



ADDRESSING THE POLY-CRISIS: Integrated Package of Essential Accelerating Services for Enhancing Child Well-being in Mozambique

Summary

Mozambique's children face significant challenges exacerbated by a combination of economic downfall, the COVID-19 pandemic, armed conflict, and climate crisis. Despite these challenges, there are opportunities to address these issues through integrated accelerating services. Combining efforts across sectors such as education, health, nutrition, child protection, and social protection can enhance the effectiveness of existing programmes, therefore, contribute to multiple Sustainable Development Goals (SDGs) simultaneously. Evidence from other countries shows that integrated approaches not only improve outcomes for children but also increase cost efficiency in resource-constrained setting.

Building on its National Action Plan for Children as well as the incoming Food and Nutrition Security Policy and Implementation Strategy, the Government of Mozambique should focus now on scaling and improving the delivery of

two key programmes/ services as part of an integrated package of essential services for children to accelerate various outcomes. By scaling and maximizing two proven accelerators 1) unconditional Child Grant for children and 2) national school-feeding programme (PRONAE) the Government of Mozambique paves the way to accelerate various outcomes for children.

The Ministry of Gender, Children, and Social Action (MGCAS) should lead in coordinating these efforts. As the government budget availability increases and through donor engagement and funding, the Government should expand the interventions by strengthening the capacity of health, education, and child protection service providers.

Unfinished Agenda for Children in Mozambique

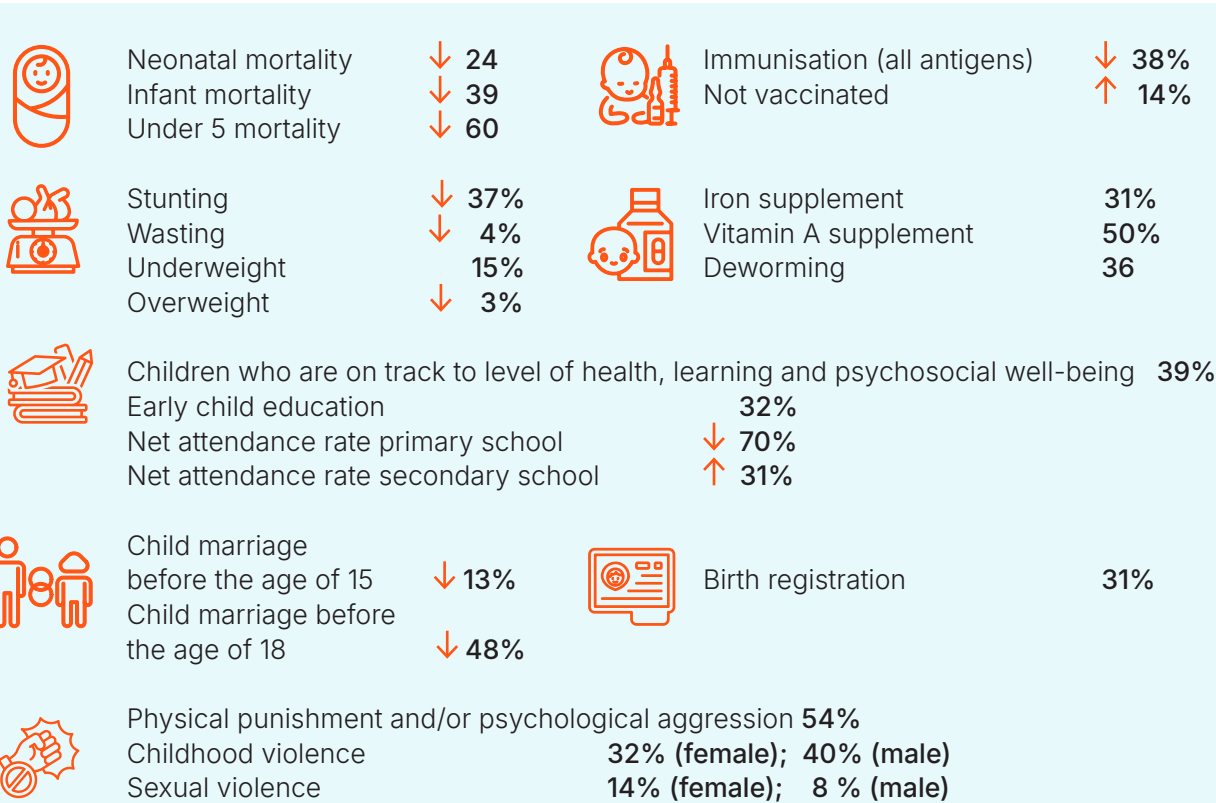
The government of Mozambique has placed the realisation of child rights at the forefront of its development priorities. This commitment is

evident in the consistent strides made towards reducing infant and under-five mortality rates, curbing the spread of HIV, and fortifying the legal and policy frameworks that safeguard children. Yet, despite these advancements, challenges persist. Full realisation of child rights has been restrained by poly-crisis: economic setback and poverty, the COVID-19 pandemic, escalating armed conflict, the climate crisis, and localised epidemics such as cholera outbreaks.

Although the economic situation has now been improving, Mozambique still ranks among the lowest globally in Gross Domestic Product (GDP) per capita and has one of the highest proportions of its population living in poverty. Even prior to the pandemic, half of Mozambican children aged 0–17 are considered to be living in either monetary poverty (49 per cent) or multidimensional poverty (46 per cent), with nearly one-third (28 per cent) experiencing both (UNICEF, 2020). Climate-induced natural disasters and armed conflict displaced over 700,000 people across Northern, Central, and Southern Mozambique in 2023, of which more than half (53 per cent) are children (IOM, 2023). Progress on education is heavily affected by COVID-19, economic downfall, and emergencies with prolonged school closures during COVID-19 impacted over 8 million students (UNICEF, 2020). COVID-19 contributed to the

decrease of attendance for primary school from 75 per cent in 2015 to 70 per cent (INE&ICF, 2015; INE&ICF, 2024). Those enrolled in education do not fully reap its benefits, with only 5 per cent of Grade 3 primary school children being proficient in Portuguese and fewer than 8 per cent have sufficient skills in mathematics. largely due to limited infrastructure, lack of books, and a shortage of qualified teachers (UNICEF, 2021; MEDH, 2020). In a similar vein, immunisation efforts have been significantly disrupted. The percentage of children who received all basic vaccines, 38 per cent, is down to almost half of the rate a decade ago (INE, MISAU, & ICF, 2024).

While nutrition levels have shown some improvement, a closer examination reveals striking inequalities. The reduction of prevalence of stunting to 37 per cent (from 43 per cent) and wasting to 4 per cent (from 7 per cent) are overshadowed by inequalities among children in different residential and geographic areas as well as economic classes. The prevalence of stunting in rural areas (41 per cent) is one and a half times the rate in urban regions (26 per cent), children from the lowest wealth quintile (47 per cent) are three times more likely to be stunted than those from the highest quintile (15 per cent) and stunting rate in Nampula (47 per cent) is over five times that in Maputo (9 per cent) (INE, MISAU, & ICF, 2024).



Significant number of children are still lacking protection. Despite the criminalisation of child marriage under the 2019 law, still nearly half (48 per cent) of women married before the age of 18 and 1 in 8 (13 per cent) married before the age of 15 (INE, MISAU, & ICF, 2024). Three in ten females (32 per cent) and 4 in 10 males (40 per cent) aged 18–24 years reported having experienced some forms of violence in childhood; of which 1 in 7 females (14 per cent) and 1 in 12 males (8 per cent) experienced sexual violence in childhood (INS, MISAU, MGCAS, INE, CDC, 2019). Less than 1 in 3 children under 5 are registered at birth (INE, MISAU, & ICF, 2024). Close to 3,000 children and young people make 16 per cent of the prison populations (UNICEF).

To surmount multiple setbacks, the Government of Mozambique should consider focusing on key interventions that will accelerate multiple outcomes to child well-being.

Mapping the Path to Recovery: Unveiling Strengths and Shortfalls to Realign Child Services

The Government of Mozambique has adopted various legislative, institutional and policy measures to fulfil and protect the rights of the child. Those include:

- The Law on Civil Registration (2004)
- The amendment of the Law on National Education System in 2018, making education compulsory for children age 6 – 15 years
- The adoption of Law for the Prevention and Fight against Child Marriage (2019),
- The National Basic Social Security Strategy 2016–2024 (2016)
- The National Strategy for the Prevention and Combat of Early Marriage (2015).
- The Government extended the National Action Plan for Children, covering the period of 2022-2030 and stipulating the delivery of seven essential services.

The policies have been supported by relatively high allocation and spending on education, health, and social protection (UNICEF, 2021; World Bank). While Mozambique heavily relies on Official Development Assistance (ODA), the Government's commitment to expanding and strengthening social protection is commendable. In 2022, ODA accounted for 52 per cent of total

government expenditure (World Bank). Members of European Union (EU), collectively served as the second largest ODA providers, prioritised education (14 per cent funding allocation), health (11 per cent), and social protection (10 per cent) along with energy (16 per cent) in the top four sectors receiving funding (European Union, 2021). Despite this reliance, the Government has steadily increased domestic funding for social action, with the 2021 budget allocating MZN 4.9 billion—twelve times the amount from 2008 (UNICEF, 2021).

Various services and programmes have been strengthened or implemented. The education plan focuses on enhancing service delivery in basic education, increasing student retention up to grade 9, and improving learning outcomes, address gender disparities, and strengthen the overall education management system (MEDH, 2020). The *Plano Estratégico do Sector Saúde* (Health Sector Strategic Plan - PESS) 2014–2019, extended to 2024, aims to reduce child mortality, increase immunisation coverage, combat malnutrition, and improve access to essential services by strengthening primary health care (WHO, 2024; USAID Child Health Taks Force, 2020).



Social protection programmes are prioritised, particularly the *Programa Subsídio Social Básico* (Basic Social Subsidy Programme - PSSB) and *Programa Nacional de Alimentação Escolar* (National School-Feeding Programme – PRONAE).

Ministério do Género, Criança e Acção Social (Ministry of Gender, Children and Social Action - MGCAS) through Instituto Nacional de Acção Social (the National Institute of Social Action - INAS) implements the *Subsídio para Crianças* (Child Grant), a new component of PSSB. Child Grant has positive impact to children under 2 on nearly all dietary diversity and there were strong and considerable impacts on children's birth registration as well as reductions in poverty rates at the household level. At the caregiver level, there were fewer depressive symptoms, reduced stress, and significant decreases in the acceptance of intimate partner violence (IPV) attitudes, along with lower experiences of emotional and physical IPV. The evaluation of the Child Grant pilot in Nampula concludes that a cash transfer of 600 *meticals* (approximately two-thirds of the poverty line), provided to families with children aged 0 to 2 years in the poorest districts, is fiscally sustainable (UNICEF, 2022). Further, the implementation of the Child Grant demonstrates that combining cash transfers, Social Behaviour Change Communication (SBCC), and case management services effectively addresses complex household vulnerabilities to improve child health and well-being (UNICEF, 2022).

PRONAE targets primary school children and has positively impacted attendance, retention, and performance, though it still needs better regulatory frameworks to support food procurement from smallholder farmers, improvements in food safety, and the creation of a dedicated budget to effectively meet PRONAE's objectives (FAO, 2018). Under the incoming Food and Nutrition Security Policy and Implementation Strategy (*Proposta da Política de Segurança Alimentar e Nutricional e Estratégia da Sua Implementação*, PESAN) 2024 – 2030, PRONAE is prominent as part of Pillar II (Access to Food) along with social protection programme (PESAN, 2024-2030).

Social welfare volunteers (INAS Permanentes) can expand their roles to include nutrition and child protection support with adequate training, supervision, and structured collaboration with health and social welfare workers. Health workers play a crucial role by identifying vulnerable

households for programme participation and leveraging payment days to deliver integrated health and nutrition services, such as wasting screening and micronutrient supplementation. Successful integration of social assistance, health, and protection systems requires multi-level coordination (including at the district level), clear referral pathways, and sustained workforce capacity.

Revitalising the Accelerators: Steering Back on Course

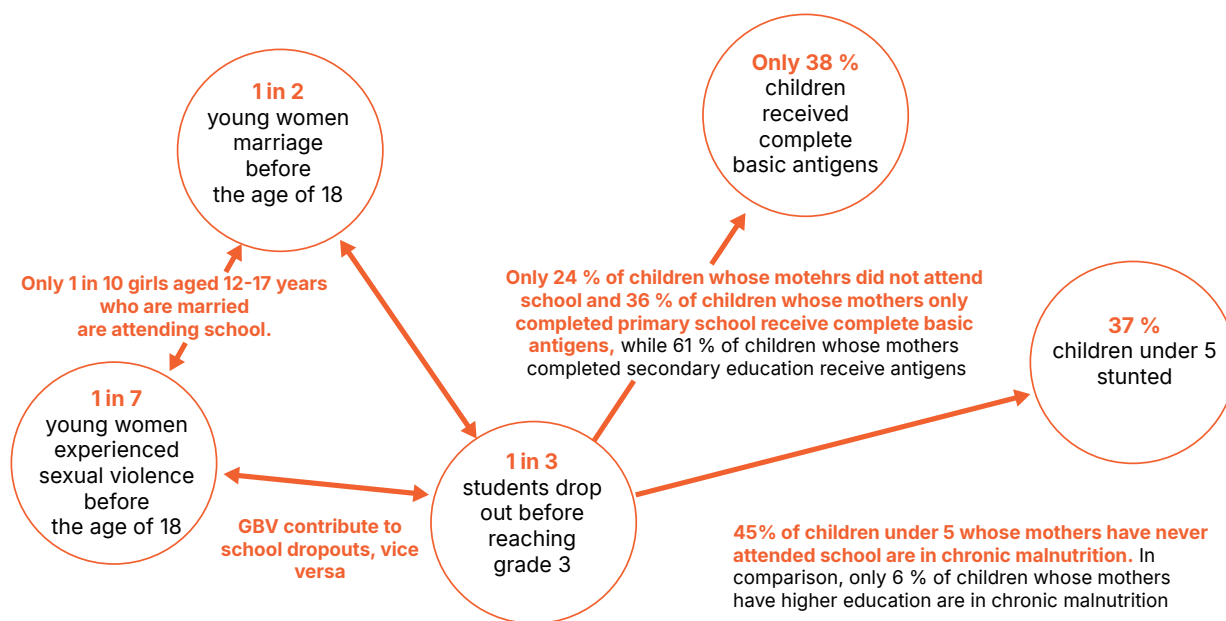
For the Government of Mozambique to reap the demographic dividend that sustain its economy in the future, addressing various setbacks on the well-being of children is key. Review of the data show a pathway to address various setbacks, avoid future economic burden, and invest for economic resilience and future growth. The education of girls and their mothers is intertwined with health, nutrition, and child protection outcomes. Data from Mozambique shows that dropout of schools contributes to high child marriage, and vice versa.¹ Additionally,

- Children whose mothers completed secondary education are almost three times more likely to receive complete basic antigens in comparison with children whose mothers did not attend school and almost twice in comparison with children whose mothers only completed primary school.
- Children whose mothers completed secondary education are 7.5 times less likely to have chronic malnutrition in comparison with children whose mothers did not attend school.

Growing evidence from research by the Accelerate Hub, a research consortium based at the University of Oxford, have confirmed about accelerators or provisions that lead to progress across multiple Sustainable Development Goals.² Cash transfer serves as a key accelerator that is relevant across various life cycles. Other accelerators include food security, school meal, parenting, safe schools (Cluver, L.D., et al., 2019; Mebrahtu, H. et al., 2022; School Meals Coalition (2024). Cash transfers were associated with school progression, no emotional or physical abuse, as well as HIV care retention. School meals could improve health and diet quality, increase attendance and reduce dropouts, reduce anaemia among girls, reduce

¹ Review of data based on DHS 2022-2023. Instituto Nacional de Estatística, Ministério da Saúde, & ICF. (2024).

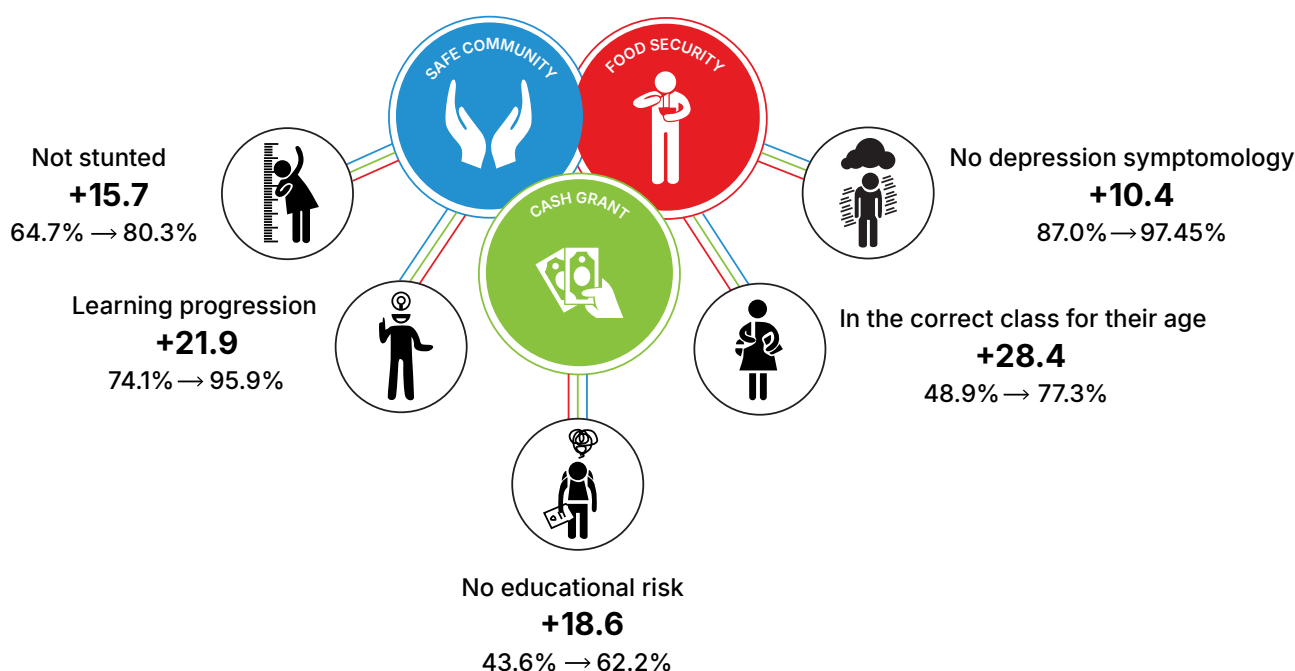
² Information about Accelerate Hub can be accessed here <https://www.acceleratehub.org/about-the-accelerate-hub/>



Graphic 1. Association between education and other wellbeing outcomes in Mozambique

gender gaps in education, and help people cope with poverty and vulnerability. Parenting support was associated with good mental health, no high-risk sex, no violence perpetration, no community violence, and no emotional or physical abuse. Safe schools were associated with good mental health, school progression, no violence perpetration, no community violence, and no emotional or physical abuse. Living in a safe community positively associated with all mental health outcomes. Further, a combination of

robust interventions can accelerate gains across multiple Sustainable Development Goals (SDGs) for children and adolescents (Cluver, L.D., et al, 2019). While individual interventions (cash grants, food security, and living in a safe community) yield positive results, experiencing a combination of two interventions or all three accelerators was associated with higher probability of positive child outcomes with substantial improvements noted in child education outcomes (Sheer, L., et al, 2020; Mebrahtu, H., et al, 2022) (See graphic 2).



Graphic 2: Mebrahtu, H., Skeen, S., Rudgard, W. E., Du Toit, S., Haag, K., Roberts, K. J., Gordon, S. L., Orkin, M., Cluver, L., Tomlinson, M., & Sherr, L. (2022).



Further, combined interventions also increase cost efficiency. A combination of interventions helps create a platform for dialogue across ministries. Mutually beneficial outcomes around different SDG targets and government targets for health, education, nutrition, and protection can help bring consensus on policy and financing. This approach better aligns political incentives with strategies that are ranked highest in terms of cost-effectiveness, ensuring that limited resources are utilised most effectively (Rudgard, W.E., et al, 2024).

To address multiple challenges and achieve various child well-being outcomes, it is proposed that the Government of Mozambique builds on the seven pillars of essential services outlined in the National Action Plan for Children. The accelerators are selected from programmes that are already prioritised and have evidence of significant multiple outcomes. As such, the accelerators are the following:

- 1. First accelerator, *Subsídio para Crianças (Child Grant)*:** The programme targets vulnerable families with children aged 0 – 2. In order to achieve its intended outcomes, training, supervision and

structured collaboration with health and social welfare workers should be provided to the *INAS Permanentes* (social welfare volunteers). **The social welfare volunteers can then deliver the Social Behaviour Change Communication (SBCC) and case management components of Child Grant.** While the cash grant aims to reduce poverty at the household level, the SBCC component raising awareness and contribute to reduce stunting and address barriers to accessing nutritious food and basic services, increase birth registration. The case management component of Child Grant aims to reduce violent discipline against children, intimate partner violence as well as other victimisation and vulnerabilities while also lowering stress among caregivers.

- 2. The second accelerator, *Programa Nacional de Alimentação Escolar (National School-Feeding Programme – PRONAE)*,** targets children between the age of 6 – 12 years old in schools. The government should also establish a better regulatory framework and improve food safety to bring multiple results on school attendance, retention, and performance.

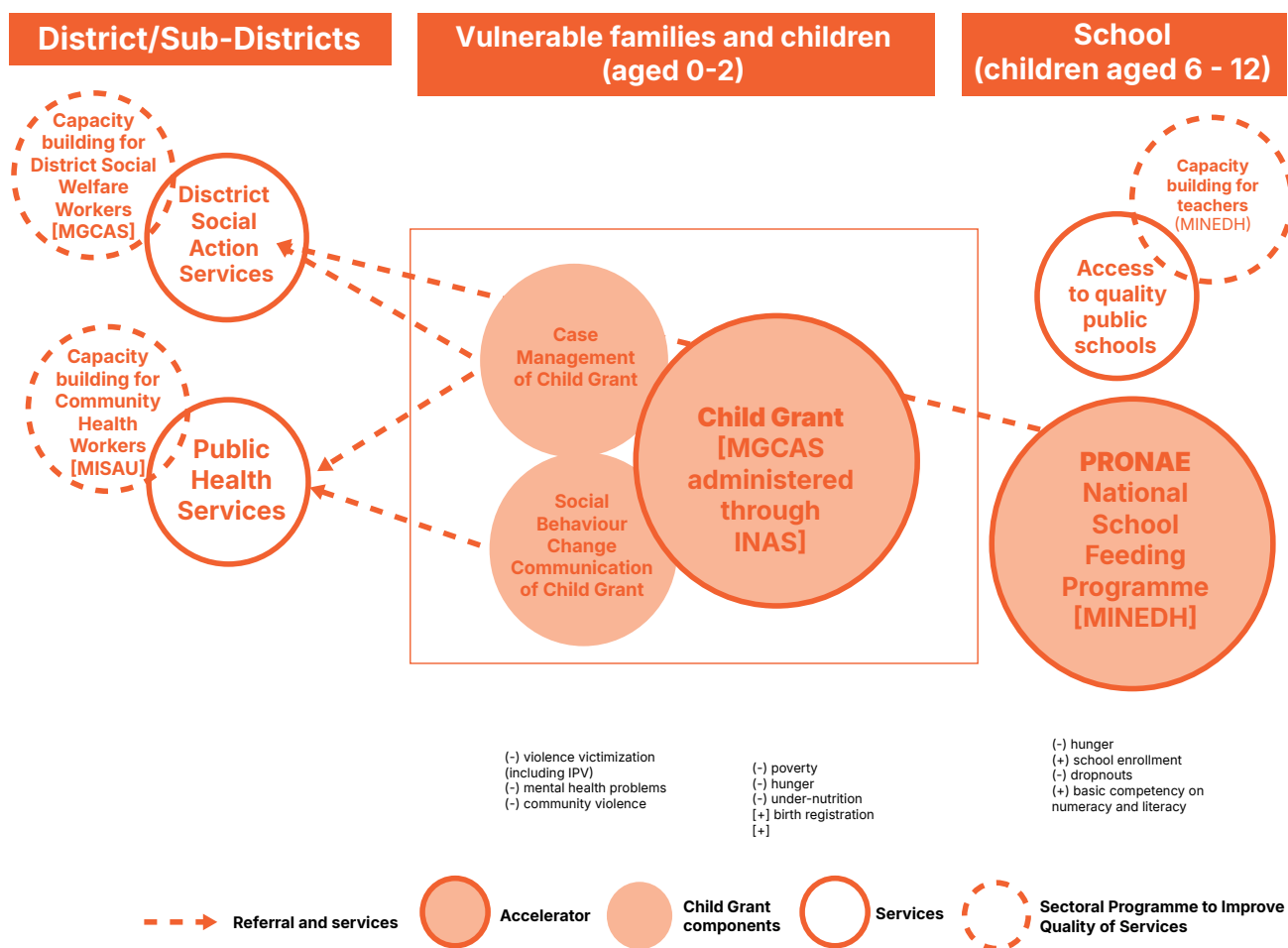
Both programmes target marginalised populations—including orphans, adolescent mothers and children, displaced children, and children with disabilities—thereby promoting greater social inclusion. These services should serve as entry points, focusing on two different age groups (0–2 and 6–12) while contributing to positive outcomes across other age groups as well.

In alignment with recommendations from various evaluations, while the Child Grant and PRONAE remain priority interventions—particularly in emergency-affected and less developed areas—expanding capacity-building efforts and referral services can be considered gradually as public funding becomes available. Training for Community Health Workers (CHWs) in social behaviour change communication, supplementary feeding, nutrition counselling, and integrated community health programmes should be expanded. Under the supervision of public health facilities, CHWs should be equipped to handle referrals from PRONAE-supported schools and

case workers assisting Child Grant beneficiaries. They should provide nutrition and immunisation support for undernourished or unvaccinated children.

Similarly, social workers within District Social Action Services should manage referrals and offer support to children at risk or those who are survivors of violence, exploitation, neglect, or child marriage. Enhancing teachers' capacities, as outlined in the Education Sector Strategy, should include training on identifying, supporting, and referring at-risk children and victims to Public Health Services and District Social Action Services.

Coordination mechanisms should be strengthened by enhancing the mandate of the Ministry of Gender, Children, and Social Action (MGCAS), as outlined in the National Action Plan for Children, as well as the mandate of Ministério da Saúde (the Ministry of Health – MISAU) in coordinating School Health Programmes.



Graphic 3: Proposed Framework for Integrated Accelerating Services

Charting the Future

Given the alarming scale of the challenges, constrained funding, and the limited capacity of existing service providers, maximising the potential of interventions that can serve as accelerators is essential for achieving cost efficiency and amplifying impact. The Government of Mozambique, multilateral and bilateral donors, development partners, and humanitarian agencies should join forces to address the challenges and consolidate both financial and technical resources.

Recommendations to the Government of Mozambique

- 1. The Ministry of Gender, Children and Social Action (MGCAS)** should leverage its coordination role with regards to child rights. The day-to-day coordination, monitoring, and evaluation of the accelerated interventions can be incorporated into the School-Health Programme led by the Ministry of Health (MISAU)
- 2. MGCAS, through the Institute of National Social Action (INAS)** should expand the scale of child grants assistance within the framework of the social protection programme.
- 3. Ministry of Education and Human Development (MINEDH) and MGCAS** should expand the scale and target of the National School Feeding Programme (PRONAE) to reach all 13,180 primary schools and progressively target all 648 public secondary schools. Additionally, MINEDH should expand capacity building of teachers with focus on addressing numeracy and literacy, alongside the component of monitoring and referral of at-risk children.
- 4. MGCAS, INAS and District Social Action Services** should improve the care (including case management) component of Child Grant programme within the framework of social transfer.
- 5. Ministry of Health (MISAU)** should ensure that immunisation and nutrition services can be delivered alongside the delivery of Child Grants programme. MISAU should ensure that health personnels and Community Health workers (CHWs) in the Public Health Services should



be able to receive referral from facilitators and social workers of care programme under the Child Grants programme. MISAU should also assign the Health Research Institute to conduct monitoring and evaluation and inform government and improve the delivery of integrated services.

Recommendations to bilateral and multilateral donors, development partners and humanitarian agencies.

- 1. Donors, development partners and humanitarian agencies** should align the selection of provinces/districts supported with integrated accelerating services with the priority areas and strategy of the Government.
- 2. Donors and development partners** should consider strategic financial allocation for Child Grant and PRONAE as well as the other essential services. Additionally, donors and development partners should advocate to the Government of Mozambique for progressive augmentation of national budgetary allocations for Child Grant and PRONAE.
- 3. Donors and development partners** should provide technical assistance to MGCAS to improve its capacity in multi-sectoral coordination, monitoring and evaluation and to MGCAS and District Social Action Services to improve case management and referral services for child protection.