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Mozambique Country Case Study: Child Rights

Commissioned by Norad and Sida

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EXECUTIVE SUMMARY

1. Marking the 20th anniversary of the United Nations Convention on the Rights of the Child (CRC) the Norwegian Agency for Development Cooperation (Norad) and Swedish International Development Cooperation Agency (Sida) commissioned a joint evaluation of support to the rights of the child. The purpose of the evaluation is twofold. On the one hand, it will summarise results in order to account for the resources invested by Norway and Sweden in development cooperation and humanitarian support of child rights. On the other hand, the evaluation is to contribute to the continuous learning and development of policies, strategies and methods in the field of child rights. The objectives are to assess results and to identify the factors and conditions generating these results.
2. The evaluation consists of five phases: inception, mapping exercise, results assessment, conclusions and lessons learnt, and recommendations. Four countries were selected for in-depth study: Guatemala, Kenya, Mozambique, and Sudan. Both the inception and mapping phases have been completed and this is the country study report from Mozambique.

Findings and lessons learned

3. Clearly, mobilising girls and boys, young women and young men are important aspects of programme implementation which contribute to positive outcomes related to the lives of children as well as the life of an aid intervention. We met some forceful and resourceful boys and girls who displayed impressive motivation, knowledge and strength of their convictions. They have clearly been empowered by their participation in the interventions and have become change agents within their communities. Rather disappointingly, however, there was not much reference to child participation as a goal in itself in the documentation; nor did child participation as one of the main principles of the CRC (i.e. the right to be heard) feature prominently. Similarly, the human rights-based approach was not particularly evident in the documentation of the interventions, although findings show that it is applied in practice to a certain extent, especially the aspects of participation and empowerment.
4. The findings from the civil society and UN-supported interventions show that CBOs play a key role in implementation. Many key informants mentioned working through CBOs as the main factor conducive to achieving results, but that the lack of capacity and resources of the CBOs remains a risk and a challenge in working with them.
5. Equally important is working in partnership and/or in collaboration with central and local authorities. This applies especially to the ministries of education, health and youth and sports, but above all to the Ministry for Women's Affairs and Social Action (MMAS). However, the risk of working with and through them is their very limited financial resources and lack of capacity. For some reason there is no tradition of the Swedish or Norwegian Embassies supporting the MMAS, nor is it a 'popular' ministry in the donor community in general. There is a need to strengthen the MMAS as well as the government network for child protection at both central and community levels. It is evident from our study, that the government is not doing enough for children and could improve performance on both coordination and efficiency.
6. There is an ambivalent attitude towards UN agencies among many informants. On the one hand, UNICEF and the UNFPA are highly valued for their technical expertise and as a funding partner. They are highly regarded in providing technical advice, capacity-building and coordinating efforts for children. On the other hand, their role is unclear to many: are they operational or not? Both UNICEF and the UNFPA were critical to the hand-over of the programmes included in this study. This hand-over is in line with the ongoing UN transition away from its operational role, but clearly not an easy process for the agencies to embrace.

7. There seems to be a trend among donors to avoid supporting the ‘hardware’ aspects of interventions in favour of ‘software’. This has led to difficulties for some of the small NGO programmes considered in this study and partner CBOs.
8. All implementing agencies selected for this country study have codes of conduct which provide guidance on appropriate behaviour towards children, and hold staff members legally responsible. These could be built on to promote comprehensive child safety policies and procedures according to agreed standards.
9. Norwegian and Swedish funding is appreciated by partners because: a) it has a longer time horizon than most other funding; i.e. up to three-year funding agreements which may be renewed several times; b) the Swedish and the Norwegian Embassies encourage working with and through the government, which some donors discourage or do not permit; c) these donors do not apply conditionality or earmarking; and d) they do not get involved in micro-management and the details of the programmes or projects.
10. The utilisation focus of the evaluation was highly appreciated by stakeholders from civil society; but not as much by government and embassy staff members. The government agencies were not easy to involve and one may wonder whether this represents a resistance to involvement or just the fact that other tasks and responsibilities were prioritised. It might also be that the preparation for the field visit was not thorough enough and that the importance and incentive for participating is not clear to them. Sida-S and Norad should therefore engage a thorough assessment of the pros and cons of the utilisation focus once this evaluation is completed.

Conclusions

11. There is no doubt that Norwegian and Swedish support has been significant for advancing child rights in Mozambique during the past decade. Our findings show that different strategies, programmes, and channels of support have led to a range of positive outcomes and impacts on the lives of boys and girls. It is clear that in Mozambique both duty-bearers and rights-holders have been strengthened when taking all the channels and strategies of interventions into consideration – general budget support and sector budget support to the government, support through the UN to both civil society organisations and the government, direct support to international NGOs, as well as the numerous CBOs which most agencies work through at the local level. The sampled interventions show that a wide variety of child rights has been and is being addressed in order to promote the care, development and protection of children. At the macro level there are improvements regarding the right to education and the right to health care, and through various NGO projects we have seen that children are being protected from abuse, exploitation and neglect. There are some examples of the realisation of the right to be heard, such as the support to the Child Parliament and the active participation of boys and girls in programme implementation, such as Geração Biz. However, the lack of programmes and projects directly addressing this right was evident. Budgets and scope vary hugely from SEK 330 million (2009) for general budget support to NOK one million for International Child Development Programme (ICDP). Interventions vary greatly between big programmes with country-wide coverage, such as the UNFPA programme, and the smaller ones which are highly focused with important results for children but very limited coverage. A significant constraint in the assessment of outcomes for children is the lack of systematic reporting by the implementing agencies on outcomes and a lack of impact evaluations and reviews.
12. All the interventions supported are relevant in terms of being in line with Mozambican national policy, such as PARPA II and the National Action Plan for Children, as well as other topic-specific policies and guidelines, such as on HIV and AIDS and on human trafficking. Interventions are also in line with the CRC and the Committee on the Rights of the Child’s Concluding Observations from 2009. Likewise, they are in line with Norwegian and Swedish policy guidelines and strategies at

the central level. One might also say that they are in line with the country strategies notwithstanding the general nature of these strategies. However, at the same time there seems to be a certain mismatch between central level policies and those at the country level. Or, especially in the case of Norway, it may just be a question of making child rights more visible and explicit in the country strategy and communication.

13. Sustainability is a problematic concept in the context of this evaluation. It cannot be expected that human rights advocates (defenders) campaigning and working to eliminate child (human) rights violations, will become sustainable in the same sense as a development programme or an agency. Given that the Swedish and Norwegian Embassies alike expect civil society to be advocates, watchdogs and hold the government accountable to its policies, laws and regulations on human rights in relation to the budget support, the term 'sustainability' should be interpreted and defined in a meaningful way. However, when it comes to more traditional development interventions, experience from this study shows that chances of sustainability increase if the activities are anchored in existing local structures and institutions, and if the local community including children and local government are included.
14. This study showed that mainstreaming as a strategy led to some interesting and important results for children in the Zambezi River Bridge project, and also in the child and youth-focused activities of the LDH and AWEPA. It was also evident that there is no clear and consistent application of the mainstreaming strategy, neither by the Swedish Embassy nor by its partners such as the government agencies involved, the LDH and AWEPA. Consequently, developing strategies, tools and guidance for staff members on how to apply the mainstreaming approach will be necessary in the near future. On the whole, though, this study has shown that it is not a question of choosing between mainstreaming or child-targeted interventions, but rather that applying both strategies would yield the most comprehensive results for both duty-bearers and rights-holders.
15. With regard to general budget support and sector support our analysis shows that it does not make sense to discuss outcomes for children or impacts on their lives as a direct result. Macro-level statistics in health, education, social welfare and protection may provide some information about the general situation of children and whether it is improving or deteriorating, but our findings show that it is hard, if not impossible, to attribute such trends to budget or sector support. Hence, it becomes rather a matter of good intentions and political belief on the part of the donor in strengthening the main duty-bearer through budget support, which is very important in a very poor country like Mozambique where the government and state structures and institutions are weak. Consequently, in the words of several of the informants, budget support needs to be complemented by the other channels and mechanisms of development support for holding the government to account as a duty-bearer in terms of all policies and legislation favouring children and for insisting on transparency in the implementation process. The advocacy role of the UN agencies, the international and national NGOs, and the CBOs is essential, as well as their role in showing the way through innovative and effective approaches that benefit girls and boys directly.
16. Norway and Sweden are in the forefront among development partners in advancing child rights in Mozambique, although Sweden is considered a stronger voice and more active than Norway. However, both embassies could do more in their political dialogues to raise issues related to child rights. The Norwegian and Swedish embassies should use their already strong position and momentum to influence the donor community and to take a lead in influencing the government and supporting civil society.

Recommendations

To Norad/Norwegian MFA and Sida:

- The Norwegian MFA should make the support and results for children more visible by including explicit references to child rights in the country strategy and report as well as in general policy guidelines;
- The Norwegian MFA should focus more specifically on child rights within the field of human rights and adopt a mainstreaming strategy;
- Sida-S needs to operationalise its child rights mainstreaming strategy at the country level with tools, guidelines and training to accompany it with a view to systematic application;
- There is a need to document the results of mainstreaming;
- Staff members need (more) training on child rights and child issues;
- Both embassies need to integrate child issues and themes into their political dialogues with the government and engage in stronger advocacy among the other development partners in order to achieve a clearer focus on children at that level;
- Civil society projects and programmes should continue to receive funding as they are an important part of the overall portfolio of support to children in Mozambique. Both embassies should dialogue with civil society (through the Civil Society Network on Child Rights) to find the best channel of support to ensure that also small organisations and programmes are supported as well as CBOs;
- Both embassies should advocate for and emphasise the important role UNICEF (and the UNFPA) plays in providing technical expertise in the field of child rights, in supporting the government in the implementation of the CRC, and also the role in coordinating child rights efforts;
- There is need for a consistent and more long-term funding of more than a year's duration.

To civil society organisations:

- Develop indicators for and systematic reporting on outcomes for girls and boys; and develop a system for regular impact evaluation;
- Promote more academic research on children and partnerships between development actors and academia;
- Raise awareness and increase knowledge on child rights among adults as well as among girls and boys;
- Increase support to the Civil Society Network on Child Rights for sharing information and exchanging experiences on matters related to child rights;
- Provide more support for child and youth participation as focus in itself, including the Child Parliament;
- Emphasise the role of civil society as advocates and for holding the government to account for the transparent reporting of results regarding child rights, as well as its role in the implementation of programmes for children.

To UN organisations:

- UNICEF should be the bridge between civil society and the Government in providing technical expertise and coordination in relation to child rights.
- UNICEF should take the lead in close collaboration with the Government on systematically collecting good/best practices in relation to advocacy, programs, activities and strategies for children.
- UNICEF should increase efforts to child and youth participation as such, not only as a general approach.

To the Government of Mozambique:

- The government should step up its efforts to implement the good policies and legislation for children that have been adopted and increase its focus on children in general;
- Children should be mainstreamed in the implementation of PARPA II;
- The Ministry of Women's Affairs and Social Action (MMAS) needs to be strengthened significantly with both human and financial resources;
- There is a great need for more and better statistics and information on the situation of children in various regions of the country and by sector. The government needs to take the lead in improving the situation and supporting more research on children.

Introduction

Marking the 20th anniversary of the United Nations Convention on the Rights of the Child (CRC), the Norwegian Agency for Development Cooperation (Norad) and Swedish International Development Cooperation Agency (Sida) commissioned a joint evaluation of support to the rights of the child.¹ The purpose of the evaluation is twofold. On the one hand, it will summarise results in order to account for the resources invested by Norway and Sweden in development cooperation and humanitarian support of child rights. On the other hand, the evaluation is to contribute to the continuous learning and development of policies, strategies and methods in the field of child rights. The objectives are to assess results and to identify the factors and conditions generating these results.

The evaluation consists of five phases: inception, mapping exercise, results assessment, conclusions and lessons learnt, and recommendations. Four countries were selected for in-depth study: Guatemala, Kenya, Mozambique, and Sudan. Both the inception and mapping phases have been completed and this is the country study report from Mozambique.

According to the Terms of Reference (ToR) this phase should assess development results in a selection of programmes and projects at the country level. Changes in the protection, promotion, respect and realisation of child rights and factors contributing to these results should be identified and discussed. Furthermore, the ToR call for an initial stakeholder workshop to be held in each of the four countries and for another validation workshop to discuss the preliminary findings.

Methodology and process

A combination of primary and secondary data is used in this country study. The primary data have been gathered from mainly semi-structured interviews with key informants (see appended list of interviewees), from focus group discussions with children and youth, and from a couple of visits and observations to project sites. In addition, there are data from the stakeholder inception meeting as well as the stakeholder validation workshop. A total of 39 one-to-one interviews were held, two focus group discussions with 20 children/youth, and two visits were made – all in the capital of Maputo and its vicinity. Secondary data have been extracted from document reviews and websites. The documents consist mainly of programme/project documentation in the form of appropriation documents, plans and periodical reports as well as evaluation reports. In addition, CRC material and other UN documentation has been used to provide the framework of the rights-based approach.

Central to this evaluation is the so-called utilisation focus, that is, the involvement of stakeholders as much as possible at all stages of the evaluation process in order to enhance the ownership and use of the evaluation results. Including girls and boys in the evaluation process was considered especially important, as highlighted by the ToR. Consequently, the ToR called for two stakeholder workshops/meetings at the beginning and the end of the results assessment phase. Due to the very short time for the field work the involvement of all stakeholders including the children was to a large extent limited to being informants, though there was consultation and discussion during the meeting and workshop.

The process started by establishing contact with focal points of the two main stakeholders, namely the Norwegian and Swedish embassies in Maputo. The first task was to organise the field visit and make

¹ For the purpose of this country study Sida headquarters in Stockholm is referred to as Sida-S and Sida in Mozambique as the Swedish Embassy.

the final selection of interventions for assessment. A preliminary selection had been made based on the data list produced of all the supported projects by Norway and Sweden in the past 10 years (see below). Although contact was established, communication was slow which made the planning and execution of the field visit more time-consuming than necessary. The field visit was done during a two-week period at the end of May and beginning of June 2010. It started with the stakeholders' inception meeting which gathered 24 participants from NGOs, representatives of the government, UNICEF and the UNFPA and both embassies. The purpose of the meeting was to agree on the final list of sampled interventions. The preliminary list had been sent beforehand and handed out at the meeting. Two main observations were made at that meeting. On the one hand, considerable time was spent explaining the purpose of the meeting and the planned workshop, and to clarify that the selected projects/programmes/organisations were not to be evaluated as such. On the other hand, there was some resistance and scepticism to the meeting (workshop) and the evaluation itself, especially from Swedish Embassy staff. This was directed in particular at the fact that budget support and mainstreaming would be assessed as part of the evaluation. Furthermore, it was due to a concern about holding two workshops so close in time requiring the participation of very busy NGO and government representatives, who were not necessarily directly linked to Swedish child rights support.

Next, semi-structured interviews were held with many of those present at the inception meeting as well as others. It turned out to be difficult to get interviews with government officials – apparently a common problem in the past five years or so after the new government came into office. However, eventually some government officials were reached and turned out to be sufficient for our purposes. Two focus group discussions were organised, one with a group of nine children (four girls and five boys) aged 11–16 of an ICDP (International Child Development Programme) funded programme and one with a group of 9 youth (3 young women and 6 young men) of the Geração Biz programme funded by the UNFPA. One visit was made to three girls who benefited from the SOS Children Village Family Strengthening Programme in the vicinity of Maputo, and one was made to a street children centre which had been funded by Norwegian Missions in Development ('Bistandsnemnda'), also in the vicinity of Maputo. The stakeholder validation workshop gathered 26 participants, including nine children/youth and 17 adults. Preliminary findings were presented followed by a good plenary discussion. Questions had been prepared beforehand for the group discussions whereby the youngest children were placed in one group with a specific set of questions, the youth in another one with their own questions and the adults in a third group with yet another set of questions. This functioned well and there was consensus among the participants that the workshop had been very useful. The children and youth participated actively and impressed everyone by their strong and knowledgeable statements and clever comments. They were certainly not merely token girls and boys. The feedback to the evaluation team was helpful in terms of substance, and the participants also expressed a wish for a similar event to discuss the country and synthesis reports when they are finalised.

Two main methodological limitations were identified during the field work. One was the highly variable quality and amount of project/programme documentation. For some of the interventions we received a large amount of documentation while for others much less; some were of good quality with a lot of useful information while others were sparse in needed information. The other limitation, which will become evident throughout the report, is the lack of systematic reporting on outcomes and very few impact evaluations. However, this was compensated to some extent by in-depth discussions with key informant about outcome and impact.

Country context

Mozambique is a young country, which gained its independence only in 1975. This important milestone was preceded by over a decade of intermittent warfare against the colonial rule of Portugal and succeeded by 16 years of civil war between the ruling party FRELIMO and the rebel movement RENAMO. Only in 1992 could the young and impoverished nation lay down arms and finally sign a peace accord.

In the new millennium, Mozambique is still one of the poorest countries in the world despite a growth rate of about 8.8 per cent in the second trimester of 2010.² Around 53 per cent of the national budget comes from development cooperation. Its population size is estimated at approximately 20.9 million³ and around 11 million are below the age of 18, i.e. 53 per cent of the population. Measured by the human development index (0.402 in 2007), Mozambique stands at 172nd place out of 182 countries.⁴ It currently ranks as number 25 out of 52 African countries on child-friendly governments according to a study made by the African Child Policy Forum.⁵

Although the overall social development context has improved considerably since 1990s, the Mozambican population, especially children, is still facing major challenges. For example, the Demographic Health Surveys show that under-five mortality rate has dropped from 219 to 140 per 1000 live births between 1997 and 2008. Despite this improvement, the current rate remains one of the highest in the world. Similarly, the infant mortality rate, the maternal mortality rate and the level of assisted deliveries show positive tendencies (see Table 1), but all of the three indicators are still far from the national targets set against the Millennium Development Goals. The limited coverage of assisted deliveries is also one reason for the relatively high rate of paediatric AIDS cases. In 2006, there were approximately 1.6 million people living with HIV or AIDS, of whom some 5 per cent were children under five years of age.⁶

Table 1: Selected health indicators in Mozambique

Mozambique – health statistics ⁷	2003	2008	MDG target (2015)
Infant mortality (per 1000 live births)	124	n/d	67
Maternal mortality rate (per 100.000 live births)	408	340	250
Deliveries assisted by qualified health staff	44.2	53.8	66

Malnutrition is one of the root causes of high child mortality. Some 44 per cent of Mozambican children below five years suffer from chronic malnutrition and 18 per cent are underweight compared to their age.⁸ Chronic malnutrition is caused by insufficient access to food, inadequate maternal and child caring practices, poor breastfeeding practices (only 37 per cent of 0–6 months old babies are exclusively breastfed), insufficient access to clean water and inadequate sanitation (43 per cent of the population has access to water and 19 per cent to sanitation) and poor health care in general.⁹

The education sector has made major improvements in the past decade. In 2008, some 81 per cent of children between 6 and 12 years of age were attending primary school (82 per cent of the boys vs. 80 per cent of the girls) and some 20 per cent of children aged 13–17 were attending secondary school (21

² Instituto Nacional de Estatística website: <http://www.ine.gov.mz>.

³ INE website 'População e indicadores sociais': <http://www.ine.gov.mz/populacao/indicadores/pop2008>.

⁴ Human Development Report: http://hdrstats.undp.org/en/countries/country_fact_sheets/cty_fs MOZ.html.

⁵ The African Child Policy Forum. The African Report on Child Wellbeing 2008. Addis Ababa, Ethiopia 2008.

⁶ United Nations in Mozambique: Childhood poverty in Mozambique: A situation and trend analysis, 2006.

⁷ Report on the Millennium Development Goals – Mozambique 2008.

⁸ Instituto Nacional de Estatística: Inquérito de Indicadores Múltiplos 2008. Moçambique - Sumário.

⁹ United Nations in Mozambique: Childhood poverty in Mozambique: A situation and trend analysis, 2006.

per cent of the boys vs. 20 per cent of the girls). Despite the relatively high primary school enrolment rate, only 15 per cent of these pupils complete primary school within the stipulated number of seven years. It is noted that school attendance, especially at the secondary level, is strongly correlated with the level of household income.¹⁰ In order to improve the teacher-pupil ratio, the government has reduced the length of teachers' training from three years to an intensive one-year course.¹¹

In general, the health and education indicators in Mozambique vary considerably between regions. The southern part of the country is best served, followed by the Central Region whereas service provision in the North is generally most limited. For example, in the education sector, the primary school gross enrolment rate in Maputo is 121.8 per cent whereas it is only 60 per cent in the densely populated central province of Zambezia.¹² Similarly, differences between urban and rural areas are striking. For example, the proportion of assisted deliveries is 81 per cent in urban areas but only 49 per cent in rural areas. The proportion of the population with access to potable water is 70 per cent in urban areas and 30 per cent in rural areas.

According to national authorities responsible for children before school age (also for social assistance), one of the main concerns of the government is the incapacity to ensure access to basic services for children who are in difficult circumstances. Access to adequate nutrition was stated as a particular source of concern. One of the constraining factors is the lack of available data about the number of children who need basic support and hence the inability to plan properly.¹³

Despite the multitude of challenges, the legal framework in Mozambique is rather robust. The new Constitution that came into effect in 2005 improved provisions for children and a number of new laws and regulations on children have been adopted or is in the pipeline. Child rights were also brought into the second poverty reduction strategy, PARPA II (2006-2009/12)¹⁴ which includes several health, education and protection indicators measuring the wellbeing of children in line with the CRC and the Millennium Development Goals (MDGs). In 2006, the government endorsed the National Action Plan for Children (2006–2010) that identifies the child-related priority actions of different sectors. In 2006, a Plan of Action for Orphaned and Vulnerable Children in the context of HIV and AIDS was developed. In 2008, parliament passed the Law of Promotion and Protection of the Rights of the Child which reinforces the existing legal mechanisms and calls for the creation of a National Council of Child Rights. In addition, the law against Human Trafficking, with a focus on women and children, was enacted in 2008. Furthermore, an Integrated Plan of Achieving the MDGs 4 and 5 was made in 2008 with a separate national campaign for accelerated the reduction of maternal mortality (CARMMA) in line with the African Union initiative.

However, as recognised by many different sources the implementation of the legal mechanisms has been limited due to scarce human and financial resources for which priorities are competing on the government's agenda. While the key sectors for realising the rights of the child, education and health got 19.3 per cent and 11.9 per cent, respectively, of the state budget (2009), the Ministry of Women's Affairs and Social Action (MMAS) got less than one per cent of the budget.¹⁵

¹⁰ Instituto Nacional de Estatística: Inquérito de Indicadores Múltiplos 2008. Moçambique – Sumário.

¹¹ Consideration of reports of States Parties (continued). Second period report of Mozambique (continued). Summary record of the 1431st meeting. Committee on the Rights of the Child. CRC/C/SR.1431. 24 September 2009.

¹² Report on the Millennium Development Goals, Mozambique 2008.

¹³ Key informant interview.

¹⁴ There is no Joint Assistance Strategy (JAS) in Mozambique.

¹⁵ State budget 2009.

Child rights and the UN framework

The CRC and the human rights based approach is the conceptual framework of this evaluation. The Government of the Republic of Mozambique ratified the CRC in 1994 and its two optional protocols in 2004. In 1998 the African Charter on the Rights and Welfare of the Child was ratified. Mozambique has also more recently ratified ILO Conventions number 138 on the Minimum Age for Admissions to Employment and number 182 on the Worst Forms of Child Labour.

Second periodic report to the Committee on the Rights of the Child

The Government of Mozambique has reported twice to the United Nations Committee on the Rights of the Child (Committee) since its ratification of the CRC. The latest report was submitted in 2009 and covers the period 2000–2006. The second report was actually due in 2001, but was delayed several years as many country reports are.

During the reporting period constitutional provisions for children have been put in place as well as legal reform. The new Constitution that came into effect on 1 January 2005 includes more provisions for children compared to the previous one, and it observes the principle of equality between the CRC and Mozambican domestic law in the event of conflict. The Constitution enshrines all the general principles of the CRC: non-discrimination, right to life and development, best interests of the child and the right to be heard. Political measures that have been taken in relation to the Social Welfare Policy approved in 1998 addresses protection and care, gender equality, social inclusion and poverty issues. The National Action Plan for Children is effective for the period 2006–2011. Legislative measures include the Civil Registry Code which expands the period of free birth registration from 30 to 120 days after the birth of the child; as well as the new Family Law of 2004 which strengthens the commitment to child rights and a decree regulating minors' alcohol and tobacco consumption.

Existing mechanisms at central, provincial and local level for coordinating policies for children and monitoring implementation of the CRC are mainly the two planning instruments, the Five Year Programme (PQB) and PARPA. These two are operated through the annual Economic and Social Plan (PES) and the State budget (OE). The PES contains macro-economic objectives, indicators by sector and budget policies. The PES is annual and is based on PARPA.

Institutional coordination occurs between the ministries through the Council of Ministers and technical meetings related to various topics. However, the overall responsibility for coordinating activities to ensure the realisation of child rights has been assigned to the Ministry of Women's Affairs and Social Action (MMAS). Its responsibilities are to ensure the application of the rights of the child; to take measures to protect children against exploitation and violence; to promote decentralisation and partnership with civil society; 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 victims of violence and street children; to promote and conduct studies on the situation of children; to train staff involved in activities that benefit children and to mobilise resources; to regularly centralise and systematise information that monitors the implementation of the CRC.¹⁶

During the reporting period budgets in the sectors most affecting children, including water and sanitation, education, health and social welfare, increased significantly. Water and sanitation increased by 673 per cent; education sector by 334 per cent; health sector by 310 per cent and social welfare by only 168 per cent. In 2006 the total budgeted amount for the three sectors was around MZM 8 million for water/sanitation, health and education while only a meagre MZM 268,000 to social welfare.

¹⁶ Committee on the Rights of the Child. Second periodic reports of States parties due in 2001 Mozambique. CRC/C/MOZ/2, 23 March 2009.

Among the civil rights and freedoms, birth registration is an important issue in Mozambique. During the period 2004–2006 the number of birth registrations increased sharply from 370,883 in 2004 to 1,532,610 in 2006. With regard to torture or other cruel, inhuman and degrading treatment the government has taken measures against domestic violence by, among other things, establishing special units in police stations to provide support to victims.

With respect to family and alternative care the government has established a Food Subsidy Programme (PSA) which provides for monthly payments to people who are unable to work. Women who care for children and who have been benefiting from the PSA will join the Income Generation Programme (PASD). However, the total number of children assisted by these two programmes in the period 2002–2006 was 36,137, which is only 0.36 per cent of the total number of children, around 10 million at the time.

In health care progress was reported but serious concerns were also noted. Although improvements had been made in infant mortality rates (decreased by 15 per cent) and in the mortality rates of under-fives (decreased by 18 per cent) between 1997 and 2003, the 2003 were still very high. One in every five children died before the fifth birthday and one in every eight children before the first birthday. Maternal mortality showed a substantial reduction, though. Malaria (35 per cent), acute respiratory infections (31 per cent) and malnutrition (8 per cent) were the main causes of child mortality in that period. HIV and AIDS is also reported as a serious problem and a source of growing concern as increased numbers of children become vulnerable and orphaned due to a high prevalence rate, which was 13 per cent in the 15–49 age bracket.

In the educational sector school attendance increased at the primary level from 55 to 88 per cent and at the secondary level from 2.7 to 8.9 per cent, i.e. a very low transition rate. The gender disparity declined considerably, mainly in terms of access but also in terms of primary education completion rates. The disparity fell from nine per cent difference between girls and boys to four per cent. A new curriculum was introduced in 2004 with several innovations.¹⁷ Teacher training included special measures to encourage female teachers. The literacy rate among the population aged 15 and above was still more than 50 per cent with large gender, residential and geographical disparities. Education outside school includes a number of projects including, for example, life skills, ‘My Future is My Choice’, ‘Youth in Action Project’ which involves vocational training for youth in carpentry, sewing, floriculture, shoemaking, and basket making.

In child protection the available data are scanty in the periodic report to the CRC treaty body, but the number of street children was reported to be around 400 in Maputo city. Special measures have been taken to combat sexual exploitation and sexual abuse, trafficking in children, the worst forms of child labour and providing care and protection for street children and working children. Measures have also been taken for children in conflict with the law to get more child-friendly treatment and to separate children from adults in prisons and detention centres.

Issues from the CRC Committee

The Committee listed 13 issues to be taken up in connection with the consideration of the report.¹⁸ These included more information on the financial and human resourcing of the newly established National Youth Council; concern about the welfare and protection of children in the most disadvantaged provinces; how the principle of the best interests of the child has been included in legislation; and how complaints received from the national Child Parliament are being addressed. Furthermore, the treaty body sought an elaboration of the child-abusive or child-discriminatory traditions and customs mentioned in

¹⁷ See page 50 of the report.

¹⁸ UNCRC. Implementation of the Convention on the Rights of the Child. List of Issues to be taken up in connection with the consideration of the second periodic report of Mozambique (CRC/C/MOZ/Q/2) 26 June 2009.

the report; measures to address violence, sexual abuse and harassment of children within the school system; how to address the significant increase in HIV and AIDS; measures to prevent and combat child labour; and measures to combat both domestic and international trafficking in children. It also raised several questions about the persistently limited access to basic education and about the low quality of education. Mozambican representatives admitted that the government was facing difficulties in ensuring quality teaching at the same time as it was trying to increase access to education for as many children as possible.

Shadow report from NGOs

Since the data and information in the second report to the CRC Committee was significantly outdated by 2009 when the report was submitted, the NGO ‘shadow’ report by a group of 67 NGOs led by the organisation “Rede da Crianca” included updated data and information. The NGOs gave the government credit where credit was due. However, the NGOs found that much was desired in respect of implementation across the board.¹⁹ In the education sector there are wide disparities between urban and rural areas, between disabled and other children, and preventive action against child abuse is lacking. Furthermore, the report pointed out difficulties with birth registration and weaknesses related to the right to be heard. It also pointed out the risk of being tortured or suffering degrading or inhuman treatment for youth aged 16–18 who are imprisoned together with adults.

The NGO report pointed out that the MMAS does not have enough financial resources to ensure adequate alternative care for children in need and that there are few activities responding to the needs of disabled children. Public care institutions therefore depend on support from donors other than the Government. Prevention of and protection against child abuse and neglect by the government are very limited or even nonexistent, the report claimed. While acknowledging significant improvements in health care (infant mortality, vaccination, childbirths in hospitals), serious constraints remain for people in rural areas who have long distances to health facilities and few medical doctors per person. The high prevalence of HIV and AIDS is a serious problem in Mozambique and leaves children and their communities highly vulnerable to neglect, abuse and exploitation. Similarly, while progress has been made, there are still too many children who are deprived of education and the quality of education remains a serious concern of the NGO community.

Regarding juvenile justice, the NGOs found that only one Juvenile Court in the capital, Maputo, and the limited number of judges specialised in children’s issues are a significant weakness of the system. The report acknowledged the positive step taken by the government in establishing units for women and children in police stations. Nevertheless, domestic child abuse, incest and sexual exploitation need to be addressed in a concerted manner by the government.

The shadow report also highlighted the need for more effective and efficient dissemination of the CRC and awareness-raising about child rights. The newly established Child Parliament, which is a positive step in itself, needs sufficient human and financial resources in order to make a difference regarding child participation.

“Concluding Observations”

The Committee responded in the Concluding Observations by addressing a whole range of the various issues raised in these reports:

- The Government should adopt implementation measures for the new legislation; organise a National Council on Child Rights to coordinate, monitor and evaluate the realisation of child rights; and significantly strengthen the MMAS;

¹⁹ Rede da Crianca. Report of the Civil Society on the Implementation of the Convention of the Children’s Rights in. Maputo, Mozambique. March 2009.

- Mainstream the National Action Plan for Children (2006–2011) and the Action Plan for Orphans and Vulnerable Children and set up adequate follow-up mechanisms for full implementation;
- Ensure that the newly established Human Rights Commission is able to monitor child rights;
- Increase budget allocations for child survival, development, protection and care;
- Establish a system for tracking the use of allocated resources, address disparities between provinces, and define budgetary lines for disadvantaged or particularly vulnerable children;
- International development cooperation should target programmes that can deliver quick and high impacts benefiting children directly in health care, sanitation, education, and protection;
- Strengthen the statistical system and produce updated and new data;
- Support training and awareness-raising on child rights (among the general public, media, professional groups including law enforcement officials, teachers, health personnel, social workers and other personnel of child care institutions, in communities among children and adults);
- Involve communities and civil society including children’s organisations in all stages of implementation of the CRC;
- Take measures to eliminate discrimination of girls and children of marginalised and vulnerable groups;
- Promote the respect for the views of the child, support the Child Parliament, improve access to information for children, especially in remote areas;
- Follow up the UN study on violence against children;
- Increase the budget of the MMAS and establish offices at the local level that ensures the protection of children in their families, especially female- and child-headed families;
- Strengthen the child protection system to prevent abuse and neglect;
- Take measures for the inclusion of children with disabilities;
- In addition, there the Concluding Observations contained a number of more detailed observations in health care, education, HIV and AIDS, child protection and juvenile justice.

UNICEF’s report to the CRC Committee

UNICEF also submitted a report to the CRC treaty body with updated data.²⁰ It also recognised the progress noted since the civil war ended, but emphasised that the gains made are in jeopardy by multiple challenges such as HIV and AIDS, persistent and widespread poverty and limited resources. This puts severe pressure on the duty-bearer and limits its capacity to work towards the realisation of child rights. Furthermore, improvements in the policy and legal framework do not necessarily translate into changes in the lives of children; nor does successive years of economic growth. Added to this is the limited financial and human resources of government institutions and mechanisms for ensuring care and protection for children. This makes the situation of boys and girls in Mozambique complex and marked by contradictions and volatility.

UNICEF regards the HIV epidemic with all of its direct and indirect effects on children, as the most significant threat to the country’s development and to the advancement of child rights. Children

²⁰ UNICEF report to the Committee on the Convention on the Rights of the Child on the Human Rights Situation of Children in Mozambique. Maputo, March 2009.

becoming orphans, becoming heads of households, getting infected and sick themselves are some of the stark realities in most communities. Sexual and other abuse in schools and domestic violence remain commonplace and work needs to be stepped up in prevention and care.

Securing a protective and enabling environment is key to the realisation of child rights, according to UNICEF, and this means scaling up and enhancing the quality of basic services and social programmes for children as well as developing a more effective system of protection at the local level. Inequitable budget allocations between provinces should also be addressed in terms of the main child development indicators.

Sampled aid interventions

With a view to assessing a cross-section of interventions by Norway and Sweden, samples were drawn from a sampling frame compiled during the mapping phase of the evaluation. Below we account for the sampling procedure.

Norwegian country strategy for Mozambique

During the past 4–5 years total Norwegian aid to Mozambique has been around NOK 400–450 million annually (370 million in 2006). Currently the main sectors of support are fishery and energy. The overall aim of Norwegian development cooperation with Mozambique is poverty reduction. “Governance, human rights, gender equality and climate change will be main cross-cutting priorities towards 2012”.²¹ The health sector support used to be significant, provided as sector support in the last stage, but ended in 2008. General budget support has been increasing gradually over the recent years and at present stands at around 30 per cent of the total aid budget. Earlier in the decade humanitarian aid and support to reconstruction, rehabilitation, peace and reconciliation were main areas of support, but were gradually phased as Mozambique’s economy and situation improved.

The strategic plans for Mozambique have not mentioned children or child rights explicitly. However, support to children and the promotion of child rights is subsumed under human rights, good governance, humanitarian aid and support to peace and reconciliation in the past. Sector budget support to the health sector benefited children in various ways. Presently, support to gender equality and women’s rights may also benefit children, for example through support for combating trafficking in women and children.²²

Sampling of Norwegian interventions

Through a two-stage sampling procedure described in the mapping exercise of this evaluation²³ a total of seven projects supported by Norway were selected for in-depth scrutiny at the stakeholder inception meeting, based on purposive sampling by budget size, sector, area (theme) of support and channel of support. During the meeting a slight adjustment was made and the final list of interventions comprised the following:

²¹ Norwegian Ministry of Foreign Affairs. Country Strategy for Mozambique 2010-2012. Oslo 2009.

²² Reference is made to the Norwegian Ministry of Foreign Affairs’ Mozambique country strategies for 2008–2010, 2009–2011 and 2010–2012.

²³ Tostensen, et al., Mapping the Project Portfolios. Joint Evaluation of Norwegian and Swedish Support for Child Rights. Chr. Michelsen Institute, 30 April 2010.

1. Health sector budget support – PROSAUDE;
2. UNFPA: AIDS Adolescent Reproductive Health/Geração Biz;
3. Save the Children: Strategic Partnership with SCN against sexual abuse of young women and girls;
4. Norwegian Missions in Development (‘Bistandsnemda’): Street Children Centre – CJIC;
5. SOS Children Villages: Family Support Programme – FSP;
6. ICDP – International Child Development Programme: Psychosocial Intervention in Mozambique;
7. Right to Play: general programme support.

Four out of the above organisations have been funded and monitored by Norad in Oslo (numbers 4, 5, 6, and 7), while the three others have been funded from the Norwegian MFA in Oslo through the Norwegian Embassy in Maputo.

Swedish country strategy for Mozambique

The total Swedish aid budget to Mozambique has gradually increased over the decade and reached SEK 700–800 million annually in the last 4–5 years. It is planned to be around SEK 750 million until 2012.

The overall goal of Swedish development cooperation with Mozambique during the period 2002–2006 was to contribute to the reduction of poverty. The country strategy for that period had four development cooperation areas which included:

- Democratisation and the development of a democratic society;
- Sustainable economic growth;
- Social and human development;
- Increased production, sustainable development and reduced isolation of Niassa Province.

This involved support to six different sectors: health, education, infrastructure, agriculture, democratic governance and energy. HIV and AIDS, gender equality, democratisation and human rights were key issues.²⁴ Children were specifically mentioned in relation to target groups in the health sector and HIV and AIDS, as well as in primary education. The strategy called for “special prominence ... given to the rights of children and young people, in accordance with the Convention on the Rights of the Child”.²⁵ The country analysis, which is the basis of the Swedish country strategy, says that age should be taken into account in planning, implementation and evaluation.²⁶

The overall goal of the country strategy for the period 2008–2012 was: “starting from the rights perspective and perspective of poor people to development, to reduce absolute poverty, focusing in particular on women and children, by promoting a democratic social development and rapid, sustainable and broad economic growth.”²⁷ This shows that the focus on children has been strengthened since the previous period and brought up to the next, more general level – an overall focus on children. Swedish development cooperation comprises the following objectives for the period:

²⁴ Swedish Ministry of Foreign Affairs. Country Strategy for Development Cooperation Mozambique. 1 January 2002–31 December 2006.

²⁵ Ibid., page 31.

²⁶ Ibid., page 21.

²⁷ Swedish Ministry of Foreign Affairs. Strategy for Development Cooperation with Mozambique. September 2008–December 2012, page 5.

- Reduction of poverty through budget support;
- Democratic governance;
- Economic development;
- Research cooperation.

Children are specifically mentioned under ‘democratic governance’: “increased respect for, and observance of, human rights, with a special focus on protection of the most vulnerable groups in society, particularly women, children and the rural population.”²⁸ In the country analysis child poverty is also mentioned with specific reference to certain issues including chronic malnutrition, mortality rates for under-fives, malaria and diarrhoea prevalence, birth registration, school attendance and completion rates.²⁹ Thematic priorities are democracy and human rights, environment and climate and gender equality and the role of women in development and integrating an HIV and AIDS perspective into development cooperation. Furthermore, in the analysis of other donors it is acknowledged that the “UN plays a prominent role in strategically important areas such as, for example, election issues, the rights of the child and good governance.”³⁰

The strategy also identifies issues for political dialogue, which are the following:

- increased respect for human rights, focusing on participation, openness, accountability and non-discrimination;
- democratic and efficient governance, including fighting corruption;
- increased climate change adaptation in society.

According to Swedish Embassy informants, support to civil society is in the process of changing from different types of support forms, including project/programme support, to more coherent long-term support to institution building of national CSO partners. Support to the UN is also in the process of changing as multi-bi development cooperation will come to an end.

Sampling of Swedish interventions

In the case of Sweden 25 interventions were drawn during the mapping exercise from which a list of seven were selected for discussion at the inception stakeholder meeting. The same criteria were applied as for the ‘Norway sample’. These represented both projects with a child-focus and projects with no specific focus on children. Based on the advice and input at the meeting the following list of interventions was selected:

1. General budget support (also supported by Norway);
2. UNFPA AIDS Adolescent Reproductive Health/Geração Biz (also supported by Norway);
3. UNICEF 2007–2009 support to civil society project;
4. Zambezi River Bridge;
5. Human Rights League – LDH (also supported by Norway);
6. AWEPA – European Parliamentarians for Africa (also supported by Norway).

On this list were also Africa Groups projects in the agricultural sector and Diakonia projects. However, they had to be dropped as nobody at the Swedish Embassy at the time of the field visit had any information about these projects, and time did not permit further investigation.

²⁸ Ibid., page 5.

²⁹ Ibid., pages 11–12.

³⁰ Ibid., page 16.

Findings

Comparing the different strategies of Norwegian and Swedish support is an important aspect of this evaluation. Consequently, the assessments below of the various interventions are grouped into three: budget support, mainstreamed interventions and child-targeted interventions. The interventions will be assessed according to relevance, effectiveness and sustainability. Furthermore, factors that are conducive to success or constraining success will be considered, as requested by the ToR. Assessing budget support calls for a more general consideration of macro-level results and how it functions as a channel of support to realise child rights.

Budget support

Budget support is a direct result of the implementation of the Paris Declaration on Aid Effectiveness. In essence, the Declaration established, among other things, that “development countries will exercise effective leadership over their development policies, strategies and (to) coordinate development action”.³¹ Through the Declaration, the development partners committed themselves to “respect partner country leadership and help strengthen their capacity to exercise it.” Furthermore, they agreed to “base their overall support – country strategies, policy dialogues and development cooperation programmes – on partners’ national development strategies and periodic reviews of progress in implementing these strategies.” Budget support is a consistent expression of the principles of the Paris Declaration. Budget support attributes quite concretely the leadership role and decision-making authority to the national government. At the same time it limits considerably the role of the development partners. In this context, dialogue, networking and advocacy have become even more critical strategies on the development arena.

General budget and sector budget support were selected for consideration because the ToR specifically request it and because Mozambique is the only country of the four that receives general budget support. Below, we will first present both general budget support and health sector budget support as aid modalities. At the end of the section we will discuss the effects of these support mechanisms from a child rights perspective.

General budget support as an aid modality

Complying with the Paris and Rome Declarations, the provision of budget support is one modality that seeks to improve aid effectiveness through enhanced national leadership and greater harmonisation and coordination between the development partners. In Mozambique, budget support, i.e. Programme Aid Partnership, has been extended since 2000 to increase the resources available for public spending, thus contributing to the country’s poverty reduction efforts.³²

Through the Partnership, the Programme Aid Partners (PAPs) are expected to harmonise their requirements and ensure predictability of their financial support. The national government, in turn, is expected to improve public financial management, improve accountability to its own citizens and develop planning instruments and define disbursement schedules. Hence, one of the medium- to long-term objectives of budget support is to strengthen the institutional and management capacity within the recipient government structures.

Currently, 19 Programme Aid Partners (so-called G19) provide general budget support. These include the African Development Bank, Austria, Belgium, Canada, Denmark, the European Commission, Finland, France, Germany, Ireland, Italy, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, the

³¹ www.aidharmonization.org

³² Programme Aid Partnership website, <http://www.pap.org.mz/history.htm> and http://www.pap.org.mz/pap_structure.htm.

United Kingdom and the World Bank. In addition, since 2009 the US government and the United Nations are associate members of the Programme Aid Partnership.³³

At the heart of the budget support mechanism is a continuous and coordinated dialogue between the government and the donors focusing on the national policy priorities for poverty reduction and their respective implementation.³⁴ The Mozambican government has expressed its policy targets in the five-year poverty reduction strategy, i.e. PARPA. The ultimate objective of PARPA is to reduce the absolute poverty level from 54 percent to 45 percent.³⁵ The government also shares the annual plans, budgets and reviews with the donors. In return, the partners provide the government with information about their commitments and disbursement schedules. These documents form the basis for dialogue.

The relationship and the responsibilities of the parties are expressed in the Memorandum of Understanding (MoU), which defines the reporting requirements and accountability mechanisms of the national government and the donors. The MoU also defines a common performance assessment framework (PAF) with 40 indicators for monitoring the performance of the national government. The indicators are selected from the PARPA monitoring framework and attempt to measure the trends of annual progress and lack of progress.³⁶ Ultimately, the performance of the government influences the subsequent funding decisions of the donors. This can be a powerful tool. For example, there was a temporary suspension of budget support in early 2010 as a response to inadequate governance procedures that culminated in the lack of political inclusiveness in the presidential elections in October 2009. The development partners opened up a dialogue on a possible breach of the underlying principles of general budget support and suspended disbursement. Apart from a few exceptions, the development partners released their funds only in April 2010 after the government had made commitments about governance reforms.³⁷

Presently, there is also a separate performance assessment framework to monitor the performance of the PAPs, an exercise that is also carried out on an annual basis by an independent consultant. This is to enhance mutual accountability between the government and the partners.³⁸

The interaction between the donors and the Mozambican government follows the national planning and monitoring cycle. There is one annual review meeting in March-April. At this meeting, the performance of the government in the previous year is discussed jointly. Later in September, the partners and the national government get together in a planning meeting where targets are discussed and set for the following year. In addition, there are four annual high level meetings where the government and the partners hold policy level discussions. Furthermore, there are several meetings during the year where the implementation of the public financial management reform strategy is assessed and discussed and where the budget allocations, execution and efficiency are discussed.³⁹

Volume of general budget support

In 2010, for the first time in many years, the proportion of internal resources in the overall budget exceeded the external resources; the latter represented some 44 per cent of the budget. In the same

³³ Programme Aid Partnership website, <http://www.pap.org.mz/history.htm>.

³⁴ Programme Aid Partnership website, <http://www.pap.org.mz/history.htm>.

³⁵ Republic of Mozambique: Action plan for the Reduction of Absolute Poverty 2006-2009 (PARPA II), May, 2006.

³⁶ Memorandum of understanding between the Government of the Republic of Mozambique and the Programme Aid Partners on the Provision of General Budget Support, March, 2009.

³⁷ IMF Country report No 10/174: Mozambique: Sixth Review Under the Policy Support Instrument, Second Review Under the Arrangement Under the Exogenous Shocks Facility, and Request for a Three-year Policy Support Instrument – Staff Report; Staff Supplement; Press Release on the Executive Board Discussion; and Statement by the Executive Director for Mozambique, June, 2010.

³⁸ Programme Aid Partnership website, visited on 04.08.2010: http://www.pap.org.mz/pap_structure.htm.

³⁹ Memorandum of understanding between the Government of the Republic of Mozambique and the Programme Aid Partners on the Provision of General Budget Support, March, 2009.

year, some 20 per cent of all the external resources were provided in the form of budget support.⁴⁰

The proportion of budget support steadily increased until 2009. This indicates that the government's performance has been generally positive and that the confidence in public financial management capacity has been growing. There is, however, a decline in budget support in 2010, probably a consequence of the international financial crisis and the temporary suspension of support in the beginning of this year (see Table 2).

Table 2: Programme Aid Partners' commitments of general budget support 2007–2010⁴¹

	2007 Adjusted value in USD millions	2008 Adjusted value in USD	2009 Adjusted value in USD	2010 Adjusted value in USD
ADB	28 990 000	28 985 507	30 480 000	26 677 796
Austria	N/A	1 818 182	4 972 800	4 571 886
Belgium	3 830 000	3 409 091	4 662 000	4 286 144
Canada	4 500 000	6 147 541	7 570 500	13 252 087
Denmark	10 260 000	9 345 794	10 500 000	9 315 526
European Commission	55 840 000	52 840 909	73 038 000	67 149 583
Finland	6 380 000	7 954 545	10 878 000	10 001 002
France	2 550 000	2 272 727	3 108 000	2 857 429
Germany	12 760 000	14 204 545	23 310 000	21 430 718
Ireland	11 480 000	11 363 636	17 871 000	15 715 860
Italy	4 850 000	4 318 182	5 905 200	5 429 115
Netherlands	22 970 000	20 454 545	27 972 000	25 716 861
Norway	22 820 000	N/A	31 856 000	24 787 980
Portugal	1 500 000	1 500 000	1 500 000	2 143 072
Spain	3 830 000	5 681 818	10 878 000	10 001 002
Sweden	41 090 000	44 585 987	55 308 000	42 096 828
Switzerland	6 540 000	6 106 870	7 237 500	6 868 948
United Kingdom	67 070 000	70 689 655	83 092 800	69 489 149
World Bank	70 000 000	70 000 000	80 000 000	110 000 000
Total	377 700 000	385 812 267	485 167 000	471 790 985

The largest contributors in terms of commitments to the general budget are the World Bank, the UK, the European Commission and Sweden, accounting for 23.32 per cent, 14.73 per cent, 14.23 per cent and 8.92 per cent, respectively, of total budget support in 2010.⁴² Table 2 shows an actual decrease in 2010 for most of the development partners, including Sweden and Norway, compared to previous years. However, according to key informants, the donors actually maintained their levels of disbursement in their own currencies stable, but the USD value depreciated due to exchange rate changes.⁴³

Table 3: Swedish and Norwegian budget support in Mozambique – commitments⁴⁴

	2007		2008		2009		2010	
	Adjusted value in USD	% of total	Adjusted value in USD	% of total	Adjusted value in USD	% of total	Adjusted value in USD	% of total
Norway	22 820 000	6,04	N/A	–	31 856 000	6,57	24 787 980	5,25
Sweden	41 090 000	10,88	44 585 987	11,56	55 308 000	11,40	42 096 828	8,92
Total	377 700 000	100,00	385 812 267	100,00	485 167 000	100,00	471 790 985	100,00

⁴⁰ Ministério das Finanças: Cenário fiscal de médio prazo 2011–2013. Proposta a ser submetida ao Conselho de Ministros para apreciação. Maio, 2010.

⁴¹ Programme Aid Partnership website, http://www.pap.org.mz/financial_contributions.htm, visited on 04.08.2010.

⁴² Ibid.

⁴³ Email from key informants 21 September 2010.

⁴⁴ Programme Aid Partnership Website.

It is important to note that the amounts in Table 3 are commitments by Norway and Sweden. The actual disbursements amounted to NOK 140 million in 2007 and NOK 160 million in 2008 and 2009 in the case of Norway, and SEK 330 million in 2009 and SEK 320 million in 2010 in the case of Sweden. The Swedish budget support contribution represents around 50 per cent of total Swedish bilateral aid to Mozambique. For Norway, the share of budget support is about 30 per cent of its total bilateral aid to the country.

Health sector budget support (PROSAUDE)

The health sector in Mozambique started with the first donor funding pool already in the mid- 1990s. In those days, it operated with a Provincial Common Fund and a Common Fund for Drugs and Medical Supplies. In 2003, the Ministry of Health (MoH) set up PROSAUDE as the overall fund basket for the sector. The management of the Provincial Common Fund and the Common Fund for Drugs and Medical Supplies was formally integrated into PROSAUDE in 2008 and 2009, respectively. However, operationally the distinction between the three funds still exists. Yet, the integrated management of the funds enabled the MoH to take the lead in the distribution of resources between these three areas. Until then, each development partner determined the proportion of funds that they wished to allocate to each funding area.⁴⁵ The integrated fund pool, or PROSAUDE II, operates through the same principles and procedures as the general budget support mechanism.

PROSAUDE seeks to contribute towards the objectives of the Health Sector Strategic Plan (PESS), which are also reflected in PARPA II.⁴⁶ Hence, PROSAUDE is based on the government's commitment to meet the Millennium Development Goals for health and to ensure the quality and effectiveness of the health services in order to respond to Mozambique's needs and to promote regional and gender equality in health service provision.⁴⁷ Through PROSAUDE, the donors commit themselves to ensuring predictability of financial support.

The health sector-wide approach (SWAP) is guided by a Memorandum of Understanding signed between the Ministry of Health and the relevant development partners, complementary to Direct Budget Support. In 2009, 16 partners had signed the MoU⁴⁸ in support of PROSAUDE: Canada, Catalonia, Denmark, the European Commission, Finland, Flanders, France, Ireland, Netherlands, Norway, Spain, Switzerland, the UK, UNICEF and the UNFPA. In addition, there is a code of conduct that defines the principles and the mechanisms of implementation of the partnership.⁴⁹

The health sector partnership follows the annual planning and monitoring cycle of the government. At the beginning of each calendar year, a joint annual review is carried out, assessing the results and the outcomes of the sector in the previous year. The health sector has its own performance assessment framework (health sector PAF) that defines the indicators and the targets against which the performance

⁴⁵ Key informant interview.

⁴⁶ Memorandum of Understanding between Republic of Mozambique represented by the Ministries of Health, Planning and Development, and Finance and Canadian International Development Agency, Catalan Agency for Development Cooperation, European Commission, Flemish Ministry of Foreign Affairs, French Development Agency, Irish Aid, Ministry for Foreign Affairs of Finland, Norwegian Ministry of Foreign Affairs, Royal Danish Embassy, Spanish International Cooperation Agency, Swiss Agency for Development and Cooperation, the Dutch Ministry for Development Cooperation, United Kingdom Department for International Development, United Nations Children's Fund, United Nations Population Fund regarding PROSAUDE II. July, 2008.

⁴⁷ Ibid.

⁴⁸ There is currently ongoing a process of revision of the MOU.

⁴⁹ The Kaya Kwanga Commitment: A Code of conduct to guide the partnership for health development in Mozambique.

of the sector is measured. The monitoring of PROSAUDE relies on 38 indicators that are complementary to those of the direct budget support PAF and PARPA.⁵⁰

There is also an independent external assessment done of the Public Financial Management system looking into the quality of planning and budget execution in the previous year. Furthermore, there are annual financial audits carried out covering both internal and external funds. On the basis of the results from the annual review, the development partners determine their commitments for the following year. Thereafter, the MoH starts preparing the plan for the subsequent year. Furthermore, there are joint Sector Coordination Committee meetings in March and July, and Joint Coordination Committee meetings in October and December each year. These are the key moments of policy level dialogue between the MoH and the development partners.⁵¹

Volume of PROSAUDE

The overall funding of the health sector shows a slight decrease in 2009 compared to 2008 (see Table 4). According to a MoH key informant, this is probably a consequence of the international financial crisis; on the other hand, she said, some development partners have opted to increase their funding to general budget support and reduce sector budget support.⁵² The proportion of external funding to the health sector is considerable although it decreased from 66.37 per cent in 2008 to 62.67 per cent in 2009.

Table 4: Health sector financing by funding source⁵³ (currency: millions Mtn)

Source of funding	2007		2008		2009	
	Allocation	% of the total	Actual allocation	% of the total	Actual allocation	% of the total
Revenues	295,741		147,281		N/A	
Current expenditures	2,877,408		3,092,342		3,179,256	
Investment expenditures	149,394		156,134		297,138	
Total – State Budget (resources from treasury)	3,322,543	33.78	3,395,757	33.63	3,476,395	37.33
Global- POSAUDE	1,584,547		824,566		1,572,836	
Common Fund – Drugs	1,208,250		964,769		599,562	
Common Fund – Provinces	718,808		737,854		1,025,057	
Total – Common Funds (external component)	3,511,605	35.70	2,527,189	25.03	3,197,455	34.33
Global Fund	–	–	1,741,711	17.25	604,998	6.50
TOTAL FUNDS MANAGED BY SECTOR	6,834,148	69.48	7,664,657	75.92	7,278,848	78.16
Investment expenditure (external component)	3,001,522		2,431,261		2,033,938	
TOTAL EXTERNAL FUNDS NOT MANAGED BY SECTOR	3,001,522	30.52	2,431,261	24.08	2,033,938	21.84
Total – Health sector	9,835,670	100.00	10,095,918	100.00	9,312,786	100.00

⁵⁰ Memorandum of Understanding between Republic of Mozambique represented by the Ministries of Health, Planning and Development, and Finance and Canadian International Development Agency, Catalan Agency for Development Cooperation, European Commission, Flemish Ministry of Foreign Affairs, French Development Agency, Irish Aid, Ministry for Foreign Affairs of Finland, Norwegian Ministry of Foreign Affairs, Royal Danish Embassy, Spanish International Cooperation Agency, Swiss Agency for Development and Cooperation, the Dutch Ministry for Development Cooperation, United Kingdom Department for International Development, United Nations Children's Fund, United Nations Population Fund regarding PROSAUDE II. July, 2008.

⁵¹ Ibid.

⁵² Key informant interview.

⁵³ Ministério da Saúde/Direcção de Administração e Finanças: Execução Orçamental e Financeira 2007, 2008 e 2009.

As explained above, the Ministry of Health used to manage three separate common funds. It was only in 2008 and 2009 that the management of the Provincial Common Fund and the Common Fund for Drugs and Medical Supplies were formally integrated into PROSAUDE. Hence to analyse the volume of funds managed by PROSAUDE in 2009, one needs to consider the total volume of the three funds. Thus in 2009, the share of PROSAUDE in overall health sector budget support was 34.33 per cent. The volume of funding through the common funds decreased temporarily in 2008 when the Global Fund stepped out of PROSAUDE but increased again in 2009 thanks to other external funding.

Until 2006, Norway provided direct funding to the UNFPA for maternal and child health. Thereafter, it started focusing on sector budget support.⁵⁴ Norway contributed to both the Provincial Common Fund and the Drugs Common Fund. Indeed, it used to be the major donor to the drug pool.⁵⁵ However, in the context of focusing its support to a limited number of sectors, Norway pulled out from the health sector altogether in 2009 after previously having reduced progressively its financial support to the sector; in 2007 Norway provided a total of USD 13.5 million and in the final year of 2008 USD 8.5 million through the health sector common funds, corresponding to 10.64 per cent and 9.36 per cent, respectively, of the total pooled funds.⁵⁶

Norway's exit from the health sector raised questions among its own staff members especially as it happened at the time when the Norwegian Prime Minister was advocating for the importance of meeting Millennium Development Goals 4 and 5.⁵⁷ According to a key informant at the Norwegian Embassy: "When leaving the health sector, we might have lost some opportunities to advocate for child health."⁵⁸

Basket funding as an approach

Assessing the results of budget support, whether general or sector-specific, is a challenging task. As agreed in the MoUs, the annual assessment should be done on the basis of agreed macro-level indicators. But, what do those indicators tell us about the situation of child rights? Depending on the method of calculation, there are currently 8–15 indicators in the health sector PAF (i.e. 21–39 per cent of the health sector PAF indicators) and 6–8 indicators in the budget support PAF (i.e. 15–20 per cent of the general budget support PAF indicators) that are related to the wellbeing of children. The set of indicators changed after the elaboration of PARPA II in 2006, and hence the medium-term analysis, which would be most meaningful one, becomes difficult. However, three indicators have remained the same since 2005. Table 6 presents the results of those indicators in 2005 compared to 2008.

Table 5: Results of the Joint Review in 2005 and 2008⁵⁹

Performance assessment framework – selected indicators (PAF 2005)		Target	Achievement
Health	DPT3 and Hb coverage rates in children between 0–12 months	95%	94%
	Coverage rate of institutional births	49%	49%
Education	Net enrolment rate at 6 years of age in Grade 1 – Girls	77%	83%
Performance assessment framework – selected indicators (PAF 2008)		Target	Achievement
Health	DPT3 and Hb coverage rates in children between 0–12 months	95%	87%
	Coverage rate of institutional births	53%	55%
Education	Net enrolment rate at 6 years of age in Grade 1 – Girls	74%	73%

According to these results, the vaccination coverage of children under one year and girls' enrolment rate in the 1st grade decreased since 2005. The only improvement is noted in the coverage of institutional births which has increased 6 per cent in three years. This limited analysis indicates that the situation of children remains precarious.

⁵⁴ Key informant interview.

⁵⁵ Key informant interview.

⁵⁶ Ministério da Saúde/Direcção de Administração e Finanças: Execução Orçamental e Financeira Janeiro-Dezembro 2009.

⁵⁷ Key informant interview.

⁵⁸ Ibid.

⁵⁹ Republic of Mozambique & Programme Aid Partners: Joint Review 2009, Aide Memoire, 2008; Republic of Mozambique & Programme Aid Partners: Joint Review 2009, Aide Memoire, 2009.

Results for children?

It is hard, if not impossible, to attribute results for children to general or sector-specific budget support, especially when the sector simultaneously benefits from considerable amounts of other funds that are not managed by the government. This difficulty was readily admitted by all the key informants. Furthermore, it is even harder to measure the impact of development partners' individual contributions. Ultimately, the budget/sector support modality tells more about good intentions than concrete actions and results. "We just hope that [the priorities] are well implemented through budget support", a key informant from the Norwegian Embassy stated bluntly.

On the other hand, several informants also affirmed that the notable improvements, for example, in reduced child mortality, maternal mortality, and malaria-related mortality should be considered as results of budget support mechanisms. Yet, one could still raise the counterfactual question whether the results would have been very different if the health sector was still operating project support as the predominant modality.

Ultimately, the results of budget support depend to some extent on the advocacy capacity of the partners. Although Norway has clear policies to promote child rights within development cooperation⁶⁰, it has not succeeded in efficiently advocating child rights in the context of budget support. The same applies to most of the other development partners. In the opinion of one informant, in the context of budget support child rights have only been addressed as part of the Millennium Development Goals and not as an end in itself. This is understandable considering the multitude of competing priorities.

It is up to the capacity of the individual country representatives to advance these policy priorities. Sometimes, simple commonplace factors, such as lack of foreign language skills, were said to impede effective advocacy measures. "I think Sweden with their mainstreaming approach is being more vocal [than Norwegians with budget support approach]" stated one key informant from the Norwegian Embassy. In order to enhance the efficiency of advocacy, the senior economists and the policy analysts in the Norwegian Embassy are cooperating and exchanging information. They also seek to systematically use socio-economic research data for the policy analysis and dialogue.⁶¹

Some Norwegian and Swedish Embassy staff find the budget support modality counter-productive in the sense that it is claimed to lead to greater centralisation of sector planning.⁶² Basket funding anchors the policy discussion at the central level and hence works against public sector reform efforts to decentralise planning and management. Some key informants also pointed out that the government's accountability is much more geared to the development partners than to the citizens of Mozambique. For example, information about the annual state budget and financial reports is hard to obtain from anywhere else than from the development partners. "We would like the civil society and the media to be more vocal requiring accountability but it is seen as the donors' task" explained a key informant from the Swedish Embassy. However, in a young and unsettled democracy civil society exerts very limited influence on the government. "There are limits to what budget support can do" asserted a key informant at the Norwegian Embassy and continued: "Budget support alone is not sufficient", it should be considered along with the other channels and modalities of support.

Budget/sector support also has some clear advantages. Perhaps the most obvious one at the general level is the strengthening of the main duty-bearer responsible for realising child rights, namely the government. One positive consequence of basket funding is the harmonisation among development partners and the consequent reduction in the administrative requirements for the government. Coordinated

⁶⁰ Norwegian Ministry of Foreign Affairs. Three Billion Reasons. Norway's Development Strategy for Children and Young People in the South. Oslo, May 2005.

⁶¹ Key informant interview.

⁶²

basket funding provides the government with a predictable funding scheme and thus contributes to improved public sector planning. It has also considerably reduced transaction costs.⁶³ Furthermore, according to one key informant representing the Ministry of Finance, the harmonisation of donor policies has made the government more aware of the key elements of good governance.⁶⁴ It was different when the development partners all waved their different flags, he said. Now that the partners speak with one voice and make unified requirements, the government cannot look away from it, he argued. The Public Financial Management System (SISTAFE) is considered to be improving, the control of state budget execution is strengthening and in general public administration is becoming more transparent.⁶⁵ As stated by a key informant, in the long run these achievements should ensure a more sustainable implementation of public plans.⁶⁶

Mainstreaming child rights

Although Swedish policy documents lay out mainstreaming as an important strategy for supporting children and advancing child rights, the most recent Mozambique country strategy does not mention mainstreaming as such, even though it certainly is implied by the overall focus on children.⁶⁷ Furthermore, there was no evidence of operationalisation of the concept or a systematic application at country level. None of the interviewed Swedish Embassy personnel knew about any tools, guidelines, policy decisions or instructions for mainstreaming in general or mainstreaming of child rights in particular; nor had they received any training or other capacity-building on the topic. Several had been trained in gender issues and also on the topic of child rights and children issues, but not linked to mainstreaming. Interviews with Swedish Embassy staff also revealed insecurity and a certain degree of ambivalence as to whether the mainstreaming policy is actually feasible, what it means, how it should be dealt with and implemented and at which level. There is a gap – or a mismatch – between Sida-S and the country level regarding the mainstreaming policy in that it lacks operationalisation and systematic application and implementation at the country level. Some interventions obviously do not lend themselves to mainstreaming and it does not make sense to mainstream in these cases. However, there is uncertainty as to whether the mainstreaming strategy calls for a consideration of child rights in absolutely all interventions. Swedish Embassy staff also expressed frustration about this and the confusion it creates.

Three interventions were selected for consideration of the mainstreaming strategy. One is support to the Ministry of Transport to build a bridge over the Zambezi River, which gives a chance to consider mainstreaming of child rights in the infrastructure sector. The other two are support to two NGOs in the sector/area of democracy, human rights, gender, namely the Human Rights League and AWEPA.

Ministry of Public Works and Building: Zambezi River Bridge Project

This intervention is an interesting example of how mainstreaming can lead to several positive outcomes for children, both intended and unintended. It was selected because the infrastructure sector receives huge financial inputs and because the social consequences of (big) infrastructure projects are normally considerable.

The project

The Zambezi River cuts across the Mozambican territory separating the Northern part of the country from the Central region. Before the building of the bridge, passengers and transporters crossed the river by an old ferry boat that frequently broke down. Lively informal trading had developed on both sides

⁶³ Key informant interview.

⁶⁴ Ibid.

⁶⁵ Republic of Mozambique & Programme Aid Partners: Joint Review 2009, Aide Memoire. April, 2009.

⁶⁶ Key informant interview.

⁶⁷ Reference is made to among others, the following three documents: Sida. Effekter av ett barnrättsperspektiv. Stockholm 2006; Sida. Barnrättsperspektivet konkretiserat. Stockholm 2004; Sida. The Rights of the Child in Swedish Development Cooperation. Stockholm 2000.

of the river, in Caia and Chimuara, serving the travellers mainly with food, accommodation and sex services while they were waiting to cross the river.

The idea of building a bridge over the Zambezi River was born already in 1970s but the outbreak of civil war delayed the initiative. It was only in the new millennium that the government revitalised the plans for a bridge. The construction started in 2006 and was concluded in 2009. The project cost approximately EUR 80 million and was supported by three external partners: Sweden, the European Union and Italy. The Swedish contribution was approximately EUR 18 million.⁶⁸

The social component of the project

Before the commencement of the project, the Swedish Embassy financed several studies forecasting its likely impacts. These studies included a social impact study, two environmental impact studies, a poverty analysis, a baseline assessment of health and HIV-related needs and a stock-taking of the development projects in the vicinity.⁶⁹ The results of the social impact study suggested that the bridge project be supported by a broad development project that included several interventions in infrastructure, agriculture, trade and private sector development. The assessment made of the recommendations of the social study found that a majority of the proposed interventions were already being financed by the Swedish Embassy through other interventions. It was also found that supporting the recommendations from the study would imply a new development programme which the Swedish Embassy was not willing to and had no resources to fund.

The recommendation from the Swedish Embassy was therefore to carry out further analysis to develop interventions that could contribute to mitigating the negative effects of the project and to promote positive results. These recommendations from the study were partly used by the National Road Administration (ANE) – i.e. the government entity responsible for the implementation of the project – to draft the district development programme that was later funded by the Government of Japan.

Consequently, the social aspects of the Zambezi River bridge project were supported by an Environmental Management Plan that covered an environmental and a social component. The latter focused mainly on HIV prevention through educative interventions targeting construction workers, local communities, sex workers, young girls, travellers, truck drivers and unaccompanied men in general. In addition, the plan also identified the need to prevent child abuse in the local communities. The recommended actions included “reinforcement and training of local police to deal with suspected cases of child abuse” and “awareness campaigns targeted at local communities to fight against child abuse”.⁷⁰ In total, the social and environmental components of the contract were costed at some EUR 773,000, of which EUR 547,000 was for HIV prevention and EUR 225,000 for environmental measures.⁷¹

The implementation of the social and environmental components was monitored by ANE’s unit for social and cross-sectoral issues (Gabinete de Assuntos Transversais – GAT). According to a GAT representative, the contractor of the project sub-contracted a local association, KUPONA, to undertake HIV-related activities. KUPONA carried out awareness raising campaigns among project staff, community members and those operating the ferry, and distributed condoms and information material. KUPONA also trained peer educators and community activists and facilitated access to voluntary testing and counselling, as well as STD and HIV and AIDS treatment.⁷²

⁶⁸ Key informant interview.

⁶⁹ Source: Minutes of meeting held on 18.05.2006 at the Embassy of Sweden, re: Estudos sobre a região de construção da ponte do Zambezi. Prepared by Programme Officer, Carlos Fortes.

⁷⁰ ANE: Zambezi Bridge (between Caia and Chimuara). Detailed design and construction works contract N° 382/DG/05 (LC 05/05/EC), Volume 2-B, Environmental Management Plan. Financed by SIDA, European Development Fund and Italian Government. December, 2005.

⁷¹ Key informant interview.

⁷² Written clarification provided by ANE.

Despite the instruction in the project contract to address child abuse, the social team actually did very little to raise awareness on this issue. Most of the educative efforts focused on preventing STDs and HIV among the workers and community members. Although the contract specifically called for training of the local police force about child abuse, no training was carried out. ANE simply collaborated with the local police to ensure security around the bridge area.⁷³

Outcomes of the social component

According to the ANE key informant, the project has had important positive effects on the living conditions of the local populations, including children, as the bridge speeded up the passage across the river and therefore slowed down the local sex trade. As a matter of fact, at the beginning of the project the informal traders protested against the construction of the new bridge because they expected to lose income. It is likely that this has happened to some traders, but at the same time the project offered employment to nearly 300 local people.⁷⁴

During bridge construction, the Japanese government started a district development project that contributed to improved infrastructure around the bridge area.⁷⁵ These improvements included territorial planning, establishment of formal markets, construction of administrative facilities, a police post by the bridge and the construction of a health centre with a maternity ward in Chimuara (still ongoing). In addition, the bridge project attracted the construction of the Standard Bank, a petrol station and a number of lodges in the area.⁷⁶

Apart from the bridge project, the Swedish Embassy also provided funding to Save the Children which undertook a study in 2006 looking specifically into the needs of children in the context of the bridge project. The study came too late to influence the design of the social component of the project, but it led to a more permanent involvement of Save the Children in the bridge area.⁷⁷ Subsequently, Save the Children undertook a series of activities in the local communities to raise awareness about child rights including theatre plays, debates, sports events, and film projection. In addition, Save the Children supported and trained the police, especially the unit of women and child protection services, about the need to protect children against abuse and sexual violence.⁷⁸ After the bridge project was completed, ANE got involved in a joint initiative with Save the Children and the Oak Foundation called 'Private Sector as a Child Protector'. This collaboration fostered ANE's corporate social responsibility and resulted in the development of a code of conduct that includes child protection. Save the Children has also worked together with a private sector association in Caia promoting child protection.⁷⁹ According to Save the Children, thanks to the combined efforts, the school enrolment has remained stable in the local communities despite the increased number of employment and commercial options.⁸⁰ Another important outcome is Save the Children's ongoing development of a corporate social responsibility (CSR) programme.

In sum, the Zambezi River bridge project together with other infrastructure investments and civil society involvement significantly improved the local service provision and fostered the realisation of child rights as they improved the access to health and education services, enhanced safety and security in the area, raised awareness about child abuse and reduced sexual exploitation.

⁷³ Key informant interview.

⁷⁴ Verbal clarification provided by ANE.

⁷⁵ Japan had expressed its interest in participating in the bridge project but could not do so due to the EU regulations that limited the venture to funding of European origin. Hence, Japan started the development project which was preceded by yet another study that focused on the infrastructural development in the bridge area and that was funded by Japan. Information source: Key informant interview with a representative of the Embassy of Sweden, held on 10.08.2010.

⁷⁶ Key informant interview.

⁷⁷ Verbal clarification provided by Save the Children.

⁷⁸ Verbal clarification provided by Save the Children.

⁷⁹ Key informant interview.

⁸⁰ Key informant interview.

With regard to the sustainability of results, it can be concluded that the safer and healthier environment is likely to prevail even after external involvement ceases. The mere existence of the bridge considerably lessens the concentration of the sex trade in the area. While the present assessment did not allow for measurement of the results of the community capacity building efforts, the fact that the local private sector has united to promote child protection, indicates that there is greater awareness of child rights and that this has led to increased protection of boys and girls in the local communities around the bridge.

The Human Rights League

The Human Rights League (Liga dos Direitos Humanos – LDH) is a nationally registered NGO which has been supported by both Sweden and Norway; Norway from 1997 and Sweden from 2001 together with other donors including Finland, Denmark, Holland, Switzerland, Helvetas and Novib. Currently the LDH is in a three-and-a-half-year agreement with both the Norwegian Embassy and Swedish Embassy from 2008 until 2011. From the Swedish Embassy the LDH will receive SEK 17.5 million and NOK 27.7 million from the Norwegian Embassy, which adds up to about SEK 31.4 million at present. This intervention was selected because it is the only nationwide national NGO in the field of human rights. In addition, the LDH has received large amounts of funding from both Sweden and Norway.

Established in 1994 the LDH is presently considered the leading human rights organisation in Mozambique. It has grown into a forceful advocate against human rights abuse and for promoting knowledge of human rights. It covers the whole country and has a total of 164 staff members and 26 paralegal centres.

The overall objective of the LDH is to contribute to improved adherence to and respect for human rights in Mozambique. According to the most recent strategic plan from 2008–2011, its programme has five objectives:

- Advocacy for legal reform and practice (the adoption of national legislation in conformity with the principles and norms of international human rights conventions; the implementation and application of human rights norms; contribution to improved external human rights policies of the state);
- Information and civic education (dissemination of norms and fundamental rights enshrined in national legislation, and highlighting some cases of human rights violations);
- Human rights monitoring research and documentation (documentation and publication of cases of torture and summary executions; and the creation of a database of human rights violations);
- Legal assistance (improvement of access to justice for citizens; promotion of specific partnerships with IPAS);
- Institutional capacity (creation of a human resource development strategy; establishment of a strategy and policy and monitoring and evaluation; establishment of an information management system; development of a strategy for increasing its own funding; strengthening the administrative and financial management system).⁸¹

The LDH specifically targets children – and women – in its access to justice component, which involves legal assistance to poor women and children. In addition, in 2008 the LDH started a programme component to combat trafficking in body organs, first supported by the Norwegian Embassy and later integrated into the general programme, with supported from the Swedish Embassy as well. The victims of this horrendous human rights abuse are mainly children and therefore considered a child rights-focused component of the programme.

⁸¹ Sida. Agreement between Sida and Liga Mocambicana dos Direitos Humanos (LDH) on core support during 2008–2011. Sida Contribution No: 23000271. Maputo 2008.

The main activities include legal assistance to individual cases of women and children victims of domestic abuse and sexual abuse, monitoring of police stations and prisons, advocacy, civic education in schools in rural areas, human rights education of government officials, and combating trafficking in body organs. In addition, the LDH has supported the Child Parliament of Mozambique which was established in 2008. The Child Parliament addresses human rights violations against children and youth, but the main objective is to raise political awareness among youth through civic education. The Child Parliament receives human rights training and advisory services from the LDH.

Effectiveness

As most other NGOs in this study the LDH does not report results systematically on outcome or impact levels, but rather on activities undertaken. Furthermore, there is no age-disaggregation in the activity reports as far as we could see in the documents received. The Swedish Embassy has indeed commented that the narrative reports are informative, but that they remain too activity-oriented with little outcome or impact focus, although efforts are being made to improve.⁸² Moreover, it has been pointed out that they are not sufficiently analytical, and that assessments and analyses of how the different programme components forge synergies are lacking. Results-based reporting in 2008 gave mixed success.

Notwithstanding the attribution problems, according to key LDH informants, the main outcomes or impacts are the following:

- Awareness created on human rights including child rights among youth/children, the general public, government, the police, and the judiciary;
- Heightened awareness has led to change in behaviour, for example, children victims of domestic abuse have reported and received legal counsel and action;
- Government has realised that there is a civil society which exerts pressure regarding human rights violations, including violations against children;
- Creation of the National Commission on Human Rights in 2009 which should also address child rights;
- The development of a new Penal Code and Family Law;
- Problem of torture and extra-judicial killings has decreased;
- Youth have been empowered through the Child Parliament supported by the LDH;
- The last National Assembly included youth;
- Government is moving on the issue of formulating a new Youth Policy which results from advocacy by the LDH among others.

Relevance

The overall objectives of the LDH are clearly in line with both Norwegian and Swedish development cooperation and country strategies which both emphasise support to democratic governance and human rights. Although the role of the LDH is partly to be a critic of the government, its mandate is clearly in line with government policy. The LDH is especially relevant since it targets the poor in terms of addressing human rights abuses as well as human rights education. It helps poor people to get access to justice. The legal sector in Mozambique has been neglected in the past and the judicial system needs attention in terms of resources and capacity-building.

⁸² Handwritten notes on the reports.

Sustainability

A human rights advocacy organisation will always be dependent on external donors for its existence. However, the LDH is attempting to secure sustainability by means of human rights education and capacity-building for officials in the government, the judiciary and the police as well as in schools. Greater awareness on human rights and an improved legal system would promote sustainability as the understanding of human rights is broadened.

Facilitating and constraining factors

A main problem is the lack of government systems and institutions for legal and social follow-up of individual cases, of domestic violence and organ-cutting cases. Furthermore, the police do not function well in these individual cases. Access to prisons for the LDH has also been difficult. Inadequate funding of the paralegal centres is a challenge and the need is great for more centres beyond the 25 already established. It takes a long time for people to understand that the government is a duty-bearer, i.e. with an obligation towards its citizens to respect human rights and to protect against violation. It is also a time-consuming task to change the consciousness of the public to acknowledge, understand and respect human rights. The main factor conducive to advocating for human rights is solid and long-term support from a few donors such as Norway, Sweden, Denmark and the Netherlands.

AWEPA

The Association of European Parliamentarians for Africa (AWEPA) is an international NGO working in partnership with African parliaments to strengthen parliamentary democracy in Africa, to keep Africa high on the political agenda in Europe, and to facilitate parliamentary dialogue between African and European countries. AWEPA was selected for this study because it focuses on a level of democratic governance which is important for the realisation of child rights, a topic which is often neglected by child rights organisations.

Founded in 1984 by European parliamentarians for action against apartheid, AWEPA grew from a small group of members in 16 countries to around 1,000 members in the early 1990s. After the demise of apartheid in South Africa, AWEPA shifted its focus and name to its present form. Its headquarters is in the Netherlands, with ten country offices throughout Africa, of which Mozambique is one. Currently, AWEPA's overall objective is to support the realisation of human rights and development in Africa through the strengthening of democratic institutions, especially elected parliaments. In its activities AWEPA promotes:

- parliamentary competency and authority;
- good governance based on separation of powers;
- increasing participation of women in decision-making;
- participation of civil society in the political process;
- independent and qualified media.

There is no special mention of children in the mission statement. However, its general historic overview states that “Thematically, AWEPA promotes the achievement of the Millennium Development Goals in Africa with special focus on poverty reduction, women’s and children’s rights, HIV and AIDS and peace and security.”⁸³

The Mozambique office was established in 1992 and has received funding from the Swedish Embassy since 2005. Most recently support has been core funding to the Multi-Annual Programme 2007–2009.

⁸³ AWEPA website: www.awepa.org.

Sweden is currently the largest donor, but AWEPA has also received significant funding from Norway and Denmark and from Ireland, Austria and UNICEF. For the three-year period 2007–2009 the Swedish Embassy supported AWEPA with EUR 1.641 million and for the period 2010–2012 the amount will be around EUR 500,000 per year, that is, a total of EUR 1.5 million. From Norway AWEPA received NOK 2.2 million in 2009 and will receive a total of NOK 6 million in terms of the new agreement for 2010–2012. At present, the budget is about EUR 2 million per year. It has ten staff members, all based in Maputo.

AWEPA's Mozambique programme consists of three components: (a) the Parliamentary Programme; (b) the Local Government Programme; and (c) the Political Parties Programme. HIV and AIDS, gender, child rights, research and publications are cross-cutting issues. The overall programme goals are the following:

- to support the legitimacy, functioning and development of democratic institutions;
- to support the consolidation of peace and harmonious socio-economic development;
- to support the involvement and active participation of the general public, and civil society in the democratic process and democratic institutions at national as well as local level;
- to stimulate the availability and exchange of information on the Mozambican democratisation process by carrying out research and dissemination publications and other educational materials.⁸⁴

Under the Parliamentary Programme AWEPA has implemented a capacity-building programme. During the most recent period since 2004, the activities have centred on training on specific issues related to representation, legislation and government oversight. This includes supporting capacity-building of parliamentarians (e.g. training on drafting laws, English language, and parliamentary procedures), awareness-raising on the cross-cutting themes, child rights and gender as well as the interaction between parliament and civil society. AWEPA considers that one of the most important results achieved recently (in 2008) is the approval of the three bills on child protection. Two MPs and a governmental official attended a seminar in Lisbon on children orphaned by or vulnerable as a result of HIV and AIDS (OVC). The purpose of the seminar was to increase parliamentary action towards OVC.

Under the Local Government Programme AWEPA developed and implemented its Local Government Capacity Building Programme. Local assembly and council members in 33 municipalities have been trained and become familiar with the legal and practical base of the functioning of the locally elected organs. Workshops were carried out with a special focus on, among other things, the importance of participatory management in the municipality, the role of the community leaders in the municipal management. As a result, the local communities now play a stronger role in solving problems at the community level and municipal services have improved in water supply, education, health, security and infrastructure. Municipalities have also become more active in coordinating actions to combat HIV/AIDS and to protect OVC.⁸⁵

AWEPA is part of the Swedish-supported UNICEF civil society project Mozambique Joint Civil Society and Child Rights Programme. As part of this programme workshops were organised in seven municipalities (Dondo, Tete, Beira, Moatize, Gorongosa, Marromeu, Ulongue) to disseminate information and raise awareness on the new legislation on child rights and to promote dialogue between local elected authorities, civil society and children. One significant outcome of these workshops was the creation of a civil society organisation which will be focusing on the dissemination of information about child rights and the child protection law. Another set of workshops were held in the same municipalities for the purpose of training local authorities in drafting regulations appertaining to child rights,

⁸⁴ AWEPA. AWEPA Completion Report. Mozambique Multi-Annual Programme 2007-2009, April 2010: p. 7.

⁸⁵ Ibid.

gender equality and HIV and AIDS in order to improve the monitoring and reporting on child rights as well as to advocate for local authorities to put child rights on their agenda. As a result, the municipality of Ulongue included important measures for child protection in a Code of Conduct. When AWEPA celebrated 15 years in Mozambique in 2007 a conference on child rights was held, in cooperation with UNICEF and the Mozambican National Assembly. The specific focus of the conference was on OVC. The third programme, the Political Parties Programme, focuses on capacity-building of political parties and so far has had no activities oriented towards children.

Effectiveness

AWEPA supported the process that led to the adoption of three child rights laws: the Children Act, the Law on Human Trafficking, and the Act on Juvenile Delinquency. As a result of advocacy and training on child rights, participants realised how important it is to separate children from adults in prisons and currently the government is building a separate prison for children. Training and capacity-building has led to local initiatives to disseminate the CRC. AWEPA has also worked with municipalities to draft child-friendly legislation. As a result of AWEPA's activities three CBOs have been formed in Tete province, Ulongue district, to work on child rights.⁸⁶ It would be interesting to know whether the seminars MPs have been sponsored to attend in foreign countries, on e.g. HIV and AIDS and OVC issues, had any outcomes or impact on children in particular.

Relevance

All AWEPA's activities are highly relevant to promoting democratic governance and human rights realisation, which are goals of both the Government of Mozambique and important elements of the Norwegian and Swedish country strategies. Furthermore, this area of intervention is important to the realisation of child rights.

Sustainability

AWEPA's focus on children and child rights was brought about through participation in UNICEF's civil society project and with separate funding for these activities. The question remains whether AWEPA will continue to keep a focus on child rights within their programme areas or whether it will disappear when the targeted funding is discontinued. According AWEPA, they will continue to focus on child rights within their general programme. At the local level initiatives such as the CBOs that have been formed in Tete will contribute to sustainability.

Facilitating and constraining factors

On the one hand, the attitude toward children and childhood puts limitations on the number and quality of results for children; children are not considered as rights-holders or as subjects in their own right. There is widespread lack of awareness of child rights even at the top leadership level (e.g. the Public Prosecutor). On the other hand, authorities have been very cooperative at the local level, as have parliamentarians.

Does mainstreaming work?

The Swedish government paper *Rights of the Child in Swedish Development Cooperation* (2000) determines that Swedish international development cooperation should "develop a systematic child rights perspective" in all operations and that "all international development cooperation should thus be analysed from a child rights perspective."

⁸⁶ These are: 1) Associacao Kupulumussana which disseminates the information of child rights and child protection at schools; 2) Associacao Tiwassamale Atende which disseminates the information of child rights and child protection in the community in general (bairros); and 3) Associacao Uma Familia (ASUFA) which assists OVC and works on the dissemination of child rights.

Zambezi River bridge project

Support to the building of the Zambezi River bridge was one of the programme goals under sustainable economic growth in the Mozambique country strategy (2002–2006) of Sweden.⁸⁷ Throughout the implementation of the Zambezi River bridge project, the Swedish Embassy demonstrated clearly a concern for the social effects of the project. The Swedish Embassy paid for the initial social and environmental studies; it provided financial support to the GAT so as to strengthen ANE's capacity to monitor the social and environmental components of the project. The Swedish Embassy also contracted a consultant team to monitor the execution of the project – its technical, social and environmental components – who reported directly to the Steering Committee of the bridge project.⁸⁸ It should also be noted that Sweden originally paid for the elaboration of the ANE guidelines that established the need for including social and environmental components into an infrastructure project.

In the context of the Zambezi River bridge project, the Swedish Embassy applied mainstreaming on two fronts. On one hand, it supported the governmental entity in charge of the bridge project with guidelines, information and funds for the social component. However, the Swedish Embassy left the implementation of the project, including the social component, to the government authorities. This could be considered a politically correct decision to ensure national ownership. Sweden alongside two other funding organisations limited their direct involvement to monitoring of the implementation. Furthermore, according to ANE, the Swedish Embassy was more actively involved in the implementation of the project than the other two funding sources. It was said that Sweden did not only provide funding but “showed interest in all the conditions that reigned the [project]. It was concerned with the entire project.”⁸⁹ On the other hand, the Swedish Embassy sought to complement the bridge project and ensure the protection and promotion of child rights through funding via Save the Children. In the end, Save the Children carried out the child rights-related activities that had been recommended in the Environmental Management Plan. While supporting an NGO with a strong child rights profile, the Swedish Embassy ensured independent advocacy for the cause. Hence, the embassy itself could keep a low profile and leave others to advocate Swedish policy priorities.

The fact that Sweden deliberately remained in the background of events explains why the ANE key informant never knew that Sweden was particularly concerned about child rights.⁹⁰ While the outcomes of the project were clearly positive, it is likely that child rights could have been given more impetus also by the government authorities if the Swedish Embassy had made Swedish policy priorities more explicit. As concluded by the ANE key informant “One should flag specifically for child [rights]; else the issue gets drowned [by all the other social concerns].”⁹¹

LDH

The LDH has mainstreamed child rights to a certain extent by addressing children as victims of domestic violence and other cases of child abuse through the legal assistance/access to justice component, through human rights education in schools, and through support to the Child Parliament. However, child rights/children is not systematically integrated into the LDH's activities. There needs to be systematic disaggregation by age wherever that it relevant both in planning and reporting. Hence, supporting the LDH certainly contributes to addressing child rights and changing the lives of children in Mozambique, although not in a comprehensive and systematic manner.

⁸⁷ Country strategy for development cooperation – Mozambique; 1 January 2002–31 December 2006. Regeringskansliet – UD.

⁸⁸ The steering committee included Sweden, Italy, European Union, Fundo de Estradas and ANE.

⁸⁹ Key informant interview.

⁹⁰ Key informant interview.

⁹¹ Key informant interview with ANE representative held on 29.07.2010.

AWEPA

Through the Swedish-supported UNICEF civil society project AWEPA has in the programme period 2007–2009 mainstreamed child rights to a certain extent. The efforts resulted in significant changes in legislation and services for children at the municipal level. AWEPA has raised awareness among policy and decision-makers (parliamentarians and municipal politicians) on child rights who have put children issues on the agenda. The Swedish Embassy has decided that the funding to this project will be discontinued through UNICEF but continued through the Swedish international NGO Diakonia. The coming period will be a test as to whether AWEPA will fully integrate child rights as a cross-cutting issue as stated in its programme. AWEPA claims it is in the process of doing so by continuing to mainstream child rights in their parliamentary and local government programme. One example is the training manual for newly elected Provincial Assemblies which includes a separate chapter on children. One can conclude, as with the LDH that AWEPA has mainstreamed successfully to a certain extent, but not in a systematic manner throughout the programme. It remains to be seen whether AWEPA will continue to focus consistently on child rights even after earmarked funding has ceased.

Child rights-focused interventions

This section assesses interventions that are specifically geared towards children, ostensibly to further their rights in terms of the CRC.

UNFPA: Adolescent Sexual and Reproductive Health/STI/HIV and AIDS Programme

The UNFPA programme on adolescent sexual and reproductive health was selected because it has received a very large amount of funding over the whole period covered by the evaluation; it is one of the few interventions channelled through a UN agency and it has been supported by both Norway and Sweden. The programme, called Geração Biz (PGB), is a national programme managed and implemented by three line ministries: Health, Education and Youth and Sports. In Maputo province and city it is implemented in collaboration with civil society organisations. In the rest of the country it is being executed directly by the provincial offices of the line ministries.

The PGB was established in 1999, and has received funding from the Danish, Swedish and Norwegian governments from the onset. The programme started as a pilot in Maputo City and Zambezia Province. In the second phase (2001–2003) it incorporated Cabo Delgado, Gaza, Inhambane, Maputo and Tete Provinces as well. From 2005–2007 the programme was extended to the rest of the country. Currently it is present in all 11 provinces and covers more than 80 per cent of the country's districts. Programme funding will end in 2010, but that does not mean the end of the programme. Rather, ownership and management will gradually be transferred to the Government of Mozambique. Norway and Denmark will continue to fund parts of the programme up to 2011, as will the UNFPA.

Table 7: Funding by country for each of the phases of PGB

Country	1999–2000	2002–2004	2005–2007	2008–2010
Sweden	N/A	SEK 34,000,000	SEK 50,000,000	SEK 26,000,000
Norway	N/A	NOK 30,000,000	N/A	NOK 16,800,000

Source: Appropriation Document MOZ 2474, 2001; Co-financing Agreement between the Norwegian Ministry of Foreign Affairs and United Nations Population Fund, 2008.

Implementing partners were the Ministries of Health, Education, Youth and Sports as well as their respective provincial directorates. Technical assistance has been provided by Pathfinder International, and ground work has been carried out by civil society organisations (CSOs) and community based organisations (CBOs) where available. The main participants and implementers of the programme are activists who function as peer educators and carry out day-to-day activities in schools and at the youth-friendly clinics where they facilitate group sessions and counselling in local communities. The evalua-

tion team met a group of six young men and three young women activists during field work who served as key informants.

The support targeted young people by offering information and youth-friendly services on sexual and reproductive health. These services included voluntary counselling and testing (VCT), family planning, STD diagnosis and management, condom use promotion and distribution, life skills and peer education training.

Initially the main objectives of the Programme were as follows:

- Contribute to adoption by adolescents of positive gender perspectives and other attitudes, values and behaviour for sexual and reproductive health (SRH) and prevention of HIV and AIDS;
- Contribute to increased use of quality, integrated SRH/HIV and AIDS services and counselling for adolescents and youth;
- Contribute to increased involvement of parents and political, religious, opinion and community leaders in the solution of problems related to adolescent/youth SRH and HIV and AIDS.

During the period 2005–2009, the objectives changed to:

- Elaboration of policies to promote and support adolescents' and youths' access to information, inputs development of skills and quality services in relation to SRH and HIV and AIDS;
- Strengthen national response in planning and management of SRH/HIV and AIDS programmes, in provision of preventive and healing services to adolescents and youth, and in mitigation of HIV and AIDS negative impacts in this group;
- Contribute to the development and provision of essential tools and instruments for the programme and service provision;
- Strengthen multi-sectoral co-ordination capacity at central, provincial, district and local level for improved consumption of available resources, activities and services.

The PGB has been implemented through a multi-sectoral approach, with three main components:

- A school-based programme with counselling and peer education;
- A community-based programme with entertainment activities and peer education;
- Linked the above programmes to youth-friendly clinics with SRH services where counselling, information and testing for sexually transmitted diseases, as well as condoms are provided.

The Programme also included capacity building of local implementing partners and advocacy for a more favourable environment for adolescent sexual and reproductive health (ASRH). The phase out process centred mainly on the establishment of mechanisms for monitoring and evaluation and on capacity building of those involved in the hand-over, particularly in the relevant line ministries. It also included the design and production of IEC materials and development of a strategy against drug and alcohol.

Relevance

The programme as presented by the UNFPA is relevant for the following reasons, all of which matching both government policies and donors priorities:

- The demographic characteristics of the country;
- The prevalence of HIV (45 per cent of new infections occur to people below 24 years);

- Gender imbalance in education and infection rates (particularly among youth);
- The political prioritisation of youth in PARPA and Strategy to Combat HIV and AIDS;
- The profile of the donors' HIV and AIDS prevention support to Mozambique.

Effectiveness

According to different key informants, project documentation including a recent independent evaluation,⁹² this programme is considered a great success and used as a model both nationally and internationally in the area of adolescent reproductive health/rights, especially related to the HIV and AIDS component. Generally, it is seen to have achieved results with long-term impact. There has been an increase in the access to SRH/HIV and AIDS information and services targeting youth and adolescents. Also, technicians in these services have been capacitated and the service quality has improved. More importantly, many adolescents exposed to the programme have developed life and leadership skills that will help them in several areas of their lives, not just regarding their sexuality. The inclusion of parents, community and political leaders is an ongoing effort that has greatly improved, but still needs more effort. Several stakeholders agree that the participation of youth in the planning and implementation of the programme has been fundamental to achieving results. The activists we met also emphasised this aspect.

As some youth expressed it: “Geração BIZ is an inexhaustible source of knowledge about sexual and reproductive health, and life skills. Some families have started talking about sexuality because youth are able to talk about their own sexuality. Parents are part of the programme. Now, instead of talking in the street [with friends, the youth] have people they can talk to.”⁹³

On the other hand, it has been expressed by several stakeholders and mentioned in the Programme's Technical Review that the impact, dynamic and quality of programme implementation is not the same outside Maputo City and its vicinity. That is, it has not had the same degree of success in the provinces and districts where it is being implemented by the government. As a result, concerns have been raised regarding the government's ability to take over the programme. These concerns are related to the availability of public funds to finance continued operation, as well as human resources, technical capacity and staff turnover. However, the fact that the programme is included in the government's five-year development plan may reduce the risk associated with funding being phased out. The budget may, though, be significantly reduced depending on the amount of funding by the government.

The Joint Donor Statement also refers to challenges facing the ownership of the programme. Some youth associations have emphasised their role and influence in the success of the programme, as a guarantors of accountability and transparency. This role may not be clear-cut or may be undermined if funding comes from the government. A similar finding was reported in the programme's Technical Review document.⁹⁴

These concerns seem to be in line with the changed programme objectives. In the first phase, the objectives were geared to users at the service provision level. In the 'phase out' stage, the objectives are focus more on national leadership at the policy level. These changes of objectives also add to the relevance of the Programme in relation to the country context and the Programme's maturity and growth.

⁹² Bull Jorgensen, N. et al., Embassies of Sweden and Norway, Technical Review of the Geracao BIZ Programme in Mozambique. Maputo, May 2010.

⁹³ Focus Group with Youth Activists from Núcleo de Mavalane, Amodefa and Coalisão.

⁹⁴ Bull Jorgensen, N. et al., Embassies of Sweden and Norway Technical Review of the Geracao BIZ Programme in Mozambique. Maputo, May 2010.

Lessons learned

An evaluation was conducted by Pathfinder for the World Health Organisation (WHO) in 2009, and lessons learned on constraining/conducive factors and sustainability were summed up in five issues:⁹⁵

- Capacity building and sustainability;
- Multi-sectoral programmes;
- Scaling up;
- Youth involvement;
- Service delivery.

With regard to capacity building and sustainability, the report found that developing a programme in line with government policy and the mandates of the implementing partners has promoted sustainability. Continuous capacity building has enhanced the qualification of staff, who have taken up key positions with the different implementing partners.

All parties were unanimous in considering the multi-sectoral approach as a most positive aspect. Multiple stakeholders can increase the influence and advocate better for prioritising the implementation of the programme. In particular, it is important that top-level decision-makers are made aware of the importance of the programme in order to facilitate its successful implementation.

The scaling-up experience showed that it should be planned from the design of the programme. Tools, approaches and guidelines should also be developed early on so as to ensure rapid implementation and consistent results. Pilot sites can serve as models for developing protocols and systems for use throughout the programme. But just as important as planning for scaling up, there should be a careful planning of the phase-out period and the possibilities for sustainability thereafter.

Most stakeholders also refer to youth involvement as essential to keep the content of the programme relevant to the target group. The target group's involvement also accelerates acceptance of the messages. It also increased their capacity to participate in advocacy for their rights and involve other community members.

One of the great achievements of the programme is establishing over 220 youth clinics, the cost of which have been included in the government budget, thus ensuring sustainability. However, high staff turnover at the clinics slows down capacity building and makes monitoring of the changes in attitude and behaviour among staff more difficult.

Finally, it was found that integrated services are more successful among youth and adolescents. Both the literature consulted and discussions with the youth reveal that they respond better to programme contents that include HIV and AIDS and STD material in addition to other relevant information, such as on drugs, early pregnancies and similar issues.

Overall, the results show clearly that the objectives which the Programme aimed for at the outset were met to a great extent. The inclusion of parents, community and political leaders is an ongoing effort that has increasingly improved over time, but more effort is needed. Several stakeholders agreed that the participation of youth in the planning and implementation of the programme has been fundamental for this inclusive approach.

⁹⁵ Hainsworth, Gwyn and Ivone Zilhao et al., From inception to large scale: the Geracao Biz Programme in Mozambique. WHO/Pathfinder. Maputo, 2009.

UNICEF: Joint Civil Society and Child Rights Programme

The UNICEF Joint Civil Society and Child Rights Programme was selected because UNICEF is mentioned specifically in the ToR and receives large amounts of core funding from both Sweden and Norway centrally and multi-bi funding.⁹⁶

UNICEF presented to the Swedish Government a proposal for a joint programme to support Civil Society Promoting Child Rights in Mozambique to run from 2007 until 2009. The Swedish Embassy and UNICEF, together with Save the Children, would channel funds and provide technical assistance to one national and 12 international NGOs. Save the Children was a member of the Steering Committee, although it was not among the funding partners.

The programme had two main components: the Joint Civil Society and Child Rights Programme and the Protection and Support for Children affected by HIV and AIDS. Swedish support for the first component was SEK 33.4 million and for the second component SEK 21.1 million.

The overall objectives of the programme were to:

- Encourage the government, national and local authorities and families to increasingly respect, protect and fulfil children's rights; and
- Strengthen institutional capacity of the Ministry of Women's Affairs and Social Action to better respond to orphans and vulnerable children (OVC) and to strengthen direct service delivery for OVCs.

This would be achieved by conducting capacity building activities with the NGOs, decision-makers and media, which would include human rights awareness. The implementing activities also included the strengthening of advocacy and legal frameworks, and more effective social mobilisation and community participation.

Relevance

The Joint Civil Society Programme is very relevant to the Swedish government's aid policies and UNICEF's mandate. The relevance of the programme for Sida at the time of its inception and implementation was justified through the following policies and strategies:

- Sida's Cooperation Strategy for Mozambique 2007–2011, which supports three pillars for civil society to act on: democratic governance, human capital and economic development;
- Sweden's policy for global development;
- Sida's Programme for Peace, Democracy and Human Rights.⁹⁷

These policies stress the importance of a strong civil society for promoting human rights, including child rights. They are also relevant to the new form of cooperation between Sida and UNICEF, whereby support would be based on thematic funding, as opposed to project funding. Similarly, in terms of Mozambican policy, there is clear relevance to the governance and human capital pillar of PARPA II.

Effectiveness

The activities carried out place more emphasis on the 12 civil society partners than on the government. UNICEF has a strong presence in Mozambique with recognised experience in child rights. As such, it is able to bring the voice of civil society to the table, and help to lobby the government to push the child rights agenda forward.

⁹⁶ The Kenya country study of this evaluation contains a general overview of Norwegian and Swedish core funding to UNICEF.

⁹⁷ Refer to e.g. Change for Freedom: Swedish Policy for Democratic Development and Human Rights in Swedish Development Cooperation 2010–2014.

According to UNICEF the main achievements of the Joint Initiative during its three-year period of implementation are:

- Strengthening of the civil society movement for child rights: more than 300 CSOs have been trained to defend child rights;
- Adoption of the Children Act, which is a sign of the government's commitment to child rights and a possibility for CSOs to shift from advocacy to monitoring the implementation of the Children Act;
- Inclusion of children in discussions about child rights and the production of communication materials;
- Improved reporting of child rights violations, which reflects increased community awareness;
- Involvement of community leaders, elders and judges in protecting child rights.

Currently, there is an active network of organisations working on child rights called *Redecam*. This network has over 40 members which share information about their activities and initiatives. This network has largely been made possible due to the work initiated with some of these organisations by the Joint Civil Society Initiative Programme.

The improved reporting of child abuse cases and the resultant increase in number of known cases are, according to UNICEF and some of the partner organisations, a result of greater awareness in communities of what constitutes child abuse. Communities are also becoming more involved in reporting cases, in which they would rather not have been involved previously. The police unit dedicated to child and women abuse also seems to contribute to greater confidence to report, as staff are better trained and sensitised to the issue of child and domestic abuse.

UNICEF will continue to support activities created under the Joint Initiative, but is aware that it may not be as effective without continued Swedish funding. However, it will still be possible to continue the Child Rights Network and hopefully bring more NGOs into the movement. The network has been responsible for organising meetings and capacity-building initiatives. A website has been created and all information regarding child rights relevant to the country is being posted there. There is also a newsletter circulating news on the network's actions.

Sustainability

Sustainability was on the agenda from the start of the programme and referred to in the original proposal. It stated that sustainability should be ensured by strengthening the capacity of the participating civil society organisations. Capacity building would be the focus, not service delivery. Investment was made in advocacy efforts at the local level for effective resource allocation in support of children, i.e. advocacy for child-friendly budgeting. The expectation was that agencies emerging from this process with improved programming, human resources and management capabilities would be able to raise funds independently. Focusing on capacity building for decision-makers and the involvement of civil society in national and local processes would create an environment conducive to promoting child rights. Finally, sustainability would be further buttressed by the continuous presence and support of UNICEF and Save the Children.

Despite all these efforts, however, according to UNICEF, the time-frame of only three years is too short to ensure sustainability. By the time the stakeholders managed to organise mechanisms of coordination and implementation the funding had ended. Nevertheless, certain aspects of the programme were successful and are being carried out by the implementing partners, such as the child rights network and the website. More capacity building is needed, though, before these partners become autonomous in their child rights interventions.

Constraining and facilitating factors

The lessons learned from the Joint Initiative were three-fold. Success of outcomes was mainly due to shared planning, ideas, results and resources with the 12 implementing partners. It was also important to create tools and methodologies that are replicable at the provincial level. The fact that the 12 implementing partners were strong and credible led to success in lobbying the government. Successful implementation of any programme requires political commitment. This has been ensured by making the so-called G-12 the government's partner on issues regarding child rights. As UNICEF states in the final report of the programme, PARPA II recognises that civil society organisations are important stakeholders and partners, especially because they made such a significant contribution to reducing poverty during the PARPA I period.

Save the Children: strategic partnership with the Norwegian Embassy

Save the Children is one of the leading international child rights NGOs in the world, and is a key partner of both Norwegian and Swedish development cooperation authorities in the work for child rights. This is the main reason for selecting this intervention as well as the Strategic Partnership with the Norwegian Embassy. Save the Children was established in England back in 1919 and has since expanded to more than 100 countries. It works globally to realise the right of every child to survival, protection, development and participation. During the past 3–4 years the international organisation has undergone a process of unification, which means that the different Save the Children country programmes have merged into one programme. The unification process in Mozambique started in 2007 and was completed in 2008 although the organisation is still going through adjustments. Save the Children US is the lead agency of the unified Save the Children in Mozambique (SCiMoz) which includes the three country programmes of Save the Children Norway, Save the Children UK and Save the Children US.

Save the Children Norway received support from Norad/MFA for many years in Mozambique dating back to the civil war. However, the intervention which has been selected for the purpose of this evaluation – “Strategic Partnership with SCN against sexual abuse of young women and girls” – was initiated in 2006 as a three-year partnership running up to the end of 2009. In 2009 a review was made of the preceding three-year period and another agreement was signed in 2010 for a one-year extension. The expenditure for the first three years was approx. NOK 12 million and Norway was the only donor. For 2010 Save the Children receives USD 839,000 from the Norwegian Embassy.⁹⁸

The overall objectives of the “Programme for the prevention of violence and sexual abuse, prostitution and trafficking of girls and young women” are:

- to reduce the number of trafficked children and women into, within and from Mozambique;
- to combat human trafficking with the emphasis on children and young women for sexual abuse and exploitation purposes in Mozambique and the region;
- to support, coordinate and strengthen Mozambican civil society to combat child trafficking;
- Specific objectives were developed in four different areas of activities:
 - research on internal trafficking and sexual exploitation of children and young people;
 - assistance to victims and persons at risk;
 - prevention of trafficking and sexual exploitation;
 - strengthening of regional networks.⁹⁹

Like most international NGOs in Mozambique, Save the Children implements its programme through local partners, either NGOs or CBOs, and partnerships with local government offices.

⁹⁸ As well as a small grant of USD 150,000 from PEPFAR, the US President's Emergency Plan for AIDS Relief.

⁹⁹ Save the Children. Progress and financial report for the Programme for the prevention of violence and sexual abuse, prostitution and trafficking of girls and young women January–September 2009. Maputo, Mozambique 17 November 2009.

Results are reported at the output level and a summary of the results for the period 2006–2009 were reported by programme area. In the area of research a database with information on trafficking involving 543 children was established, as well as a database with Linha Fala Crianca, the newly established child trafficking hotline. The research included the mapping of the capacity of civil society organisations in the south and centre of the country; a study into the nature and causes of internal trafficking, and a mapping of child migration.

In the area of victim assistance a total of 13,323 children have received care and psycho-social follow-up, fewer reintegrated children have left home (only 3 out of 43), 30 visits to reintegrated children and 72 beneficiaries assisted by care agencies for trafficked children (i.e. not Save the Children). In addition, the local and national referral systems for interventions on child protection cases have been strengthened by ensuring coordination and communication between service providers. One person was seconded to Moamba District Women and Social Action office in charge of the transit centre there, which greatly improved the running of the centre. The development of the Maguaza Centre for victims also showed progress during the period. The Child Helpline (Linha Falla Crianca), a hotline for children and a positive addition in the work to combat trafficking in girls and boys, was jointly created by Rede Contra o Abuso de Menored (Rede CAME), Rede da Crianca, Plan Mozambique and SCiMoz with support from CHL. Save the Children also influenced and supported the police to include the trafficking issue in the units established to address domestic and sexual abuse.

With regard to prevention, 445 persons have been trained to identify and support children (at risk of being) trafficked and 14,465 persons from risk areas were reached by awareness and information events to be able to identify the risk of trafficking and how to migrate safely. Eight training and sensitisation events were organised on trafficking and relevant legislation and two training seminars on how to assist children affected by trafficking were organised. In 2009 Save the Children started the production of IEC materials in Moamba, Maputo and Chokwe.

In the regional networking area activities have been supported within the framework of SANTAC (The Southern Africa Network against Trafficking and Abuse of Children). SANTAC was established and has been recognised as the leading advocate on counter-trafficking efforts in Southern Africa. Its main purpose is dialogue and advocacy at the Southern African development Community (SADC) and government levels. It is not yet possible to estimate how many high risk children and young women across the region are being targeted by the actions of SANTAC's members, but this will be done in the foreseeable future. SANTAC has advocated, influenced, been involved in SADC's 10-year strategic counter-trafficking plan, the AU's counter-trafficking campaign, the approval of a counter-trafficking bill by Zambia and preparation of similar bills in South Africa and Malawi. A mapping report has been produced for use by referral systems in Southern Africa, which is becoming more visible. There are also more efforts to coordinate among countries.¹⁰⁰

Effectiveness

SCiMoz does not report systematically on outcomes. However, according to Save the Children, the main achievements (albeit without hard evidence) at the outcome and impact level are the following:

- strengthened child protection referral systems;
- coordination of services and partners;
- quality of referral services has improved;
- the government office of Women's Affairs and Social Action has been strengthened in Moamba;
- family reunion and reintegration have taken place;

¹⁰⁰Ibid.

- poor families are strengthened through income-generating activities;
- there is greater awareness among target populations of the risk of trafficking;
- children are speaking out more about their experiences.

Furthermore, according to another key informant, the new anti-trafficking law of 2008 was a direct outcome of joint efforts among NGOs including SCiMOz, UN and donors like Norway and Sweden.

The main challenges encountered in implementing this programme are firstly, ensuring the coordination of all the stakeholders involved in counter-trafficking efforts; secondly, ensuring rapid and effective responses to individual cases of trafficking; and thirdly, addressing trafficking for labour exploitation. The review undertaken in 2009 identified other weaknesses and challenges of the programme. The monitoring and evaluation (M&E) system of the programme was at best considered rudimentary and needs to be improved, especially in terms of developing indicators for measuring outcome and impact. Furthermore, it was pointed out that the research done on internal trafficking should have used the opportunity to involve and thus capacitate the Mozambican milieu on trafficking (more inclusive and participatory) rather than keeping it an internal Save the Children exercise. Challenges were encountered due to weak management in the first period of the Moamba Centre before the Moamba District Social Action Services got involved.¹⁰¹

Relevance

Research on the prevalence, nature and causes of internal trafficking indicates that it is a phenomenon on the increase. SCiMoz believes that the main causes of trafficking in children are poverty and violence, and that traditional practices play a secondary role. Trafficking within the southern African region is also a problem and hence there is a need to address the issue regionally, as has been done through SANTAC. The programme is fully in line with Mozambican legislation, in particular the new anti-trafficking law of 2008. It is also very much in conformity with the high priority the issue receives in Norway both nationally and internationally through action plans and budgets.

Sustainability

On the one hand, implementing the programme through local organisations and authorities, such as Rede da Crianca, Linha Fala de Crianca and Office of Social Action in Moamba promotes local ownership. On the other hand, these agencies are all highly dependent on external funding. The government has acknowledged that trafficking is a problem which needs to be addressed. Legislators have also gained awareness and realised the need for action by e.g. passing the new law. This creates a more conducive environment which, in turn, strengthens sustainability.

Facilitating factors

- flexibility;
- longer programme funding period, i.e. a three-year time-frame;
- flexibility in choosing partners;
- focus was not only on outputs (numbers of children), but on behavioural change;
- “now we know much more”; a gradual process of awareness-raising and increasing knowledge;
- government acknowledges that trafficking exists as a problem to be addressed;
- counter-trafficking law opened up space for action and change.

¹⁰¹ Scanteam. Mozambique: Save the Children Anti-Trafficking Review. Final Report. Oslo, May 2009.

Right to Play

Right to Play is an international child rights NGO with headquarters in Toronto, Canada and programmes in 23 countries in Africa, Asia, the Middle East and South America. The Right to Play uses sport and play to build essential skills in children and thereby improve the lives of children in communities affected by war, poverty and disease. This represents a relatively new and innovative methodology and approach to working with children and thus promoting child rights. This is the main reason why this intervention was selected.

The organisation grew out of an awareness and fundraising organisation called Olympic Aid which was established in 1992 by the Olympic Organising committee in preparation for the 1994 Olympic Games in Lillehammer, Norway. This was an opportunity for international athletes to show solidarity with poverty- and war-stricken societies by raising funds for development and humanitarian aid. In 2001 Olympic Aid made the transition from a fundraising initiative to an international NGO. Right to Play uses sport and play as tools for learning in four areas: basic education and child development, health promotion and disease prevention, conflict resolution and peace building, community development and participation. A unique methodology has been developed whereby local community leaders and teachers are trained as coaches in child rights, who go into the communities and work with groups of 25–30 children to empower and capacitate them by playing games and doing sports activities. Training manuals have been developed for different age groups, including the ‘Early Child Play’ training manual for children aged 1–5 and the ‘Red Ball Child Play’ for those aged 6–12 and ‘Live Safe. Play Safe’ for adolescents aged 12–18. In addition, Right to Play has invented the concept of the ‘Athletic Ambassador’, whereby famous international athletes visit programme areas, participants and partners to get messages across and motivate and mobilise for action.¹⁰²

Right to Play established a country programme in Mozambique in 2002 and currently has 26 staff members. The programme is implemented in three provinces: Maputo, Gaza and Zambezia. Right to Play Mozambique has strategic partnerships with the Ministry of Education and Culture, the Ministry of Youth and Sport, the Ministry of Health and the Ministry of Women’s Affairs and Social Action (MMAS), which facilitates the implementation of the programme at central and local levels through their provincial directorates. In addition, they have a strategic partnership with Save the Children to provide training on child protection while Right to Play uses play and sports to educate children and youth about HIV and AIDS. In 2006 there was also a partnership with UNICEF, and a revival of this collaboration is currently being explored. There is also a partnership with SOS Children Villages to train staff members in how to use sport and play when working with children. Right to Play does not implement at the local level but works through CBOs. The Right to Play organisation only does training and monitoring of the coaches, and currently works with nine CBOs.

Norad started funding the Mozambique programme in 2007, which was a three-year time span (2007–2009) and is a joint programme for Mozambique, Tanzania and Uganda. Norad provided USD 1.3 million for the three-year period, an average of USD 400,000 per year for the Mozambique programme. There was only one other donor, Switzerland, which provided USD 250,000 annually for the HIV and AIDS component. Right to Play has entered into a new three-year agreement with Norad from 2010 until 2012, but the budget is still to be determined.

The overall goal for the 2007–2009 phase was “Recognition by stakeholders at local, national and regional levels of the contribution of sport and play as an innovative and dynamic learning tool to address quality of basic education, gender equality/equity, HIV and AIDS interventions and inclusion of children and youth in disadvantaged communities.”¹⁰³ The activities are organised into the three areas: life skills, HIV and AIDS preventive education, and inclusion; and gender/child protection.

¹⁰²www.righttoplay.com

¹⁰³Right to Play, Sports and Play as an Effective and Innovative Learning Tool towards Holistic Child Development, Final Report, Maputo, 31 May 2010.

Activities and effectiveness

In respect of life skills a number of training sessions has been held for Training of Trainers and in Red Ball Child Play (RBCP) and Live Safe. Play Safe (LSPS). For example, in 2009 two Coach Training of Trainers for 40 Coaches (20 females and 20 males) were held and two refresher trainings in LSPS/RBCP for 48 Coaches (19 females and 29 males) were held. Altogether 251 trainees, of whom 141 were male and 110 female, were certified as coaches. Right to Play reports that 14,100 girls and boys were reached through play and sports in 2009. In addition, activities are also organised on 'play days' and special events, of which there were 5 in 2009 reaching 14,000 children.¹⁰⁴

Right to Play is unique in our sample of interventions by its systematic and regular reporting on outcomes. Several outcomes related to changed awareness and behaviour have been observed. Children demonstrate key life skills such as respect, cooperation, confidence and self-expression and adopt healthy practices. Children who have participated more than two years, also took active part in conflict resolution. They demonstrated increased knowledge in leadership, health, conflict resolution and self-efficacy, as well as diseases, hygiene and sanitation. According to the report, the main outcome was the development of programme ownership among the girls and boys. Parents and community members and leaders have become more sensitised and actively involved in the activities. They have, among other things, advocated for increasing and replicating Right to Play activities vis-à-vis provincial and district authorities.

In HIV and AIDS preventative education workshops were held for staff members in 2007 and 2008. In 2009 campaigns, awareness-raising and education was done through its partners. Some of the Right to Play coaches are also activists in other HIV and AIDS programmes, such as Geração Biz. The coaches engage in peer counselling and education on issues related to sexuality and reproductive health. Right to Play and its partners celebrated HIV and AIDS day in 2009, organised by the National AIDS Council, attended by 2,300 girls and boys participated as well as 780 community members. The main outcome was increased knowledge among teachers, coaches and children of HIV and AIDS preventative methods and reducing stigma of people living with HIV and AIDS.

In gender and child protection, two gender workshops were held in 2009 with a total of 40 coach trainers, of whom 25 per cent were women. The participation of girls in general increased from 47 per cent in 2008 to 50 per cent in 2009. During LSPS and RBCP training coaches received a child protection session. The Child Protection Policy has been signed by Right to Play staff members, Coaches and Coach Trainers. According to Right to Play children have gained knowledge about their rights and that they are freer to express themselves. Right to Play also participated in International Children's Day organised by the MMAS, by demonstrating how sports and play contribute to healthy development and learning. The main outcomes are the following, according to the report and key informants, though with variable level of precision:

- More parents and community/opinion leaders sensitised to girls' right to participate in sport and play activities in programme target communities;
- More children, coaches and communities are using the child protection system of referral;
- The programme demonstrates child protection from planning through implementation;
- School attendance has increased in the programme area;
- Teachers are doing physical education in schools which they were not doing before;
- Gender disparity has decreased from 75 per cent boys and 25 percent girls to 50-50 participating in games and school attendance;

¹⁰⁴Ibid.

- The relationship with the government has become stronger;
- Increased number of children participating in sports and games as documented by the Child Tracing Sheet: 27,000 children have benefitted;
- Child behaviour has changed: they are freer to speak with teachers, parents and in the community, they wash their hands before eating, they have stopped defecating behind trees; they demand latrines and use latrines when available; girls and boys mix more; life skills and skills in negotiation have been developed; they are more self-confident (e.g. can stand in front of people and speak);
- Initiation rites have decreased;
- Children with special needs have been included.

Sustainability

The regional and country offices have been strengthened and empowered to take a lead in programming and to manage quality monitoring and evaluation. According to key informants, close collaboration with central ministries and provincial and district government offices is important for developing sustainability and to develop government ownership. The inclusion of the Sport for Development policy in national government strategic frameworks as well as participation of relevant ministry representatives in the Sport for Development and Peace International Working Group shows increased ownership of the programme by the government. Ownership by children, parents and communities has also been observed by the programme staff.

Facilitating and constraining factors

Among the most important facilitating factors is the training and assistance provided by headquarters in Canada, the good relationship with government at all levels and the Athletic Ambassadors. A number of challenges and limitations were reported by key informants. The greatest challenges seem to be dependency on the numerous CBOs and ensuring their sustainability, the severe poverty in the communities they are working in, and the child abusive environment in communities and schools.

SOS Children Villages: Family Strengthening Programme

SOS Children Villages seeks to help children through a two-pronged approach: to meet the needs of the child within the biological family environment, and to offer placement in the SOS Children Village under the care of a foster mother and aunt for those children who are abandoned and have no alternative care. Through the collaboration with the Ministry of Women's Affairs and Social Action (MMAS), the MMAS's local offices identify and decide on placement of boys and girls in the Children Villages in accordance with the Children Act.

SOS Children Villages has in recent years been somewhat controversial status in Norway on account of the very concept of 'Children Village'. On the one hand, removing children from their parents, families and communities to grow up in these constructed closed-in 'villages' where they live in groups of 10–12 children with adult female staff members acting as 'mothers' and 'aunts' replacing parents and family members, may be regarded as contravening the CRC. According to the CRC children have a right to grow up with their parents, both mother and father. It is also internationally acknowledged that placement in foster families or smaller community units is preferable to institutional life. On the other hand, the children in the Children Villages are provided with quality education, health care and a protective environment. It can thus be argued that the Children Villages both conforms and contravenes the CRC; hence, the controversy about this model.

In Mozambique Norad has not funded the Children Villages as such, but rather its Family Strengthening Programme (FSP), which started in 2003 as a new initiative addressing child abandonment. By then the Children Villages programme had been operating in Mozambique since 1987 and had established

Children Villages in the vicinity of Tete, Maputo, Pemba, Inhambane cities and is presently building one in Chimoio. During these 16 years of operation SOS Children Villages had established good relations to the Ministry of Women and Social Action, the Ministry of Education, the Ministry of Health and to a certain extent the Ministry of Agriculture in all four municipalities as well as other partner organizations.¹⁰⁵ These good relationships with the authorities were a great advantage when the new programme was established.

The FSP was started as a result of the increasing numbers of abandoned children in the areas where SOS Children Villages were operational. The overall goal of the FSP is to prevent children at risk from leaving their families and ensure that they are adequately cared for. The selected children are either: (a) orphans or living alone for some reason; (b) children whose both parents are chronically ill with HIV and AIDS or other disease; (c) children living with only one parent; or (d) children living with grandparents due to the death of their parents. The objectives of the programme are four-fold:

- To ensure that each child beneficiary has access to basic services including educational, nutritional, health and psycho-social support;
- to build the capacity of families to care for their children;
- to build the capacity of partner communities to ensure an effective response to OVCs;
- to network with other partners to promote their contribution to child wellbeing and preventing child abandonment.

The current programme phase from 2009 until 2013 is fully funded by Norad with approx. USD 780,000 per year based on a cost estimate of USD 15 per child per year.¹⁰⁶ According to the Programme Director this estimate is too low. A higher estimate per child per year would increase the budget and in turn the number of children reached. The number of beneficiaries is carefully recorded in a database accounting for the numbers of boys, girls and women, men, families, and type of family by location. In April 2010 this database showed that a total of 1,059 families, 2,034 boys, 1,947 girls, 374 men, 1,141 women were supported in the four locations in a total of 16 communities.¹⁰⁷ The intention is to increase the coverage and target all provinces.

A total of 23 staff members are attached to the FSP countrywide, which in the course of 2010 is planned to increase to 25. Staff are trained in child rights, project management, financial management, and self-evaluation by both internal and external trainers. The main activities of the programme include education, preventive and curative health, psycho-social support, birth registration, teaching of parental and child care skills, vocational training, medication for HIV-positive and people living with AIDS, livelihood support and capacity building of CBOs.¹⁰⁸ Communities are selected on the basis of indicators of poverty, HIV and AIDS prevalence, number of orphans, child-headed households, and households with terminally ill caregivers. The local office of the MMAS instructs and advises which community, family and children to select as beneficiaries of the programme.

After a community has been selected, a stakeholder analysis is done whereby the stakeholders' interests are identified and their type and level of participation is considered. The next step is to set up a temporary steering committee consisting of representatives of stakeholders who participate in the planning. Thereafter a household survey is done within the community to identify orphans and other vulnerable children, number and size of their households, identify carers and sources of support. When families

¹⁰⁵Aldeias de Crianças SOS Mocambique. Annual Report 2009.

¹⁰⁶A number of other partners provide in-kind and advisory support, according to table 6.1. in the FSP First Quarterly Report in 2010.

¹⁰⁷Data print-outs from the FSP Summary Statistics Mozambique, April 2010.

¹⁰⁸SOS Children Village-Mozambique. FSP Mozambique First Quarterly Report. 19th May 2010.

and children have been identified, a participatory planning process starts, followed by the drafting of a project proposal which is presented at a mass community meeting, and finally detailed action plans are developed. The final programme action plan is then approved by the regional office of SOS Children Villages. Implementation then starts with training and capacity-building of the partners, after which the most vulnerable children are selected for support services in preparation for the family development planning process. Monitoring is organised by regular monitoring visits and every family has a monitoring book for recording all support received.¹⁰⁹

The evaluation team visited one of these communities in the vicinity of Maputo and met with three of the girls and family members who participated in the programme. Two of them have parents who are living with AIDS and have been beneficiaries of the FSP since 2008. They have been learning the vocation of hairdressing and some beautician skills taught by the partner CBO and were ready to graduate in July 2010. Both would like to start up their own salons, but their long-term future vision is more ambitious; one wanted to study to become a journalist and the other one a doctor. They have been attending school in the evenings and received some in-kind support through the FSP, such as poultry and books. The third girl, whose parents have died in AIDS, started in the FSP in January 2010 and has received a loan to support the establishment of a small shop together with her grandmother and sisters with whom she lives. She and her grandmother received training from the local CBO on how to run a shop/business, and have made remarkable progress in these first few months of the business. They have already repaid 50 per cent of the loan. She made the following comment about her future:

Most girls don't want to study, but would rather be with boyfriends. For me, I would like to study because the thing with boyfriends or husbands always ends. If I study I will have my own thing. I can see this with my own eyes, what my girlfriends do and what happens to them. I can't say what exactly I will study, but something in the field of biology or medicine. But right now I will do what is available to me.

All three girls were clear that the FSP had changed their lives. They expressed that they could not even compare their lives before and now. The FSP has provided them with skills which give them an income and enabled them to attend school. They have also learned that they should not only be recipients of hand-outs but make their own living, as they said.

Effectiveness

No evaluation has been done yet of the FSP. Regular monitoring and reporting is done at the output level, but data have not been collected systematically at outcome or impact levels. However, key informants asserted that the following outcomes had been achieved:

- all the ca. 4,000 at-risk children are cared for properly;
- these 4,000 children have access to basic services: three meals a day and access to education (the programme pays school fees and school materials);
- chronic malnutrition has been reduced;
- improved health status;
- literacy has increased among the adult participants;
- number of birth registrations has increased;
- some 16 CBOs have become very active in the communities.

¹⁰⁹This whole process is described in a form of 11 steps made by SOS Children Villages.

Facilitating and constraining factors

The HIV and AIDS pandemic has been spreading and presented a challenge of meeting the needs to ensure that people get medication and proper diets, which cost money. There are environmental challenges whereby extreme heat or rain can destroy income-generating activities, which, in turn, reduce motivation and cause despondency. After four years family support is phased out and the CBOs are expected to continue to follow up the families, but this does not always happen and remains a big challenge. Interestingly, the political affiliation of the CBOs may represent a risk, key informants reported, and care had to be taken to ensure a balance in terms of political party affiliation among the stakeholders. The main facilitating factor was working through CBOs, as well a good monitoring and evaluation system.

Relevance

Given the high prevalence rate of HIV and AIDS in Mozambique, there is no question that this programme is highly relevant and an interesting development in the history of the SOS Children Villages organisation.

Sustainability

Sustainability is promoted by working through CBOs and in collaboration with local authorities. In each community 3–4 CBOs are formed. Furthermore, sustainability is promoted by teaching children about their rights and to claim them as rights holders. Supporting families with income-generating activities increases sustainability because support is given by means of repayable loans. After four years a family is expected to be self-sustaining. However, the FSP is based on quite a number of unconditional hand-outs and support, which inevitably creates some dependency.

SOS Children Villages has elaborated code of conduct and a complementary child protection policy.¹¹⁰

International Child Development Programme – ICDP

The International Child Development Programme (ICDP) was founded in 1992 in Oslo, Norway. It is an international NGO which focuses on the psycho-social wellbeing and care of children through education and competence building. This intervention was selected because the topic is often neglected in the context of child rights. It is also an intervention which receives the very least funding of all, around NOK one million, which is the cut-off point in this evaluation.¹¹¹

The ICDP is headquartered in Oslo and runs programmes in 25 countries worldwide. The objective is to work for the healthy development of children and youth worldwide based on the main principles of the CRC. It focuses on the psycho-social aspect of child development based on the recognition that most development and humanitarian agencies working with children who have experienced extreme deprivation primarily address the physical aspects of human survival and development. The ICDP works in collaboration with CBOs and networks which receive training and technical advice on psycho-social wellbeing and care of children. The community-based partners involve a whole range of stakeholders including children, youth, parents, teachers, community leaders, local and central government officials.

The ICDP started a programme in Mozambique in 2003 with the objective of improving the quality of care for vulnerable children through training of those who are involved in the care and protection of children. Norad is virtually the sole donor with around NOK one million per year. In addition, the ICDP has received small donations from private businesses, such as the Swiss bank UBS and Optimus

¹¹⁰Code of conduct: one-page form to be signed and dated called 'Termo de Compromisso a Fvor da Crianca' and children protection policy by SOS Kinderdorf International. Child Safety is Everybody's Business. Innsbruck, Austria May 2008.

¹¹¹See report of the mapping exercise for this evaluation: Tostensen, A. et al., (2010) Mapping the Project Portfolios. Joint Evaluation of Norwegian and Swedish Support for Child Rights. Bergen: CMI.

Foundation and sometimes receives small grants for training purposes. The country office in Maputo has a total of 10 staff members, six professionals and four administrative personnel.

The objectives are:

- to improve the psycho-social care and education of orphans and vulnerable children;
- to assist families and children who have been exposed to HIV and AIDS, violence and neglect and who need support in care and interaction;
- to promote awareness of child rights and women's rights;
- to set up a community-based network of expertise in the field of child care and education;
- to anchor the network of expertise in existing organisation and institutions to ensure sustainability, e.g. government and university institutions.

Hence, the ICDP works on two levels: central government level and community level with community facilitators, families and children. In addition, the ICDP has a unique feature in collaborating with the main university in Mozambique – the State University in Maputo (UEM).

The main activities include training for awareness-raising and capacity-building on psycho-social support to traumatised children, child rights and women's rights; as well as mobilising community facilitators, women and children in groups and CBOs. The target groups at the community level are child victims of violence and neglect, OVC as well as their caregivers and families. The target groups for training include staff of key partner ministries; staff of the State University in Maputo; and staff of NGOs, CBOs and local networks of social workers.¹¹²

The ICDP has signed an MoU with the Ministry of Women's Affairs and Social Action (MMAS) and provides them with training and technical assistance. An MoU with the Ministry of Education is in progress. However, the ICDP already has a partnership with that Ministry for teacher training and working through schools. The ICDP has attempted to get an MoU also with the Ministry of Health, but that has proved more difficult. The ICDP has a relatively limited coverage in the country due to a limited budget. It works mainly in Maputo, Matola, Beira and Chimoio municipalities and with one partner in Nampula. The ICDP has also developed a Code of Conduct.

At present the ICDP supports about ten local organisations. One such organisation is the ADSC (Association for Development and Social Integration of Children) which the ICDP supported with financial and technical support to get established. As an example of ICDP partnership and activities in Mozambique, the evaluation team looked into the ADSC a bit more closely through a focus group discussion with five boys and four girls. The objective of the ADSC is psycho-social care of children. The director of the ADSC was there as a facilitator. She had been trained by the ICDP as a trainer and acted as the link between the ICDP and the community. She started off by going from home to home inviting children to join in play. This is how some of the children were recruited; the others were invited by those who already had started. The children meet regularly three-four times a week with a youth or adult facilitator who activates them with educational games or activities. During their sessions they learn about child rights, health issues, and life skills. These nine children reported that they came there to play, to play football, paint, play crochet, to do homework, and to learn things. They reported that they had learned to behave better at home and to show their parents more respect. They had learned that it is necessary and important to go to school and do homework, they had learned about child rights, how to make a film, to do different kinds of arts and crafts and play various games. Part of the time they decide themselves what activity to do when they meet and part of the time the facilitator decides what

¹¹²ICDP Annual Report to Norad 2008.

to do. As the children grow older some become active in other programmes and the Child Parliament. Through some games they showed what they had learned about child rights, English language, art and handicrafts.

Effectiveness

Again, results are not reported systematically on the outcome level. However, the main outcomes for girls and boys as gathered from interviews with key informants are the following:

- when the ICDP started the programme the government did not recognise its importance but has subsequently acknowledged psycho-social issues;
- awareness has been raised among civil society organisations that children are individuals with needs and rights;
- the MMAS has asked the ICDP for training and capacity-building;
- the quality of care for children by the MMAS has improved.
- Training has increased the capacity of the adult facilitators

Two evaluations of the ICDP programme have been done, one in 2007 and one in 2009. The 2007 evaluation documented some improvements for children and adults who had participated in the ICDP training. It also found that progress had been made with regard to integrating the ICDP programme into programmes of partner ministries and the university. However, it was pointed out that refresher training was needed to maintain the momentum and quality of work. As a result, a number of refresher training sessions have been held since then.¹¹³ The 2009 evaluation is interesting as it investigates outcomes and impacts by administering a questionnaire to a group of 72 adults who had attended the ICDP training with a control group of 62 adults matched on geographical and socio-economic parameters. One important finding was that the ICDP intervention is able to reach males in a field of work highly dominated by women. Furthermore, the ICDP intervention seemed to shift physical punishment significantly away from harsh corporal punishment, and 'ICDP' caregivers were significantly more likely to report child adjustment and educational approaches in their relations with children. This research also shows that ICDP training resulted in expanding the child's experience, helping the child to focus attention, adjustment of carer to child's interests, ability to show feelings and enthusiasm. In sum, ICDP training clearly had positive outcomes for both children and caregivers. Participants also endorsed the training, learned from it, applied it in their daily life and recommend it to others.¹¹⁴ The evaluation only involved adult respondents, however. It would have been useful if children had been included as participants both in the research design and as respondents. Hopefully this will be done in the future.

Facilitating and constraining factors

Limited resources and high expectations as well as demands from local partners are considered the greatest challenges. In addition, there is the constant question of sustainability at the community level: how to make capacity-building and community work based on CBOs sustainable? According to the ICDP, this is being addressed through cooperation with the OMM (Organisation of Mozambican Women) and Rede da Crianca members. The most important facilitating factor is, as noted in several other cases, working through CBOs and the participation of boys and girls.

¹¹³Sherr, L., Mozambique ICDP. Evaluation Report – 10/2007.

¹¹⁴Sherr, L. et al., ICDP Mozambique Evaluation 2009. Oslo 2010.

Sustainability

The intention of the ICDP is to integrate the programme precepts into the basic education curriculum, into teacher training, into the university and as a regular training and capacity-building of the MMAS. There is also a plan to collaborate with UNICEF on capacity-building of MMAS. If the ICDP succeeds, it is an important step towards sustainability. The collaboration with the university is very important and also contributes to sustainability.

Norwegian Missions in Development ('Bistandsnemnda'): Street Children Centre (CJIC)

After the peace agreement was signed in 1992, several hundreds of child soldiers started returning to their homes. Many returned to Maputo and its vicinity, and many were not only physically but also psychologically damaged. Some suffered from post-traumatic stress disorder (PTSD) and related illnesses or conditions. Often they were considered just 'crazy'. They needed a place to stay and help to be 'rehabilitated' and reintegrated into Mozambican society. At the time, PYM (De Norske Pinsemenigheters Ytre Misjon – the Norwegian Pentecostal missionary agency) and the Swedish Embassy were funding soup kitchens in the local churches of *Igreja Evangelica Assembleia de Deus* and *Igreja Evangelica Assembleia Livre* in the vicinity of Maputo. Child soldiers who had nowhere to stay started coming to the soup kitchens and it soon became evident that something more had to be done for these boys. The two church organisations received funding from Norad to establish a centre which was inaugurated in 1995 and subsequently became a centre for street children. The centre (CJIC – Centro Jovenil Ingrid Chauwerner) received funding from Norad from 1995 up until 2007 and the two church organisations were the implementing partners. From 2007 onwards it has been self-sufficient.¹¹⁵ This intervention was selected because it was implemented by faith-based organisations and unique in its subject matter.

The evaluation team visited the centre. Currently, 34 boys are living at the centre which has space for 36 boys. The main objective is to reintegrate street children, i.e. boys on the streets of Maputo and its vicinity. It is a centre for boys because until now there have been very few girls encountered in the streets. The daily activities include worship session when they get up, making breakfast and tidying, cleaning, school, afternoon chores and worship, dinner and free time. In addition they do activities related to a different theme assigned to each day of the week. For example, on Mondays it is child rights, on Tuesdays it is health, on Wednesdays it is freedom of expression, and so on. There are a total of 42 staff members, of whom 15 work with the street children. They are divided into two teams, the street team (12 staff) and the family team (3 staff). The street team does outreach work which involves going into the street to identify boys in need of placement and working with the families in order to facilitate a successful reintegration in their families. It may take a long time to select a boy for the centre as the street team must first assess the potential for returning and reintegrating the boy. Two years is the maximum period of time each boy may stay at the centre. Those boys who have no families to return to or who do not manage to return to their families, the church finds foster families for. Training and seminars for the parents is an important part of promoting and preparing the families for the return of the boys. The families also receive in-kind contributions of various sorts, such as school material, uniforms, clothes, livelihood support. The family team works at the centre with the boys teaching them how to cook, clean, tidy and facilitate the thematic activity every day in addition to the worship sessions. The boys are taught to do all the household duties themselves, and they all attend the local school and church. Through school and church they come into contact and mix with children from the community outside the centre. They also have the possibility to learn skills through vocational training at the centre. The rest of the centre's staff members (i.e. 27) work on income-generating activities and do administration. The centre has two income-generating activities, namely the production of water and letting guest houses at the centre. The sale of water and letting of rooms generate enough income to make the centre self-sustaining.

¹¹⁵Information about this intervention was provided during the visit from observations and interviews as well as two documents: Annual Report Year: 2006. PYM – De Norske Pinsemenigheters Ytre Misjon. 31.01.07 and Annual Plan for Ongoing Projects (Prepared in the Project) Year: 2009. PYM. 15.08.2008.

The main outcomes of the centre are the following, according to key informants:

- The centre has become self-sustaining;
- 60 per cent of the boys, i.e. 1.500 since 1996, have been reintegrated with their families;
- Vocational training in carpentry, welding, driving, water production, education, has resulted in jobs for some of the boys (number not known precisely);
- Boys have changed both awareness and attitude as a result of staying at the centre (e.g. one boy who came at the beginning of 2010 was very challenging as he often got into fights and conflicts with the other boys and the staff members. After some months, his attitude and behaviour had improved significantly, the director reported.)
- Heightened awareness on child rights

One of the major challenges facing the centre is the tendency of boys to run away rather often. They come from life on the street where they get used to solving any kind of problem or difficulty by running away or removing themselves. They are not used to confronting problems and solving conflicts head-on. As a result, it takes a while for them to get used to stay put at the centre and to face problems and challenges as they arise. Fighting between the boys is also a problem. Another challenge is the lack of training of staff and their lack of experience with street children and their particular background. Some of the educators have been using corporal punishment, which the managers of the centre wish to eradicate and therefore organised a seminar on this issue the following week.

Facilitating and constraining factors

One of the most important aspects is that the centre is integrated into the local community through the two churches, the *Igreja Evangelica Assembleia de Deus* and *Igreja Evangelica Assembleia Livre*, the implementing partners of PYM. The centre is thus grounded in two national faith-based organisations which have long-term commitments to children and the local communities. Another facilitating factor is the methodology which is used in rehabilitation and reintegration of the boys, namely teaching and coaching through positive reinforcement and through developing the spiritual side of their personalities during the worship sessions. Before the boys are admitted to the centre, they are told that it is a faith-based programme and they are asked if they want to live a Christian life. They are told that participating in worship sessions and going to church is a requirement for living at the centre. However, a key informant maintained that none of the boys have been forced into the faith. However, it would require an in-depth study to determine whether proselytising is such a prominent feature of the centre that it would be considered inappropriate and consequently represent a potential risk to the programme. The fact that the centre is integrated into the local community with the schools, the church and in the neighbourhood is an important aspect of the success of the centre. The success factor above all others, though, is the sustainability of the centre through the revenue generated from the selling of water and letting of rooms.

Lessons Learned and Conclusions

This section sums up the lessons learned from the above assessment of various interventions and draws some conclusions.

Lessons learned

Clearly, mobilising girls and boys, young women and young men is an important aspect of programme implementation, and contributes to positive outcomes related to the lives of children as well as the life of a programme or project. We met some forceful and resourceful boys and girls who displayed impressive motivation, knowledge and strength of their convictions. They have clearly been empowered by the participation in the interventions and have become change agents within their communities. However, rather disappointingly there was not much information on child participation as a goal in itself in the documentation. Nor was child participation as one of the general principles of the CRC (i.e. the right to be heard) a prominent aspect. Similarly, the human rights-based approach was not particularly evident in the documentation of the interventions, although findings showed that it is applied in practice to a certain extent, especially the aspects of participation and empowerment.

Training and awareness-raising of girls and boys to know and claim their rights is vital for the successful implementation of various interventions for children. However, equally important is the awareness and knowledge among adults, parents, teachers, health workers, social workers, police, judges, community leaders, policy makers, and others. There is a great deal of ignorance of, and also some misunderstandings about, child rights which needs to be addressed.

The findings from interventions supported by civil society and the UN show that CBOs play a key role in implementation. Many of the key informants mentioned working through CBOs as the main conducive factor, but that their lack of capacity and resources remains a risk and a challenge.

Equally important is working in partnership and/or in collaboration with central and local authorities. This applies especially to the ministries of education, health and youth and sports, but above all the Ministry for Women's Affairs and Social Action (MMAS). However, the risk of working with and through them is their very limited financial resources and lack of capacity. For some reason there has been no tradition of the Swedish or Norwegian Embassies to support the MMAS, nor is it a 'popular' ministry in the donor community in general. There is a need to strengthen the MMAS as well as the government network for child protection at central and community levels alike. It is evident from our study, that the government is not doing enough for children and that there is room for improvement on both coordination and efficiency.

It turns out that there is ambivalence towards the UN agencies among many of the informants. On the one hand, UNICEF and the UNFPA are highly valued for their technical expertise and also as funding partners. They are highly regarded in providing technical advice, capacity-building and coordinating efforts for children. On the other hand, their role is unclear to many – are they operational or not? Both UNICEF and the UNFPA were sceptical to the hand-over of the programmes which were included in this study. However, such hand-over is consonant with the ongoing UN transition away from operational roles, yet clearly not an easy process for the agencies involved. Based on the findings it seems there is a need for UNICEF and the UNFPA to define their roles in Mozambique more clearly, at least externally towards their partners.

There seems to be a trend among donors to avoid supporting the 'hardware' of interventions while concentrating support on 'software' aspects. This has led to difficulties for some of the small NGO programmes considered in this study and in partner CBOs. Training and capacity-building activities have, for

example, been abandoned because the necessary ‘hardware’ was not provided. There is no use in teaching children to use toilets if there are no toilets available to be used; or to wash their hands if no soap or water is provided. Likewise, there is no use in organising training sessions for very poor parents and community members without providing them with meals during the sessions. It is necessary to provide a certain amount of infrastructure and material support to CBOs to ensure successful implementation.

All implementing agencies selected for this country study have codes of conduct which provide guidance on appropriate behaviour towards children, and hold staff members legally responsible. These could be built on to promote comprehensive child safety policies and procedures according to agreed standards.

Norwegian and Swedish funding is appreciated by partners because: (a) it has a longer time horizon than most other funding, i.e. up to three-year funding agreements, renewable several times; (b) the Swedish and the Norwegian Embassies encourage working with and through the government, which some other donors discourage or do not permit; (c) Norway and Sweden do not apply conditionality or earmarking; and (d) do not micro manage the supported interventions.

The utilisation focus of the evaluation was highly appreciated by stakeholders from civil society but not as much by government and embassy staff. Government agencies were not easy to involve and one may wonder whether this attitude represents resistance to involvement or just the fact that other tasks and responsibilities were given higher priority. It might also be the case that preparation for the field visit was not thorough enough and that the importance and incentive for participating were not clear to them. Sida-S and Norad should therefore engage in a thorough assessment of the pros and cons of the utilisation focus once the evaluation is completed. Do the costs outweigh the benefits? Our experience with the utilisation focus approach is that for it to succeed it needs to be thoroughly planned and allocated far more time and resources, especially if children are to be involved. For this country study there was neither enough time to plan the field work properly nor to involve girls and boys other than as informants. More time is needed both in advance for preparing the field visit and for involving children and other stakeholders.

Conclusions

There is no doubt that Norwegian and Swedish support has been significant for advancing child rights in Mozambique during the past decade. Our findings show that different strategies, programmes, and channels of support have led to a range of positive outcomes and probable impacts on the lives of boys and girls. It is clear that in Mozambique both duty-bearers and rights holders have been strengthened when taking all channels and strategies of intervention into consideration: general and sector budget support to the government; support through the UN to both civil society organisations and the government; direct support to international NGO, as well as to numerous CBOs which most agencies work through at the local level. The selected interventions show that a wide variety of child rights has been and are being addressed in order to promote the care, development and protection of children. At the macro level there are improvements regarding the right to education and the right to health care, and through various NGO projects we have seen that children are being protected from abuse, exploitation and neglect. There are some examples of the realisation of the right to be heard, such as support to the Child Parliament and the active participation of boys and girls in programme implementation, such as Geração Biz. However, the lack of programmes and projects directly addressing this right was evident. Budgets and scope vary hugely from the SEK 330 million (2009) for general budget support to NOK one million for International Child Development Programme (ICDP). Interventions vary greatly between big programmes with country-wide coverage, such as the UNFPA programme, and the smaller ones that are highly focused and with important results for children but very limited in coverage. A significant limitation of the assessment of outcomes for children is the lack of systematic reporting by the implementing agencies at the outcome level of measurement and a patent lack of impact evaluations/reviews.

All the supported interventions are relevant in terms of being in line with Mozambican national policy, such as PARPA II and the National Action Plan for Children, as well as other topic-specific policies and guidelines, such as on HIV and AIDS and on human trafficking. Interventions also conform to the CRC and the 'Concluding Observations' of the Committee on the Rights of the Child from 2009. Likewise, they are in line with Norwegian and Swedish policy guidelines and strategies at the central level. One might also say that they are in line with the country strategies considering the general nature of these strategies. However, at the same time there seems to be a certain degree of mismatch between central level policies and country level implementation. Or, especially in the case of Norway, it may just be a question of making child rights more visible and explicit in the country strategy and communication.

Sustainability is a problematic concept in the context of this evaluation. It cannot be expected that human rights advocates (defenders) campaigning and working to eliminate child (human) rights violations, will become sustainable in the same sense as a development programme or agency might be. Given that both the Swedish and the Norwegian Embassies expect civil society to be advocates, watchdogs and hold the government to account in terms of its policies, laws and regulations on human rights and in relation to budget support, the term 'sustainability' should be interpreted and defined in a meaningful way. However, when it comes to more traditional development interventions, experience from this study shows that chances of sustainability increase if the activities are based on existing local structures and institutions, and if the local community including children and local government are involved.

This study has shown that mainstreaming as a strategy led to some interesting and important results for children in the Zambezi River bridge project, and also in the child- and youth-focused activities of the LDH and AWEPA. But it is also evident that there is no clear and consistent application of the mainstreaming strategy, neither by the Swedish Embassy nor its partners such as the government agencies involved, the LDH and AWEPA. Consequently, developing strategies, tools and guidance to staff members on how to apply the mainstreaming approach will be necessary in the near future. The Zambezi River bridge project was an interesting case and showed that there could be both positive intended and unintended results of a number of mainstreaming initiatives. Mainstreaming through the LDH and AWEPA by specific funding for child-focused activities appeared successful in the short term, but it remains to be seen whether it is followed through in the long term when funding for child-focused activities ceases. On the whole, though, this study has shown that it is not a question of choosing between mainstreaming or child-focused interventions, but rather that combining both strategic prongs is likely to yield the most comprehensive results for both duty-bearers and rights holders.

With regard to general and sector budget support our analysis shows that it does not make sense to discuss outcomes for children or impacts on their lives as a direct result. Macro-level statistics in health, education and social welfare and protection can say some about the general situation of children and whether it is improving or deteriorating. But our findings show that it is hard, if not impossible, to attribute that situation to general or sector budget support. Hence, it becomes rather a matter of good intention and political belief on the part of the development partner that budget support contributes to strengthening the main duty-bearer, which is very important in a very poor country like Mozambique where the government and state structures and institutions are weak. Consequently, in the words of several of the informants, budget support needs to be complemented by the other channels and mechanisms of development support which could ensure holding the government accountable as duty-bearer for all its good policies and legislation for children and insisting on transparency in the implementation process. The advocacy role of the UN agencies, the international and national NGOs, and the CBOs, is essential, as well as their role in showing the way with innovative and effective approaches that benefit girls and boys directly.

Norway and Sweden are in the forefront among development partners in advancing child rights in Mozambique, although Sweden is considered a stronger voice and more active than Norway. However, both embassies could do more in their political dialogues to raise issues related to child rights. The Norwegian and Swedish embassies should use their already strong position and momentum to influence the donor community and to take a lead in influencing government and supporting civil society.

Recommendations

The following recommendations are based on information and analyses stemming from document perusal, interviews with stakeholders, observations and focus group discussions. These recommendations are not made only for Sida and Norad/Norwegian MFA, but also to all the other stakeholders involved in this evaluation.

To Norad/Norwegian MFA and Sida:

- The Norwegian MFA should make support and results for children more visible by including explicit references to child rights in country strategies and reports, as well as in more general policy guidelines;
- The Norwegian MFA should focus more explicitly on child rights within the field of human rights and adopt a mainstreaming strategy;
- Sida-S needs to operationalise its mainstreaming strategy at the country level with accompanying tools, guidelines and training with a view to applying mainstreaming systematically;
- There is a need to document the results of mainstreaming;
- Staff members need (more) training on child rights and children issues;
- Both embassies need to integrate children issues and themes into their political dialogues with the government and engage more strongly in advocacy for child rights among the other development partners in order to achieve a clearer focus on children at the country level;
- Civil society interventions should continue receiving funding as they are an important part of the overall portfolio of support to children in Mozambique. Both embassies should dialogue with civil society (through the Civil Society Network on Child Rights) to find the best channel of support which ensures that also small organisations and programmes are supported as well as CBOs;
- Both embassies should advocate for and emphasise the important role UNICEF (and the UNFPA) play in providing technical expertise in the field of child rights, in supporting the government in its implementation of the CRC; and in coordinating efforts for child rights;
- There is need for consistent and long-term funding of interventions.

To civil society organisations:

- Develop indicators for systematic reporting on outcomes for girls and boys; and develop a system for regular impact evaluation;
- Promote more academic research on children and partnerships between development actors and academia;
- Raise awareness and increase knowledge on child rights among adults as well as among girls and boys;
- Increase support to the Civil Society Network on Child Rights for sharing information and exchanging experiences on matters related to child rights;
- More support to child and youth participation as a focus in its own right, including the Child Parliament;
- Emphasise civil society role as advocates for holding the government to account for transparent reporting of results for children.

To UN organisations:

- UNICEF should be the bridge between civil society and the government in providing technical expertise and coordination in relation to child rights;
- UNICEF should take the lead in close collaboration with the government on the systematic collection of good/best practices in respect of advocacy, programmes, activities and strategies for children;
- UNICEF should increase its efforts to ensure child and youth participation as a right in itself, not just as part of a general approach.

To the Government of Mozambique:

- The government should step up its efforts to implement the good policies and enforce child-related legislation and increase its focus on children in general;
- Children should be mainstreamed in the implementation of PARPA II;
- The Ministry of Women's Affairs and Social Action (MMAS) needs to be strengthened significantly with both human and financial resources;
- There is a great need for more statistics and information on the situation of children in various regions and areas of the country and by sector. The government needs to take a lead in improving the situation and supporting more research on children.

APPENDICES

Overview of Norwegian and Swedish interventions

Title	Type	Local Partner	Duration	Amount
Norway:				
Health sector budget support	Mainstreamed	Govt of Mozambique Ministry of Health	2005–2008	NOK 260 mill.
AIDS Adolescent Reproductive Health/Geração Biz	Targeted	UNFPA/Mozambique Ministry of Health	2002–2009	NOK 57.8 mill.
Violence and Sexual Abuse	Targeted	Save the Children – local partner	2006–2009	NOK 9.5 mill.
Street Children Centre (CRJIC)	Targeted	I.E.Assembleia de Deus/I.E.Ass. Livre	2002–2007	NOK 8.2 mill.
Family Support Programme	Targeted	SOS Children Villages	2005–2008	NOK 9.8 mill.
Psychosocial Intervention in Mozambique	Targeted	International Child Development Programme (ICDP)	2003–2008	NOK 5.2 mill.
General Programme Support*	Targeted	Right to Play	–	–
Sweden:				
General Budget Support	Mainstreamed	Government of Mozambique	2003–2009	SEK 1415 mill.
AIDS Adolescent Reproductive Health/Geração Biz	Targeted	UNFPA	2005–2011	SEK 71 mill.
Joint Civil Society and Child Rights Programme	Targeted	UNICEF	2007–2010	SEK 55.5 mill.
Zambezi River Bridge	Mainstreamed	Ministry of Transport	2004–2012	SEK 196.4 mill.
General support	Mainstreamed	Human Rights League	2004–2012	SEK 22 mill.
General support	Mainstreamed	European Parliamentarians for Africa (AWEPA)	2001–2009	SEK 33.3 mill.

* No info; it may be a regional project.

List of people met

Inception meeting 26 May 2010:

1. Alice Mabota, Executive Director, Human Rights League (Liga dos Direitos Humanos)
2. William Mulhovo, Programme Officer, Diakonia
3. Jaime dos Santos Alves, Country Director, SOS Children Village
4. Immaculee Nyiraneza, FSP National Coordinator, SOS Children Village
5. Bram Naidoo, Programme Officer HIV and AIDS/gender, Swedish Embassy
6. Sandra Diesel, Proram Officer, Socio-Economic Advisor, Swedish Embassy
7. Debora Nandja, Programme Officer, UNFPA
8. Harrison Ruben, Programme Manager, Right to Play
9. Clemence M. Langa, Country Director, Right to Play
10. Karin Metell Cueva, Economist, Swedish Embassy
11. Paulos Berglof, Programme Officer, Swedish Embassy

12. Torstein t. Skjeseth, Trainee, Norwegian Embassy
13. Leif Litsgard, Missionary, CJIC (Street Children Center)
14. Amelia Fernanda, Executive Director, Rede da Crianca
15. Rui Antonio, R.C. Officer, Rede da Crianca
16. Ruben Cossa, Programme Officer, UNICEF
17. Candida Mula, Technical Officer, Ministry of Planning and Development
18. Carlos Fores, Programme Officer, Swedish Embassy
19. Leonard da Silva, Technical Officer, National Agency for Roads (ANE)
20. Rosa Ambone, Technical Officer, Ministry of Finance
21. Marta Macuacua, Technical Officer, Ministry of Finance
22. Minna Tuominen, Consultant, AustralCOWI
23. Katia Herminio, Consultant, AustralCOWI
24. Kate Halvorsen, Consultant, Chr. Michelsen Institute (CMI)

Interviews:

1. Clarisse Barbosa, Programme Officer, Norwegian Embassy
2. Nina Strom, First Secretary, Norwegian Embassy
3. Marit Strand, Counsellor/Economist, Norwegian Embassy
4. Jose Capote, Programme Officer, Norwegian Embassy
5. Anne Beathe Tvinnerem, Norwegian Embassy
6. Tove Bruvik Westberg, Ambassador, Norwegian Embassy
7. Paulos Berglof, Programme Officer, Swedish Embassy
8. Bram Naidoo, Programme Officer, Swedish Embassy
9. Carlos Fortes, Programme Officer, Swedish Embassy
10. Karin Mettall Cueva, Economist, Swedish Embassy
11. Bengt Johansson, Chefe de Cooperacao, Swedish Embassy
12. Torvald Akesson, Ambassador, Swedish Embassy
13. Marco Gerritsen, First Secretary for Health & HIV/AIDS, Focal Partner for Health, Royal Dutch Embassy
14. Harrison Mateus Ruben, Programme Director, Rights to Play
15. Celia Marina Cossa, Training Officer, Right to Play
16. Clemence M. Langa, National Director, Right to Play
17. Immaculee Nyiraneza, National Coordinator FSP, SOS Children Village

18. Jaime dos Santos Alves, Country Director, SOS Children Village
19. Edgar Antonio, Director, Street Children Center (CJIC)
20. Manuel Muchanga, Coordinator (CJIC)
21. Leif Litsgard, missionary (CJIC)
22. Mrs. Litsgard, missionary (CJIC)
23. Santana Momade, Country Director, International Child Development Programme (ICDP)
24. Amerilia Mutemba, Country Director, AWEPA
25. Carmen Ramos, Coordinator for Communication and Advocacy, Save the Children
26. Ilundi Polonia Cabral, Migration & Anti-Trafficking Programme Manager, Save the Children
27. Alice Mabota, Director, Human Rights League (LDH)
28. Amilcar Andela, Vice-Director, Human Rights League (LDH)
29. Souza Shille, Coordinator Planning and Fundraising, Human Rights League (LDH)
30. Salomao Mochanga, President, Youth Parliament
31. Ruben Cossa, Programme Officer, UNICEF
32. Leila Pakkala, Representative, UNICEF
33. Debora Nandja, Programme Officer, UNFPA
34. Domingos Lambo, National Director of Budget, Ministry of Finance
35. Gertrudes Muianga, National Director for Planning and Cooperation
36. Emilia Tembe, Member of GAT, National Road Administration
37. Tania Comiche Munheguete, Civil Engineer/Responsible Technician for the Zambezi River Bridge Project, National Road Administration
38. Miguel Aurelio Mause, National Director of Social Action, Ministry of Women's Affairs and Social Action
39. Anastacia Silvestre Mula, Head of Department for Children, Ministry of Women's Affairs and Social Action

Visits and focus group discussions with children/youth:

ICDP/ADSC (Associacao Desenvolvimento Social Integral da Crianca) GROUP

1. Sra. Meriam Come – adult facilitator
2. Nuno, Pioneer and member of Youth Parliament
3. Sara, 12 years old
4. Vanha, 13 years old
5. Norinha, 13 years old
6. Agostinho, 14, years old

7. Alfredo, 14 years old
8. Maria, 11 years old
9. Silva, 15 years old

VISIT TO SOS CHILDREN VILLAGE COMMUNITY PROGRAMME

1. Amelia, 17 years old
2. Rosita, 16 years old
3. Amelia, 16 years old
4. SOS Children Villages staff members
5. MMAS local representative

UNFPA/GERACAO BIZ GROUP

1. Alfredo Romeo, Director
2. Gaspar Mabunda, Programme Coordinator
3. Eduardo, 29 years old
4. Isaio, 24 years old
5. Mario, 21 years old
6. Antonio, 27 years old
7. Faruk, 28 years old
8. Maria, 26 years old
9. Arania, 24 years old
10. Nesia, 19 years old
11. Fernando, 19 years old

Stakeholder validation workshop 4 June 2010:

CHILDREN/YOUTH

1. Leocadia Fernandes, 14 years old, activist, against HIV/AIDS, Geracao Biz
2. Mario Antonio Nhandumbo, 21 years old, coordinator for community work, Geracao Biz
3. Juzna Farugue Abdula, 14 years old, community worker, Geracao Biz
4. Fernando Elidio, 16 years old, activist, Geracao Biz
5. Gaspar Mabunda, Programme Director, Geracao Biz – adult facilitator of group
6. Alfredo Jacob Bila, 14 years old, member ADSC
7. Vania da Gloria, 13 years old, member ADSC
8. Maria da Cheila, 11 years old, member ADSC
9. Meriam Come, adult facilitator for ADSC children

ADULTS

10. Harrison Ruben, Programme Manager, Right to Play
11. Clemence M. Langa, Country Director, Right to Play
12. Immaculee Nuyiraneza, National Coordinator, SOS Children Village
13. Torstein T. Skjeseth, Trainee, Norwegian Embassy
14. Judas Xavier Massingue, Child Participation Coordinator, Save the Children
15. Bram Naidoo, Programme Officer Gender & HIV/AIDS, Swedish Embassy
16. William Antonio Mulhovo, Programme Officer, Diakonia
17. Amarilia Mutemba, Country Director, AWEPA
18. Rui Antonio, Information and Communications Officer, Rede da Crianca
19. Ruben Cossa, Programme Officer, UNICEF
20. Manuel Muchanga, Social Activist, CJIC
21. Eucidio Sebastiao, National Programme Officer, UNFPA
22. Alzira L. Muchanga, Project Officer, AWEPA
23. Jaime dos Santos Alves, Country Director, SOS Children Village
24. Katia Herminio, consultant, AustralCOWI
25. Carmeliza Rosario, consultant, AustralCOWI
26. Kate Halvorsen, consultant, Chr. Michelsen Institute (CMI)

Acronyms and abbreviations

ANE	National Road Administration
ADSC	Association for Development and Social Integration of Children
AWEPA	Association of European Parliamentarians with Africa
CHL	Child Helpline
CARMMA	National campaign for accelerated reduction of maternal mortality
CBO	Community based organisation
CJIC	Centro Juvenil Ingrid Chauwner
CSO	Civil society organisation
CRC	United Nations Convention on the Rights of the Child
FSP	Family Strengthenig Programme
GAT	Gabinete de Assuntos Transversais
ICDP	International Child Development Programme
IEC	Information, Education, Communication
ILO	International Labour Organisation
LDH	Liga dos Direitos Humanos; the Human Rights League
MFA	Ministry of Foreign Affairs
MDG	Millennium Development Goals
MMAS	Ministry of Women’s Affairs and Social Action
MoH	Ministry of Health
MoU	Memorandum of understanding
NOK	Norwegian krone (currency)
Norad	Norwegian Agency for Development Cooperation
OE	State budget
OVC	Orphans and vulnerable children
PAF	Performance assessment framework
PAP	Programme Aid Partners
PARPA	Poverty Reduction Strategy
PASD	Income Generation Programme
PES	Economic and Social Plan
PESS	Health Sector Strategic Plan

PGB	Geração Biz Programme
PQB	Five Year Programme
PROSAUDE	Health sector budget support
PSA	Food Subsidy Programme
PYM	De norske pinsemenigheters Ytre Misjon
SANTAC	Southern Africa Network against Trafficking and Abuse of Children
SCiMoz	Save the Children in Mozambique
SCN	Save the Children Norway
SEK	Swedish krona (currency)
SCR	Social corporate responsibility
Sida	Swedish International Development Cooperation Agency
SISTAFE	Public financial management system
SRH	Sexual and reproductive health
STD	Sexually transmitted disease
SWAP	Sector wide approach
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VAT	Value added tax
VCT	Voluntary counselling and testing

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Mozambique Country Case Study: Child Rights

Commissioned by Norad and Sida

Swedish development cooperation with Vietnam dates back to the end of the 1960s. Sida has decided to conduct an evaluation study of its development cooperation with Vietnam with the aim to provide insights into the results and lessons learned from decades of development cooperation. The study also aims to contribute to a broader understanding of where and why Swedish development cooperation has been successful and what the key constraining factors have been. This working paper was conducted as part of phase 1 of the study that focused on documentation and included a description of interventions, sectors, thematic areas, and modes of cooperation during the various periods of development cooperation.

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