

United Nations Children's Fund
Executive Board
Annual Session 2003
2-6 and 9 June 2003
Item 13 of the provisional agenda*

For information

Report on the field visit of the UNICEF Executive Board to Mozambique, 10-19 March 2003

I. Introduction

1. The field visit to Mozambique was not only extremely useful for members of the Executive Board, but was also very well prepared and excellently executed. The UNICEF team was comprised of the following Board members:

- H.E. Prof. Lebohang K. Moleko, Permanent Representative of Lesotho to the United Nations, Vice-President of the Executive Board and Team Leader;
- H. E. Vsevolod Grigore, Permanent Representative of Moldova to the United Nations;
- Mrs. Booto Nduku, First Counsellor, Permanent Mission of the Democratic Republic of the Congo to the United Nations;
- Mr. O'Neil Francis, First Secretary, Permanent Mission of Jamaica to the United Nations;
- Mr. Singgih Yuwono, Second Secretary, Permanent Mission of Indonesia to the United Nations;
- Mr. Thomas Nader, Deputy Director, Ministry of Foreign Affairs, Austria (Observer);
- Mr. Ndolamb Ngokwey, Secretary of the Executive Board.

2. The joint segment of the visit with members of the Executive Boards of the United Nations Development Programme (UNDP)/United Nations Population Fund (UNFPA) and the World Food Programme (WFP), on which a separate report has been prepared, allowed members of the UNICEF Board the opportunity to examine the extent to which all agencies involved work synergistically to achieve the greatest impact in providing support to the Government of Mozambique and to local communities.

3. Members of the Executive Board had the opportunity to assess the implementation of the UNICEF country programme in Mozambique and to meet with government officials and the UNICEF country team to discuss priority issues relating to the achievement of specified targets for improving child survival, protection, care and development. Progress in achieving these targets continues to be affected by a number of factors, including persistent very high levels of poverty, the

* E/ICEF/2003/10.

weak capacities of government service-delivery systems and civil society organizations and, at the national level, the ongoing after-effects of the floods of 2000 and 2001, a severe drought, which primarily is affecting the southern and central provinces, and the high prevalence of HIV/AIDS. The record of natural disasters in Mozambique shows that the country is particularly vulnerable to climatic hazards, most notably drought, floods and cyclones. With a large percentage of the population living below the poverty line, such shocks can have dramatic consequences on the lives of the affected population.

4. Despite recent encouraging economic performance and significant progress in its 10 years of post-conflict recovery following a devastating war, the country continues to face daunting development problems and challenges with major effects on human development and a consequent impact on the sustainability of programmes. The country's strong economic performance has also been and continues to be supported by substantial foreign assistance.

5. The following is an attempt to assess programme delivery, the impact of new strategic approaches to implementation and the contribution of UNICEF to creating an enabling environment for promoting the rights and well-being of children.

II. Background

6. The Executive Board commends the UNICEF team in Mozambique for the very effective and professional manner in which they continue to promote, protect and fulfill the rights of children in Mozambique, meet their basic needs, and expand their opportunities to reach their fullest potential. The Board commends the staff for their very high level of commitment and motivation, which has contributed significantly to the very positive impact of UNICEF activities in the country.

7. Throughout the Board's visit, there was clear evidence of positive change in the lives of children resulting from the very unique and innovative approaches of UNICEF to programme implementation. These activities, which are highlighted below, represent very useful models for maximizing the impact of partnerships while ensuring both national and local ownership by the Government.

8. The members of the Board also express their deep appreciation to the Government of Mozambique, including the provincial and district authorities with whom we had the opportunity to interact, for the assistance provided in facilitating a clear understanding of the policy environment and the economic and social challenges that influence the framework within which UNICEF operates.

9. Our interactions with national and local authorities were very valuable and gave us a clear insight into the Government's development priorities, including their strong commitment to poverty reduction and improving access to such basic services as education and health. These priorities, which have clear implications for the full realization of the rights and well-being of children, are reflected in the Government's Action Plan for the Reduction of Absolute Poverty 2001- 2005, which informs the strategic objectives of the Common Country Assessment (CCA) and United Nations Development Assistance Framework (UNDAF) for 2002-2006 and which, along with both the CCA and UNDAF, provides a framework for UNICEF action in meeting its three overarching country programme priorities (integrated early childhood care and development, girls' education and fighting HIV/AIDS).

10. It was noted that while the UNICEF strategy involves the Government on the national, provincial and district levels, it also includes communities and young people and children themselves, particularly in the area of HIV/AIDS awareness-raising and prevention. The focus on reaching children aged 5-13 years, before they become sexually active, was praiseworthy and commendable, as this age group represents what is usually called the “window of hope”, one that needs to be fully exploited in order to arrest the spread of HIV/AIDS and other sexually transmitted diseases (STDs). The delegation noted the positive results of UNICEF support for peer education and innovative, participatory approaches for communicating the importance of behavioural change in such areas as sanitation, hygiene and HIV/AIDS. The value of this approach lies in the attempt to ensure that existing community structures and young people and children themselves become capable agents of change. The UNICEF partnership with Help Age International, an international non-governmental organization (NGO) which supports such community structures as the Elders’ Council and Social Assistance Committee to assist orphans and other children made vulnerable by AIDS (e.g., by facilitating their access to school), is but one example of the tremendous value of this approach.

11. It was clear during the Board’s visit that the UNICEF role in empowering local communities and building the capacities of NGOs is vital in maximizing the scope and impact of programme delivery. This approach has proved particularly useful in the context of insufficient resources and inadequate local institutional capacities for meeting the urgent needs of children, particularly in communities made vulnerable by recent natural disasters and HIV/AIDS. The efforts underway to target malaria are also of particular importance in view of the fact that malaria remains the highest cause of child mortality in Mozambique. At provincial and district levels, the strategy is to build capacities for quality and sustainable delivery of services.

12. It was clear from the villages visited that capacity development at community level has served to empower families and communities with the knowledge and skills to promote, protect and fulfil children’s and women’s rights. This approach, which complements the UNICEF partnership with the Government of Mozambique, has proven especially valuable in ensuring the sustainable implementation of the UNICEF country programme and in ensuring the broadest possible impact of interventions aimed at reaching its overarching priorities.

13. At the national level, UNICEF support for strengthening policy planning, development and monitoring has contributed significantly to the creation of an enabling environment, while advocating and raising awareness of children’s and women’s rights among decision makers and planners and increasing public dialogue. In this regard, the delegation commends the UNICEF staff for their ongoing efforts to encourage increased attention at the policy level to the HIV/AIDS pandemic and to emergency preparedness, prevention and response, which remain critical to the full realization of children’s rights and to national economic development in general.

14. The Board also noted the role of UNICEF in sector-wide approaches and its work in contributing to strategic policy development to ensure that policies and strategies incorporate priority objectives for children and women, such as HIV/AIDS, integrated early childhood development and girls’ education. As a central objective, this level of engagement includes promoting the reflection of human rights principles in policies by facilitating participation of civil society, local government and young people in policy design, implementation and monitoring. This is complemented by efforts to incorporate cross-sectoral concerns, e.g., nutrition, gender, participation and emergency preparedness.

III. Country Programme Implementation

Early childhood development and care

15. Mozambique has some of the highest infant and under-five mortality rates in the world. Malaria, diarrhoea, acute respiratory infections and measles are the main causes of child morbidity and mortality. The success of the UNICEF approach to integrated early childhood care and development lies in its support for an improved policy environment and for the review of the effectiveness of policies on service delivery and on family and community caring practices.

16. The delegation commends the ongoing efforts of UNICEF, in partnership with the Government and civil society, to consolidate and improve existing services like the expanded programme on immunization and community-based malaria prevention, through participatory education and the treatment and social marketing of bednets. The success of these programmes is attributable in large part to the role of UNICEF in supporting community capacity development for improved care practices. This approach will continue to prove essential in ensuring the long-term impact of these programmes.

17. The delegation also noted the importance of community-based day-care initiatives supported by UNICEF as part of its special protection programme. The success of the programme rests primarily on the willingness of provincial and district officials of the Ministry for Women and Co-ordinated Social Action to support community-based organizations engaged in efforts to empower community activists to protect and nurture the most vulnerable children, particularly those without primary caregivers. Unfortunately, the capacities of the Ministry, which has the primary responsibility for dealing with children's and women's issues, are very weak both in terms of human and financial resources. UNICEF is encouraged therefore to advocate further the strengthening of the Ministry and to contribute to that process.

18. In the context of the challenges posed by the current humanitarian situation, the therapeutic feeding and sentinel site surveillance supported by UNICEF, as witnessed by members of the delegation in Changara District, represents a critical response to the need for urgent care and attention for those children most affected by HIV/AIDS and malnutrition. The establishment of sentinel sites has allowed improved health service delivery and, in conjunction with provincial health authorities, has facilitated improved data collection and ongoing assessment of the nutritional status of children under five years of age.

19. Despite the importance of the sentinel sites and their significant contribution to improved assessment of the nutritional status of children, it was felt that further efforts should be made to achieve wider coverage, to ensure a more accurate assessment of the extent of malnutrition at the district and provincial levels and to measure reliably the impact of interventions by governmental authorities, including those receiving UNICEF support. This would prove critical to creating an environment for formulating strategies for improving the extent and quality of outreach.

20. The water, sanitation and hygiene promotion programme creates a healthier environment for the child by promoting improved hygiene practices and sanitation, while upgrading or constructing water supply facilities in rural and peri-urban communities. This contributes to reducing the prevalence of and the mortality due to diarrhoeal diseases and malaria. UNICEF, through its support for existing community structures, has made significant progress in this area.

Girls' education

21. UNICEF plays a unique role in cooperation with the Government of Mozambique in promoting and supporting girls' education. As one of the country programme's three overarching priorities, the focus is on attracting and keeping girls in school, through improving the relevance and quality of education and by using interactive, gender-sensitive teaching methods. The delegation noted that the UNICEF strategy in Mozambique also addresses, in cooperation with national authorities, the most urgent underlying causes that inhibit girls from enjoying their right to basic education such as lack of safe water, latrines and issues related to poverty. The team was therefore encouraged by the UNICEF Social Policy, Advocacy and Communication Programme, which advocates that children be placed at the centre of the Action Plan for the Reduction of Absolute Poverty and the sectoral strategic plans (for education, health and HIV/AIDS). The active engagement at policy level will ensure in the long run that access and quality of education for girls are addressed in sectoral policies and included in monitoring and evaluation frameworks, research and communication strategies.

22. In Mozambique, there are regional disparities in girls' enrolment, with children in the north and centre of the country less well served than those in the south. To respond to this disparity, the Board noted the strategic focus of UNICEF on Sofala, Zambézia and Nampula provinces in the north. In the north-western Tete province, where girls' education also represents a key strategy in improving access to basic education, the delegation noted the strategic approach of identifying structural and systemic problems and addressing them in ways that will contribute to an improved and sustainable education system.

23. Members of the Board were also encouraged by the UNICEF education programme, which pursues policies in support of gender sensitization for teachers and families. The focus on training and encouraging the recruitment of female teachers has also had an important impact, while at the same time improving community management of schools and educational quality. These approaches have contributed to increased enrolment of girls in the provinces most affected by gender disparity in education.

24. It was felt, however, that more needed to be done in improving support for the training and recruitment of female teachers, given their continued low numbers in both lower and upper primary schools. The delegation recognizes, however, that this is a long-term undertaking and that results will not be immediately evident.

25. There was also some concern at the entrenched social and cultural obstacles to improving girls' enrolment, factors which also affect the potential for recruiting from a sufficiently qualified pool of females for training in the teaching profession. In this regard, UNICEF is encouraged to strengthen its ongoing advocacy to sensitize families to the critical importance of girls' education, since this may prove the most important element in ensuring long-term reductions in the gender gap in education.

HIV/AIDS

26. HIV/AIDS is the greatest threat to the development of Mozambique. In recognition of this fact, the Government has developed a National Strategic Plan of Action on HIV/AIDS. UNICEF is an active partner of the Government in strategic planning on matters relating to HIV/AIDS, and is taking full advantage of this policy environment and actively supporting the creation of an institutional framework for its implementation.

27. With HIV/AIDS being the priority focus of the visit, consistent with its terms of reference, most of the projects visited were focused on HIV/AIDS. In this regard, it was clear from the communities visited that the pioneering and unique approach of UNICEF to HIV/AIDS awareness-raising at community level, through peer-led, life-skills education for young people in and out of school, is particularly effective and often complemented by the work of UNFPA in this area.

28. The delegation also noted the ongoing advocacy of UNICEF for the mobilization of leadership, resources and partnership with a wide range of Government and NGO actors, including mass media. This approach has facilitated the strengthening of care and support for orphans and other children made vulnerable by HIV/AIDS, including those who are infected themselves or whose parents are living with HIV/AIDS.

29. The delegation took note of the move to mainstream HIV/AIDS into all UNICEF programmes, including those for nutrition and health, special protection and education, through such activities as the Adolescent and Women's Health project, which contributes to the prevention of mother-to-child transmission of HIV through a full package of interventions. Several elements of this approach include voluntary counselling and testing (VCT) for pregnant women, obstetrical and postnatal care, anti-retroviral treatment of the mother and the child to prevent vertical transmission, and further follow-up with appropriate treatment of opportunistic diseases and nutritional counselling.

30. The delegation was particularly impressed by the effective support provided to the extension of a network of gender-sensitive, "youth-friendly" health services that provide diagnosis and treatment of STDs, VCT and counselling on the prevention of sexual and physical abuse among young people. A special focus is on working with young people themselves through peer-education activities.

31. Members of the Board also had the opportunity to assess the UNICEF special protection programme, which has registered significant successes by increasing the capacities of government and civil society partners to respond to the rights and needs of orphans and vulnerable children affected and infected by HIV/AIDS. The ability of UNICEF to achieve its objectives in this area is due primarily to a systematic strategy aimed at expanding the network of community mobilizers and social workers to identify vulnerable children and to provide counselling and access for children to basic services. Through the mobilization of community leaders, the programme has proven very effective since it facilitates the identification of children and adolescents at particularly high risk of HIV infection and ensures that they have equal access to basic services and special protection measures. The delegation felt that this approach would ensure that interventions to support the most vulnerable are sustainable and encourages further efforts to expand cooperation with community-based actors in this area. Given the combined effects of the current drought and HIV/AIDS, UNICEF is also encouraged to continue to strengthen its focus on a multisectoral response to reduce vulnerability and strengthen capacities to prevent, mitigate and cope with the impact of the humanitarian situation at community, district, provincial and central levels. This will no doubt have a significant impact in contributing to the role of UNICEF in addressing HIV/AIDS.

The country office

32. The staff of the UNICEF country office in Maputo seem highly motivated. This is to the advantage not only of the work done by UNICEF, but also of the image of UNICEF in Mozambique. Over the last years, locally employed staff have faced increasing financial hardship

with regard to their ability to provide adequate education for their children. If this issue is not addressed, it might have a demotivating effect on staff members. We kindly urge the Executive Director to discuss this matter internally and, if needed, with the United Nations in general.

IV. Conclusions

33. The Board noted that UNICEF activities in Mozambique have been carefully designed to support government development priorities and have achieved a good balance between efforts to promote survival and healthcare for children and interventions aimed at promoting long-term human development.

34. The Board was encouraged by the effectiveness of UNICEF in supporting community-based action aimed at engaging people in the development process. By virtue of this approach to implementation, the country team has managed to achieve impressive outcomes while continuously ensuring that the methodology used in reaching its targets supports the long-term sustainability of projects. This balance between process and outcome is due in part to the close partnership of UNICEF with the Government of Mozambique, civil society and NGOs.

35. The Board noted the ongoing challenge of identifying sufficient numbers of appropriate partners to facilitate the process of implementation at the community level. It was felt, however, that UNICEF had achieved impressive results despite these constraints, which arise in part from the low capacity and the early stage of development of local community-based organizations and NGOs. In order to ensure greater impact, it was therefore felt that ongoing systematic approaches for assisting in the building of institutional strength and local capacities of community-based organizations and NGOs should continue to represent a central strategy in UNICEF activities in Mozambique.

36. The delegation felt that UNICEF has taken a number of highly innovative approaches in implementing its priorities, including in the area of combating HIV/AIDS through its active support for peer education. The delegation was also especially pleased at the innovativeness of UNICEF in Mozambique and its vision of extending services to the aged who care for HIV/AIDS orphans and other orphaned children, an area not traditionally regarded as part of the UNICEF mandate. There is a need to encourage and support community-based monitoring of the impact of these approaches, with a view to ensuring that they are maintained and strengthened. The involvement by UNICEF of community volunteers (working in the supplementary feeding programme) in detection of severe malnutrition increases the community's ability to monitor the nutritional status of children for referral to health centres. This is a good example of the approach that could be taken in other programme areas for integrating monitoring into the process of implementation.

37. The delegation was pleased to observe that the work of UNICEF is characterized by strong partnerships with the Government at a strategic level as well as at the field level. We observed a multisectoral approach to programming and the strong involvement and leadership of central, provincial, district and local governments in project implementation. This approach ensures the transfer of skills, capacity-building and long-term sustainability of implemented projects. Ownership of projects was found to be especially important and evident in all the projects the team examined. The team came out of Mozambique with a clear impression that the Government is in the driver's seat in terms of development issues, and that the United Nations agencies including UNICEF support these priorities. It was also noted that while there is a healthy mix of strategic planning involvement, this has not undermined the agency's strength in working at the field level, for the rights and well-being of children.

38. The delegation noted the potential value of strengthening the impact of the United Nations Development Group's operations at country level through collaborative and/or joint programming. There was a concern, however, with regard to the considerable increase in transaction costs entailed and the addition of bureaucratic layers, particularly with respect to joint programming. It was therefore felt that action should be taken at the appropriate level to improve and simplify procedures in this area.

39. For the planning of future missions, it is recommended that joint field visits be continued, given their significant value in assessing the impact of joint action and in allowing the Executive Boards the opportunity to make recommendations on improving and further harmonizing cooperative action.

40. The Board would also stress that, from the outset, sufficient time should be reserved at the end of the field visit to elaborate and discuss the report of the visit, before delegates return home.

Acknowledgements

41. The Board wishes to express its appreciation to the UNICEF Representative, the Senior Programme Officer, the entire UNICEF team in Mozambique and the Government of Mozambique, including central, provincial and local authorities, for making their experience so memorable, and above all for making it possible to fulfil their mandate, to undertake a successful visit to Mozambique.

Annex

Projects visited

Supplementary feeding, sanitation and hygiene programme (Cahora Bassa District)

1. World Vision, in close cooperation with government authorities and with the support of UNICEF, is implementing supplementary feeding activities in Cahora Bassa, Moatize and Chiuta districts, all critically affected by high levels of malnutrition, exacerbated by HIV and drought. All children between the ages of 6 months and five years, as well as pregnant and lactating women, receive a daily supplement of corn soya blend. In addition, children are provided with vitamin A and deworming drugs and all village communities take part in a participatory training session on hygiene, prevention of diarrhoea and better nutrition practices. These activities are largely preventive and aimed at reducing the risk of deterioration of the nutritional status of children and women. UNICEF is working with provincial authorities and such NGO partners as World Vision to implement various activities required to support the supplementary feeding activities, including household surveys to identify project beneficiaries.

Child-to-child radio programmes

2. UNICEF, through the use of mass communication networks, is engaged in an innovative approach to support expressive communication channels for the interactive participation of children in assessing the environment in which they are living. Mozambique has 20 child-to-child radio programmes which are supported by UNICEF and which broadcast in various national languages in all provinces. These programmes are part of the child-to-child radio network, which includes radio stations in Angola and Brazil. The network exchanges music and programmes on child rights, HIV/AIDS, child labour, racial discrimination, protection of the environment and the Portuguese language. Live and recorded programmes conducted by children are broadcast daily with efforts underway to expand the network at the national level to public television and community radio. UNICEF provides technical assistance and training, and supports the exchange process between the network's partners. Child-to-child radio programmes have become important communication channels for advocating children's rights in a meaningful way in the development, implementation and sustainability of school hygiene education and sanitation programmes. They are also communication channels that advocate for water and sanitation facilities for all schools and promote life-skills-based health and hygiene practices.

Education on HIV/AIDS in schools

3. With the support of UNICEF, *Kindlimuka*, a non-profit association of people living with HIV/AIDS, has been carrying out HIV/AIDS prevention and advocacy activities in 45 schools in five provinces in Mozambique through the use of participatory methods targeted at young people aged 13-18 years. Based on *Kindlimuka's* experience, 10 other associations of people living with HIV/AIDS were established in provincial capitals. The association aims at fighting discrimination, stigmatization and marginalization of people affected and infected by HIV/AIDS and assisting AIDS orphans and providing counselling and home-based care. The strategy used by *Kindlimuka*, which has proven an effective tool to reduce stigma and to increase awareness among adolescents, has been adopted by four other associations in the country, which are also supported by UNICEF. Students from the schools, where *Kindlimuka* and other associations of people living with

HIV/AIDS are actively engaged, organize themselves to provide peer activities for in- and out-of-school adolescents. In 2002, 32,000 pupils were trained in life skills (mostly HIV/AIDS prevention).

The Living Together project (Changara District)

4. The delegation had the opportunity to visit a number of households headed by elderly people who are caring for children affected by HIV/AIDS, which are assisted by Help Age International (HAI), a global network of non-profit organizations working with disadvantaged elderly people worldwide. The UNICEF partnership with HAI represents an innovative approach to child care through support to the elderly, in addition to its support for youth-headed households, which increasingly are providing care for family members, including grandchildren and other vulnerable children in their communities. Through the Living Together project with HAI, UNICEF has made significant progress in strengthening the quality and ability of community and service providers to support households headed by elderly people who care for vulnerable children and the chronically ill. Among the measures taken are efforts to provide access to economic resources to ensure that the livelihoods of households caring for vulnerable children are maintained in order to improve care and support to these children

5. Working in partnership with provincial authorities and established community structures supported by HAI, the project improves access to education and other basic services for vulnerable children. Through technical and financial support from UNICEF, HAI is implementing the Living Together programme in 10 communities of Changara district, which has one of the highest rates of HIV/AIDS prevalence, with rapidly increasing numbers of deaths, where traditional family and community support structures are overburdened and broken down and where the impact of the ongoing drought has been devastating. In 2002, activities were implemented in five communities with a population of approximately 17,511 (some 32 per cent of the total population of Changara district population), which includes 1,226 elderly people.

Therapeutic feeding and sentinel site surveillance (Tete Province)

6. In Changara District, the Ministry of Health and the Provincial Directorate of Health are monitoring trends of acute malnutrition (weight/height) in sentinel sites that have a high attendance rate. This monitoring allows the assessment of trends for this indicator, which is critical for the follow up of the nutritional status of children under five years of age. The delegation was briefed on the sentinel surveillance mechanism as it functions in the health centre and had the opportunity to visit a therapeutic feeding service at the paediatric ward. To improve the quality of the therapeutic feeding services provided to children suffering from severe malnutrition in the 23 existing therapeutic feeding units in Tete Province, UNICEF has been supporting additional training, procurement of equipment and formula used in the rehabilitation phase, and finally support to the district and provincial directorates and the provincial hospital staff for monitoring and follow up. Since May 2002, UNICEF has been strengthening its support to the provincial Directorate of Health in Tete for the monitoring of the nutritional and epidemiological situation. To allow follow up of the prevailing critical situation, nine sentinel sites have been set up in the most vulnerable localities of Changara, Cahora Bassa, Magoé, Mutarara, Chiuta and Moatize districts. This ensures that the food distributed by WFP as part of its response to the humanitarian situation does reach the most vulnerable.

Community monitoring of vulnerable families

7. In Partnership with *RENSIDA*, an umbrella organization for associations of people living with HIV/AIDS in Mozambique, UNICEF has undertaken several activities to support provincial-level, community monitoring of vulnerable families, particularly those affected by HIV/AIDS. The project started in November 2002 and aims at establishing a system for identification, monitoring and counselling of vulnerable families with children. It also supports the development of local capacities for services related to health, education, water and sanitation and legal aspects, in order to make sure that the rights of children are realized. UNICEF provides both financial and technical support to the project and supports the identification of volunteers in districts where people living with HIV/AIDS are not represented, training on household monitoring and on HIV/AIDS counselling, supervision and the printing and distribution of education and information materials. The districts of Gaza, Manica, Sofala, Tete and Zambézia, which are most affected by HIV/AIDS and the current drought, are covered by the project.

Day-care clinic (*Hospital do Dia*) and home-based care for HIV-positive children and their parents

8. The delegation had the opportunity to visit the day-care clinic of Xai Xai, which represents a pioneering effort to integrate emergency care with follow-up and home-based care for HIV-positive children. While other day-care clinics have focused exclusively on adult care, the *Hospital do Dia* in Xai Xai, with the support of UNICEF, aims at prioritizing children's access to adequate care through its close collaboration with the paediatric ward of Xai Xai Hospital and with other health facilities. The day-care clinic provides counselling, access to appropriate testing for children less than 18 months of age and prophylactic and curative treatment for opportunistic diseases. Counselling for optimal infant feeding is considered a priority. In addition to support to mothers and other caretakers regarding the young child's feeding, the centre provides a high-protein, high-energy supplement to HIV-positive children. The centre also verifies that the immunization and vitamin-A supplementation status of children are up to date. The project has been elaborated by a tripartite partnership, including the Provincial Directorate of Health in Gaza, the NGO *Dor Sem Fronteiras* and UNICEF. In the near future and with the support of UNICEF, staff will be provided additional training in order to extend and improve home-based care.

Sanitation and hygiene promotion

9. Based on the lessons learned in an effort to respond to increased vulnerability of children arising from the floods of 2000 and 2001, UNICEF has integrated the planning and implementation of emergency preparedness and response to reduce vulnerability in its regular programme process. Guided by one of its core commitments, UNICEF is supporting the prevention and control of epidemics, such as cholera, through access to safe water, sanitation and hygiene promotion. This measure is intended as a preventative and preparedness strategy for families whose coping mechanisms were severely diminished as a result of the floods of 2000, which affected the country's four southern provinces of Maputo, Gaza, Inhambane and Sofala, and which are now exacerbated by the HIV/AIDS epidemic. UNICEF is working in partnership with *Ananda Marga Universal Relief Team*, an NGO in Xai Xai district, to implement sanitation and hygiene-promotion activities, including strengthening the capacities of district officials and community-based organizations in sanitation and hygiene promotion and programming; the production of latrine construction materials, with production units established within the resettlement areas using locally-recruited women and men as artisans; and training of local community members in the construction

of improved latrines. UNICEF also supports participatory education on good hygiene and care practices. Teams of NGO volunteers are being trained in the implementation of participatory learning techniques relating to good hygiene and care practices for young children. These teams will carry out community education sessions in all communities benefiting from the programme and demonstrate latrine construction at homesteads of the poorest families made vulnerable by the floods and HIV/AIDS epidemic.

Xai Xai Health Centre

10. At this facility, UNICEF supports immunization and daily VCT, which are offered free of charge for pregnant women and young people under 19 years of age. Since January 2003, the VCT centre, which was rehabilitated with support from UNDP, refers HIV-positive clients to the Day Hospital for clinical examination and prophylactic or curative treatment of opportunistic infections.

11. UNICEF, together with the Directorate of Provincial Services for Gaza and its partner, Population Services International, are also implementing a social marketing programme for insecticide-treated nets in Gaza Province. This has two components, one distributing the nets through the commercial market to the general population, and the other distributing them to target groups (pregnant women and children under five years) through health centres.

Centre for the Rehabilitation of Children (Chokwe)

12. The Centre offers orphans and other vulnerable children psychosocial support by providing them with an opportunity to express themselves creatively. In order to avoid the stigma of HIV/AIDS, the centre is open to all children. Its key activities are a study centre and provision of opportunities for children to express themselves through play, drama, music, theatre and sports. Such participatory techniques have been used effectively in helping the children to cope with their trauma and in their reintegration in their families, communities and schools.