is hoped that in the coming years it will be extended to the entire country.

311. One of the measures initiated by the Government in 2000 in the area of literacy and adult education was the re-establishment of the institution responsible for the management and development of this activity at national level. Subsequently, a specific strategy was developed for literacy and adult education, approved by the Government in 2001. This strategy created a legal platform allowing NGOs to implement literacy programmes nationally.

312. New literacy programmes were developed, and new textbooks were produced. The literacy calendar and class timetables were negotiated in a flexible manner with the interested candidates, thus trying to successfully combine productive activities with learning needs.

313. The non-literacy rate among the population aged 15 and above fell from 61 per cent in 1997 to 54 per cent in 2003.⁴² But today more than half of Mozambican adults remain non-literate, with significant gender, residential and geographical disparities. Almost twice as many women are non-literate than men (68 per cent versus 37 per cent). The majority of women in rural areas (81 per cent) are non-literate. Non-literacy rates among women vary greatly among the provinces, from 22 per cent in Maputo City to more than 75 per cent in the central and northern provinces of Tete, Zambézia, Nampula, Niassa and Cabo Delgado. A trend for younger

⁴² INE, Population census 1997, and 2003 IAF.

women to be increasingly more literate than the women in older age groups is also noted. For example, while the non-literacy rate among those aged 15-19 dropped from 50 per cent in 1997 to 38 per cent in 2003, it only fell from 56 per cent to 51 per cent among women aged 20 - 29 over the same period.⁴³

Education outside of school

Life skills

314. The Programme “My Future is My Choice” (MFME) is being implemented since 2001. The various programme activities benefit both girls and boys aged 10-15 living in Zambézia, Sofala and Manica provinces, as shown in table 7 below:

Table 7

Training as part of MFME programme for adolescents aged 10-15

Province	Districts	Activities	No. of Adolescents trained	Sex	
				F	M
Zambézia	Inhassunge, Nicoadala, Namacurra, Ile and Pebane	Training of peer educators	125	60	75
		Graduates in theatre, dance, arts and crafts as per interest	6 606	3 055	3 591
Sofala	Dondo, Nhamatanda, Gorongosa and Caia	Training of peer educators	100	45	55
		Graduates in theatre, dance, arts and crafts as per interest	19 960	8 945	11 015
Manica	Gôndola, Manica, Mussorize and Báruè	Training of peer educators	100	48	52
		Graduates in theatre, dance, arts and crafts as per interest	18 017	9 260	8 757

Source: Ministry of Youth and Sport.

315. The total number of adolescents involved in the programme in the three provinces is 44,908 of whom 21,305 are girls and 23,418 are boys. It should be mentioned that in Sofala province, in addition to the above programme, the Youth in Action Project (PJA) is also being implemented since 2005 in Búzi district by *Pathfinder International* with financial support from *Trocaire*. This is a multi-sector programme that involves the Provincial Directorates of Youth and Sport, Education and Culture and Health.

316. Several community-based activities have been implemented as part of this pilot project. The beneficiaries are young people outside of school, aged between 10 and 24, as shown in the table below:

⁴³ *The current situation of children and women in Mozambique*, Cooperation Programme between the government of Mozambique-UNICEF, Intermediate Revision, October 2004.

Table 8
Beneficiaries of the Youth in Action Project

Activities undertaken	Total No. of adolescents and youths involved	Sex		Place
		F	M	
Training of Activists	61	27	34	Búzi town
Community social mobilisation events	16 391	9.834	557	Nova Sofala town
Individual (face to face) awareness raising activities	1 414	820	594	Nova Sofala town

Source: Ministry of Youth and Sport.

317. Among the centres and projects that assist vulnerable children, several vocational and semi professional training activities are being implemented. These activities include among others carpentry, sewing, floriculture, shoemaking, and basket making.

Leisure, recreational, cultural and artistic activities (art. 31)

Healthy occupation of free time

318. With regard to this activity, the MJD promotes sporting events, namely child and youth championships known as BEBECs, which are part of the Mozambique in Motion Programme, and which involve children aged between 8 and 15 throughout the country. It also encourages the participation of adolescents in Youth Camps that are usually organised in August, to commemorate International Youth Day on 12 August.

319. The child and youth sports tournaments generally take place during the school holidays in the provincial capitals, if conditions to host them are adequate. Some provinces do not have this activity.

320. From 2000 to 2005, the sports programme involved about 52,762 children, 50,915 boys and 1,847 girls.

Participation in youth camps

321. The Ministry of Youth and Sport has supported youth camps during the celebrations of, International Youth Day on 12 August. These are intended to create opportunities for young people in each province to share experiences, habits and cultural customs, and to unite their ideals around one common interest.

322. Thus, the first Regional Youth Camps were held in August 2004 (in the north, centre and south), bringing together a total of 900 young people across the country. An unspecified number of youth and adolescents aged between 15 and 24 have taken part in these camps.

323. In 2005, in order to involve a larger number of young people from the provinces, Provincial Youth Camps were held in districts of their choice, giving priority to the age group mentioned above.

324. The “Continuadores (those who shall continue) of Mozambique” Organization (OCM) hosted camps involving the participation of children from across the country. Of note, the National Holiday Camp held in 2005, counted the participation of 500 children from all districts and provincial capitals.

Environment

325. The Ministry for Environmental Coordination continues to ensure the inclusion of environmental matters in formal education. With the basic education phase over, the process is under way to prepare the environmental component which will be included in the General Secondary Education curriculum.

326. In the case of non-formal education, the promotion of environmental clubs in schools throughout the country should be noted. The table below summarizes the activities implemented in this area.

Table 9

Activities implemented in the environmental clubs

Type of education	Form of activity	Type of activities undertaken	Number of child beneficiaries
Formal education	Coordination with MEC through INDE in integrating the environmental component into the curricula of general secondary education.	Design content to be taught in the relevant grades of this level.	All children enrolled at this level.
Non-formal education	Creation and encouraging of groups of interest involved with environmental issues in the schools, known as Environment Clubs.	Promote extracurricular activities to support the integration of environmental questions into schools, namely cleaning campaigns, creation of green spaces, production of a school paper, and promoting cultural activities (sport, literature, theatre, drawing).	Currently, there are environmental clubs in all provinces, involving a total of about 1,400 children of both sexes.
	Cooperation with the “Continuadores of Mozambique” Organization.	Promotion of environmental activities of educational nature, involving the children in association.	

Source: Ministry for the Coordination of Environmental Action.

327. In addition to these activities, the Ministry for Environmental Coordination produces educational materials aimed for children on current issues such as floods, erosion, bush fires and the environment in general.

Culture

328. Culture has been fully promoted through national, provincial and district festivals and literary competitions, in order to protect and appreciate the vast and diverse national cultural mosaic. The national cultural policy was approved, and legislation was passed to promote the material and non-material assets of the Mozambican heritage, with the standardisation of the written form for national languages.

329. A pilot programme was implemented in 2003 to introduce local (Mozambican) languages in the primary education curriculum. In 2006, the number of schools covered by the programme was 75, spread across ten provinces.

Table 10

Teaching of local languages in 23 basic level schools

Province	Language
Maputo City	Ronga
Maputo	Ronga
Gaza	Xichangana
Inhambane	Cicoti, Bitonga, Xitsua
Sofala	Ndau, Cisena
Manica	Ndau, Tchiute
Tete	Cinyanja, Nhungue
Zambézia	Elomwe, Echuwabo
Nampula	Emakhuwa
Cabo Delgado	Emakhuwa, Kimuane, Cimakonde
Niassa	Cinyanja, Emakhuwa, Yau

Source: National Education Development Institute (INDE).

IX. SPECIAL PROTECTION MEASURES (arts. 22, 30, 32, 36, 37, 38, 39 and 40)

330. As mentioned earlier, article 121, paragraph 2, of the Constitution of the Republic, ensures that the protection of children, particularly orphans, disabled children and abandoned children, is the responsibility of the family, society and the state. It also states that children shall be protected against any form of discrimination and ill-treatment, as well as against any abusive authority within the family and in other institutions.

331. There are concerns in the country over the levels of violence against women and children, in particular of domestic violence and child abuse. This problem is linked to gender imbalance and to power relations between men and women, and between adults and children.

332. Although Mozambique has ratified treaties and conventions on human rights, traditional practices are still prevalent, which give women and girls a much lower status than men. The results of the 2003 IDS show that more than one in every two Mozambican women, aged between 15 and 49, would accept at least one reason to justify their husbands beating them.

333. This acceptance is common among women, with age or marital status making little or no difference. This attitude is more prevalent in rural areas (58 per cent) than in towns (48 per cent) and in some provinces more than others - highest in Gaza and Tete (68 per cent), and lowest in Maputo city (31 per cent). The 2003 IDS also indicated that 35 per cent of women aged between 15 and 49 would accept their husbands beating them if the woman refused to have sex with the husband. Interestingly, only half of both men and women think it is acceptable to beat women when they refuse to have sex.

Refugee children (art. 22)

334. As a country with several borders, Mozambique receives illegal immigrants and child refugees from other parts of the continent.

335. The protection of the foreign children's rights to a name and nationality is clearly stated in the Constitution. Furthermore, on 22 October 1983, Mozambique ratified the 1951 Convention relating to the Status of Refugees and its 1967 Protocol. It has also ratified the OAU Convention of September 1969 related to the Specific Aspects of Refugees in Africa.

336. To implement these international treaties, as well as enforce the Constitutional principles on refugees, in 1991 the Assembly of the Republic passed Law 21/91, which states that appropriate procedural mechanisms must be in place to guide the process of authorising refugee status.

337. The Government set up the National Refugee Support Institute (INAR), through Decree No. 51/2003, of 24 December. INAR is a public law institution subordinate to the Ministry of Foreign Affairs and Cooperation. Through this institute, the rights of refugees are assured, including refugee children's access to education, basic health care, social security, leisure and recreation, and protection against torture and degrading treatment, abuse, neglect and other practices damaging to their development.

338. Until 2003, there were refugee centres in Maputo province (at Bobole and Massaca. These centres were recently moved to the Maratane refugee centre in Nampula province.

339. The country has urban refugees who are self-sufficient and only receive legal assistance from INAR, and other refugees who live in the centre depend on material and legal assistance from INAR, the UNHCR and some NGOs who work at the centre.

340. The Marratane Centre accommodates approximately 5,339 refugees coming from several African countries, namely Rwanda, Uganda, Somalia, Sudan, Angola, Congo-Brazzaville, the Democratic Republic of Congo, Eritrea, Liberia, Mauritania and Zimbabwe. They include 2,867 children aged between 0–17 years, of whom 1,382 are girls and 1,485 are boys (see table below).

Table 11
Number of refugee children in Mozambique by country

Country	Girls		Boys		Total
	0–4 years	5–17 years	0–4 years	5–17 years	
Angola	1	1	1	1	4
Burundi	71	99	83	125	378
Congo-Brazzaville	4	9	4	7	22
Dem. Rep. of Congo	447	636	455	690	2 228
Rwanda	43	69	45	73	230
Uganda	1	0	0	0	1
Somalia	0	0	1	0	1
Sudan	1	0	0	0	1
Total	568	814	589	896	2 867

Source: National Refugee Support Institute.

341. Of the total figure, there is an unspecified number of children who came without their families (unaccompanied children). Some refugee children also live with foster families and others are taken by families from the same region or country.

342. There are many school-age children in the centre. To meet the educational needs of these children, the Government has set up a full Primary School that includes the National Education System up to seventh grade. In addition to children from the centre, children from neighbouring communities attend this school.

343. Furthermore, at the request of the centre's residents, a school was established using the French education system, and supervised by the INGO World Vision. This school, in addition to teaching includes a playground for children aged between two and five, and a room for computer classes.

344. According to the refugees, the French school was established to involve the children in educational programmes related to their native countries, in the event that one day they are able to repatriate. However, this school which includes secondary level up to 12th grade faces a major problem recognized by the Government. This means that when the pupils graduate from this school, they then go to Nampula city where they attend secondary education again, while being supported by World Vision with accommodation and food.

345. In order to ensure access to health care, a health centre has been set up in Marratane. The health centre benefits the refugees as well as the surrounding communities. In the event of serious health conditions, patients are transferred to the Provincial Hospital.

346. To ensure protection of the refugees, a police post has been set up and a militia force has been formed by the refugees themselves, which works in collaboration with the police.

347. As for recreation and sport, the children and youths have held sporting and cultural tournaments during their free time and include the participation of children from surrounding communities during festive occasions. For example, on commemorative dates, football matches are held, typical dances from their countries are performed, and convivial lunches are organised.

Children in conflict with the law

348. As mentioned in the initial report, the minimum age for criminal responsibility established under the Mozambican Penal code is 16 years.

349. The Statute of Legal Aid for Minors (EAJM), which is an integral part of Decree 417/71, outlines the parameters for aiding minors in the criminal prevention area, through the application of protection measures, assistance or education, which are alternatives to depriving offenders of their freedom. The Statute is being revised in a participatory manner, involving institutions, the children and civil society.

350. In Mozambique, institutions that care for children who are alleged suspects, accused or recognized offenders do not currently exist. There is also the lack of an adequate system that would allow the provision of adequate assistance and education, as prescribed by the law. Consequently, interventions involving judicial authorities in dealing with children in conflict with the law are limited to reprimands and rebukes and, in some cases, holding the parents responsible. The children are set free and handed over to their families.

351. During the review consultations with the EAJM, the need to apply alternative measures to the loss of freedom for children who come into conflict with the law was emphasised. Such measures should result from a careful assessment of the situation for each child, with a view to adopt appropriate measures depending on the case of each child.

352. In support of a prevention and recovery strategy for children in conflict with the law, the Government with assistance from UNICRI, has started to implement a multi-sector programme involving the Ministry of Justice, MMAS, the Ministry of Interior, the Supreme Court and the Attorney-General's Office. This initiative aims to prevent juvenile delinquency and to develop programmes that will rehabilitate child offenders, through community programmes and the establishment of relevant institutions. In the initial phase, a centre in Maputo city is expected to be set up. Meanwhile, with the support of Save the Children, the establishment of a rehabilitation centre in Beira city, Sofala province, has started.

Administration of Juvenile Justice (art. 40) and children deprived of their liberty, including any form of detention or imprisonment, or placed in custodial settings

353. As mentioned in the preceding paragraphs, Mozambican legislation is making efforts to comply with international standards, in particular with the Convention on the Rights of the Child with regards to children, through the legal reform currently under way.

354. Minors aged between 16 and 18 years of age have reduced criminal responsibility in that they cannot be sentenced to more than 8 years imprisonment. In accordance with the provision of article 21 of the Statute of Legal Aid for Minors, only one of the following measures can be applied to children under 16 years of age:

- Reprimand
- Hand over to parents or guardians

- Assisted freedom
- Deposit against good conduct
- Reduced income or wage
- Placement in a suitable family or in an official or private educational institution
- Apprenticeship or work placement with any official or private body
- Placement in an observation centre in a semi-boarded institution
- Assistance from a medical-psychological institute
- Internship in an educational institute

Economic exploitation, including child labour (art. 32)

355. Mozambique is among the 99 member states of the ILO who have ratified all eight ILO conventions (two on forced labour, two on freedom of association, two on discrimination and two on child labour). On 16 June 2003, Mozambique ratified ILO Conventions No. 138 (1973) concerning the Minimum Age for Admission to Employment, and No. 182 (1999) on the Worst Forms of Child Labour, and is thus obliged to adapt legislative provisions in this regard.

356. The new Constitution already establishes a ban on child labour “whether the child is of the age for compulsory schooling or any other age”. Despite this Constitutional provision, the issue of working children is longstanding. Such issues in Mozambique are governed by Law 8/98 of 20 July (Labour Law).⁴⁴ Domestic labour, informal trade and manual labour are the most common forms of labour in which children are involved.

357. Reasons why children work are the lack of money to pay school fees and the need to support the family when there is no other income. The parents of these children allow them to work because of the parents’ inability to meet the children’s education, nutrition and material needs.

358. In rural Mozambique, children are frequently forced to work, particularly in commercial agriculture, domestic work and prostitution, due to chronic household poverty, lack of employment for adults, unfavourable economic environment, lack of educational opportunities, gender inequalities and due to the impact of HIV and AIDS. Children orphaned because of HIV/AIDS are frequently forced into child labour, since they have been left without any family support.

⁴⁴ This Law is currently being revised.

359. The Ministry of Labour regulates child labour, in both formal and informal sectors. Labour inspectors obtain court orders or use the police in order to ensure implementation of the law with regards to child labour. The law punishes anyone or any organization violating provisions under this law. The control mechanisms are more effective in the formal than in the informal sector.

360. However, the labour inspectorate and the police have been faced with a shortage of qualified staff and adequate funds and training to carry out their mandate, especially in areas outside the country's capital, where most of the violations occur.

361. In 2000, with the support of UNICEF,⁴⁵ a rapid assessment of child labour in Mozambique was conducted. In response to this assessment, labour inspectors in various provinces received training addressing child labour issues. Following this initiative, no further interventions were implemented, confirming that much remains to be done in this area.

362. The Government disseminates information and provides education on the dangers of child labour.

363. In order to prevent commercial and sexual exploitation, and the abuse of children, the Ministries of Interior and Labour are supporting the police to document all incidents pertaining to such violations.

Employment and professional training strategy

364. In March 2006 the National Employment and Professional Training Strategy was approved. This instrument aims, on the one hand, to reduce absolute poverty by addressing employment issues, and on the other, it aims to implement the labour principles and objectives outlined in the Government's labour policy.

365. The strategy focuses on social development and is committed to the fight against poverty, as clearly reflected in its policies to promote reasonable employment, which will contribute to the elimination of child labour.

366. The instrument contains the following provisions on child labour:

Support for the Elimination of the Worst Forms of Child Labour (EPFTI)

- Action 4.5.1. Undertake basic research through assessment and thematic/sector studies to provide a basis for designing and implementing government interventions
- Action 4.5.2. Establish institutional capacity to implement and strengthen policies and legislation in this area
- Action 4.5.3. Develop the institutional capacity of the key stakeholders, including NGOs and civil society, to address matters concerning child labour

⁴⁵ UNICEF, the organization that financially supported the "Rapid Evaluation of Child Labour" in 2000, has expressed its commitment to support the "Prevention of Child Labour" project, in partnership with the Ministry of Labour, by financing planned activities for 2007.

Indicators of results

- A focal point established in the Ministry of Labour who deals with EPFTI
- Policies and legislation available and implemented in the country
- Training programmes in EPFTI available for the main stakeholders and implemented regularly
- Data on child workers available in thematic or sector form to be used by policy makers and other interested parties
- A liaison mechanism established between EPFTI and other components of development, as well as interventions that include strategies for partnerships with bilateral and multilateral donors

367. The 2000 Rapid Assessment on Child Labour does not explicitly provide the scale of child labour problem in Mozambique, since available data was geographically limited.

368. With the implementation of the Employment and Professional Training Strategy, as well as other instruments mentioned above, it will be possible to carry out studies to ascertain data on the scale of child labour in Mozambique.

369. With the support of ILO and in coordination with the Government of the Federal Republic of Brazil, Mozambique joined the International Programme for the Fight against Child Labour (IPEC). This venture is hoped to last for a year or a year and a half, and is expected to be the starting point for a National Programme to Prevent and Combat the Exploitation of Child Labour in Mozambique. To this effect, the planned establishment of a national commission will look at ways to eliminate child labour in Mozambique.

Illicit use of narcotic drugs (art. 34)

370. The Republic of Mozambique has adopted legislative, administrative, social and educational measures in order to protect children and the rest of society against the illicit use of narcotics and psychotropic substances as defined in the pertinent international treaties, and in order to prevent the use of children in the production and illicit traffic of such substances.

371. As such, Law 3/97 of 13 March legislates against the trafficking and consumption of narcotics, psychotropic substances, precursors or other substances with similar effects. Decree 41/97, of 18 November, approved the Organic Statute of the Central Drug Control and Combat Office.

372. Despite the efforts of Government and civil society in dealing with issues related to drugs - from production, sale and trafficking to treatment of drug addiction - cases of young drug abusers and the existence of international drug trafficking networks operating in Mozambique persist.

Sexual exploitation and sexual abuse (art. 34)

373. Social intervention aims to protect the child, especially from domestic abuse. Another way to address sexual abuse and exploitation of children is through criminal law. Mozambican penal legislation recognizes several criminal offences enforced by the State through law courts.

374. However, there are gaps in the current legislation pertaining to abuse and exploitation of children. Specifically, the existing law does not cover certain sexual offences against children. The existence of criminal sanctions concerning sexual offences is recognized, but the legislation needs to be revised to ensure full protection of children against sexual abuse and exploitation. As mentioned throughout the report, as part of legal reform, this is one of the specific areas under in the Penal Code under review.

375. The INJAD survey carried out by INE in 2001 showed that 3.6 per cent of young women aged between 15 and 24 who already had sexual relations, had been forced at least once to have sex. Among these, 29 per cent said they were less than 15 years old when the forced sexual relations occurred.

376. In 2001, the female population aged between 15 and 24 was approximately 1.7 million. With approximately 83 per cent of women who already had sexual relations, the INJAD survey showed that roughly 53,000 young women were raped at last once in their lives, with 15,000 of them raped before they were 15 years old. The survey also indicated that when they were adolescents or younger, 29.5 per cent of women and 36.6 per cent of men had suffered physical abuse from relatives. These findings strengthen the anecdotal evidence that domestic violence is widespread and is a growing problem.

377. Awareness raising activities for children and families to prevent sexual exploitation and abuse of children should be mentioned. In 2002, the Campaign Against the Abuse of Minors, mentioned in the initial report, was repeated with the participation of state and civil society institutions. Furthermore, the legal and psychological support services, mentioned in previous chapters of the present report, also assisted child victims of sexual abuse and exploitation and their families.

378. For example, the Child and Juvenile Rehabilitation Centre in Maputo Central Hospital assisted 79 child victims of sexual abuse from 2005-2006. Training for health personnel, police, social workers and civil society organizations was also provided to assist children victim of abuse.

379. In addition, police training in preventing sexual exploitation and abuse and violence against women and children was conducted. A community monitoring system reporting incidents of sexual exploitation and abuse of children was also established.

380. Mozambique has joined the Regional Campaign Against the Abuse of Minors, launched in 2004 to prevent the abuse and trafficking of children across Southern African countries.

Sale, trafficking and abduction (art. 35)

381. In addition to the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child, several international treaties dealing with children's rights under the auspices of various inter-governmental organizations have been adopted. Mozambique has also ratified the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography, and is thus obliged to ensure that the rights and responsibilities contained in this Convention are incorporated into domestic law.

382. Following the ratification of several international documents, the country has made progress in terms of harmonising its national legislation according to international standards, as well as incorporating specific provisions into its civil, criminal and other legislation. Of note, the Government in partnership with several civil society organizations has drafted a bill against the trafficking of human beings (in particular women and children), which was submitted to the Assembly of the Republic for approval.

383. Furthermore, the Child Protection Bill mentioned in earlier chapters contains provisions on preventing and fighting against the sale, trafficking and abduction of children.

Children living or working on the street

384. Vulnerable children abandon their homes to live on the street, due to orphanhood, violence, neglect and/or family instability. Street children are mainly an urban phenomenon, occurring in the country's main cities. Approximately 400 children and young people are estimated to live on the streets of Maputo city.

385. According to the "Meninos de Moçambique" Association, an organization that provides health care to street children, the main health risks for street children are malaria, cholera and STDs.

386. Intervention in this area involves partnerships between the State and civil society, and with the children and their families, in order to reintegrate the street children into families. Given the complexity of the phenomenon, reunification is generally a lengthy process and until this can happen, the children when and where necessary are provided with assistance by designated shelters, as mentioned in earlier chapters of this report.

387. The children are also encouraged to participate in professional and productive activities as well as schooling, in order to prepare for successful reintegration into the community.

Table 12: Crimes against children in the Republic of Mozambique 2003-2005 - Moçambique - 2003-2005

Source: Department of women and children, Comando Geral da Policia

Kind of crime	Children										Total	Children										Total					
	2004											2005															
	0 a 5		6 a 9		10 a 13		14 a 17		0 a 5			6 a 9		10 a 13		14 a 17		0 a 5		6 a 9			10 a 13		14 a 17		
	M	W	M	W	M	W	M	W	M	W		M	W	M	W	M	W	M	W	M	W		M	W	M	W	M
Voluntary homicide										0								0								1	
Murder										0								10								1	
Frustrated homicide										0																1	
Abortion										1	1															0	
Attempt of suicide										0														1	1	5	
Infanticide	1									1	2	6														0	
Voluntary bodily offences simple										50															4	6	
Voluntary qualified bodily offences										0	10	5	20	10	1	6	5							6		6	
Offence moral								3	6	9																1	
Traffic						2		2	2	6			1											1	2	11	
Abduction	3	4	6	4	5	3				25	11	6	10	4	2	1							3	3	16	44	
Assented abduction										0																0	
Organs extractions										0														1	1	1	
Indecent assault										0																6	
Defamation/ detraction								2	2	2																2	
Rape						16		31	47																13	76	
Sexual violence									198		8		14		42		92	156	2	34		70		114	3	70	293
Private incarceration						1		4	5								4	4	1				3			4	
Burnings													2													2	
Lost children									369									457	180	214	75	79	76	25	39	11	699
Found children									267									153	263	116	139	72	57	42	27	7	723
Abandonments of minor									116									115	47	58				2		8	115
Child abuse	4	1	8	5	11	15	4		48									244									
Maltreatments																				6	14						20
Total									1 145									1 511									1 986

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