

**COMMITTEE ON THE
RIGHTS OF THE CHILD**

**WRITTEN REPLIES BY THE GOVERNMENT OF MOZAMBIQUE
CONCERNING THE LIST OF ISSUES
(CRC/C/Q/MOZ/1)
RECEIVED BY THE COMMITTEE ON THE RIGHTS OF THE CHILD
RELATING TO THE CONSIDERATION OF THE INITIAL REPORT OF
MOZAMBIQUE
(CRC/C/41/Add.11)**

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**ANSWERS TO QUESTIONS BY THE UNITED NATIONS COMMITTEE ON
THE RIGHTS OF THE CHILD**

Part I

A. STATISTICAL DATA

1. Data on Population

	Men	Women	Total	Masculinity ratio
Total	48.1	51.9	100	92.8
Age				
0-1	7.0	7.1	14.4	93.5
5-9	8.2	8.4	16.6	98.5
10-14	6.3	6.0	12.3	105.5
15-19	5.0	5.4	10.4	93.2
20-24	4.0	5.4	9.4	74.4
25-29	3.8	4.6	8.4	83.0
30-34	2.8	3.3	6.1	86.1
35-39	2.7	2.7	5.4	97.4
40-44	2.2	2.2	4.4	100.8
45-49	1.7	1.6	3.3	103.7
50-54	1.3	1.6	2.9	83.4
55-59	0.9	0.9	1.8	95.6
60-64	0.8	0.9	1.7	81.1
+ de 65	1.4	1.5	2.9	98.3
Residence:				
Rural Area	32.6	35.6	68.2	91.6
Urban Area	15.5	16.3	31.8	95.2

Source: National Institute for Statistics

2. Education

2.1. Pre-School Education

According to the initial Report, pre-school education is provided by Public and Private Infant Centers and in Community Schools.

The following table shows the evolution of pre-school education from 1998 to 2001:

	1998	1999	2000	2001
Num. of Infant Centers		43	86	94
Num. of Children		3.318	7.971	8.440
Num. of Nursery Schools	366	325	201	269
Num. of Children	21.239	15.959	11.770	15.923

Source: Ministry for Women and the co-ordination of Social Action.

2.2 Primary and Secondary Education

According to the initial Report, in the area of education, the Country gives priority to:

- Expanding the school network;
- Increasing the number of vacancies at every educational levels; and
- Reducing the gap between boys and girls as regards enrolments and retention.

The tables below show that the number of students has increased during the last few years both in primary and secondary schools, in rural and urban areas. Yet, despite all efforts, the ratio still remains at 60 children per teacher.

TOTAL NUMBER OF ENROLLED STUDENTS**URBAN AREA**

Level	1998		1999		2000	
	M	F	M	F	M	F
Primary	241 087	223 238	251 789	234 966	262 372	248 610
Secondary	17 331	15 622	20 782	18 785	21 692	24 316

Source: Ministry of Education

PERCENTAGE OF ENROLLED STUDENTS**RURAL AREA**

	1998		1999		2000	
	M	F	M	F	M	F
Primary Schools (EPI)	60	40,0	59,0	41,0	58,2	41,7
Secondary Schools	71,0	28,9	69,7	32,6	69,6	30,0

Source: Ministry of Education

PERCENTAGE OF ENROLLED STUDENTS**URBAN AREA**

	1998		1999		2000	
	M	F	M	F	M	F
Primary Education	48,1	51,9	51,7	48,8	51,3	48,6
Secondary Education	44,4	55,6	42,9	57,0	52,8	47,1

Source: Ministry of Education

TOTAL NUMBER OF ENROLLED STUDENTS**RURAL AREA**

	1998		1999		2000	
	M	F	M	F	M	F
Primary Schools (EP1)	851 416	568 624	810 433	651 479	102 8906	738199
Secondary Schools	14 746	5 994	17 178	7 449	23 034	10 027

Source: Ministry of Education

3. Health

a) Infant Mortality Rate

	Infant Mortality Rate		Mortality Rate of Ages 0-5	
	Demographic health survey 1997	Rural:160 Urban:103	Male: 153 Female: 141	Rural: 237 Urban:150

Source: Ministry of Health

b) Underweight at birth

1997 – 14,6% in urban areas and 10,9% in rural areas

1998 - 12,3%

1999 - 12,2%

2000 – 11,7%

c) Stunting rate

1997 - 9,7 %

1998 - 9,6 %

1999 – 8,9 %

2.000 – 8,5%

d) HIV/ AIDS

Considering the prevalence of HIV/AIDS, in 1999 the Government established the National AIDS Council (NAC), comprising several government departments whose function is to coordinate the actions undertaken by the Government and the civil society.

At the time of elaborating the National Strategic Plan (1999), it was concluded that there were 700 new cases of transmission per day. Statistics showed a prevalence of about 15% in the South, 21% in the Center and 12% in the North, representing an average of 15% of the total population of the country.

In that period, it was estimated that about 1.140.000 people were living with HIV-AIDS and it was also estimated that between 1998 and 2002 that number would

increase to over 1.900.000. This data had been extrapolated from just 4 Sentinel Surveillance Posts, distributed between the South and the Center.

A recent yet exhaustive study, based on about 20 Sentinel Surveillance Posts (16 more than in the previous exercise) produced data that are thought to be the closest ones to actual fact, despite all the questionings statistical studies are liable to (generalization, the representation of the sample, etc.). These data show that an average of 12.2% people of Mozambique's total population are already infected with HIV.

This percentage, distributed by the rates weighed by region, shows that the prevalence is 13,2% in the South, 16,6%, in the Center and 5,7% in the North. Curiously, this scenario has been misinterpreted as a decrease in AIDS in the country or as if the situation were not so alarming comparatively to statistics in the neighboring countries.

It is important to explain that this average is actually reduced by its statistical value taking into account that the study now shows a prevalence rate in the North of 5,7% against a prevalence rate of 12% extrapolated from previous data. We must also say that, in such a rural country as ours, where sanitary infrastructures are precarious, and often distant from villages, and the transport network is obsolete, it would be important to carry out another study namely about situations in remote areas where deliveries are still assisted by traditional midwives or old women having some practical and empirical experience.

In order to prevent the infection of HIV / AIDS in children a special program was recently initiated. It is the Health Program for Adolescents (Programa Saúde do Adolescente) that is mainly devoted to reproductive health and includes sexual education, birth control, and control of STD and HIV / AIDS.

As regards epidemiological surveillance, the Sentinel Surveillance Posts rose in number from 4 to 20 in 2000, eleven of which are located in urban areas and nine in rural areas.

4. Orphans and vulnerable children living in Institutions

The Government of Mozambique adopted the principle of Non-Institutionalization that gives priority to assisting children in their biological families or, when impossible, in foster or adoptive families.

To allow for the implementation of this principle, as mentioned in the Primary Report about the implementation of the Convention on the Rights of the Child, the Family Localization and Reunification Program is underway within the Country, aimed at the localization and (re)integration of children in their families.

In 1999 and 2000, the Program succeeded in reuniting 1061 children with their families. However, in the last few years due to the floods that devastated some provinces in the country, which had as a consequence the displaced/abandoned children, and in other circumstances, there was a significant increase in the number of children assisted in Nursery Schools as shown in the table below.

Another fact accounting for the increase in the number of children in nursery schools is the HIV / AIDS pandemic.

The increasing number of abandoned children resulted not only from the maintenance of the existing state nursery schools, but also from the opening of private nursery schools, most of them being owned by religious.

Table: Children assisted in Nursery Schools 1998 - 2000

	1998	1999	2000
Num. of Nursery Schools			
- Public	8	8	8
- Private	-	4	5
Total		12	13
Num. of assisted children			
- Public	183	200	321
- Private	-	188	482
Total		388	803

Source: Ministry for Women and the co-ordination of Social Action

Homeless Children living in the Street / Street Children

The aforementioned principle of Non-Institutionalization and the Family Localization and Reunification Program also applies to this group of children.

However, the reunification process is slower due to the particular characteristics of the group and the complexity of the reasons for living in the street.

For the psychosocial rehabilitation of the street children, the Country involves the religious community, private institutions, NGOs and the civil society in general.

Programs of formal education, professional training, medical and sanitary assistance, employment and self-employment, income generating, and others were developed within this scope.

In 1999, there were 48 centers and projects for homeless children living in the street, which assisted 4.443 children. In 2000, there was a slight increase in the number of centers (51 centers against 48 in 1999) but a decrease in the number of assisted children (3.336 children against 4.443 in 1999). Street children are mainly a city phenomenon.

The decrease in the number of assisted children is due to the efforts made by Government, in partnership with the civil society, to reintegrate children in society, the family, and the community.

Children with disabilities

The Community-based Assistance Program continues to assure that children with disabilities are assisted in their families and communities, which consists in building capacity within families to cope with their children's needs.

Within the scope of mental disability, 15 (fifteen) mentally disabled children were integrated in public centers for children, in the last 2 years, while a significant number of children have been successfully integrated in the community.

As regards hearing impairment, in addition to the diffusion of Sign Language, two news programs are translated into sign language on the main TV channel in the country, Televisão de Moçambique (TVM).

On the other hand, there are 4 special schools (1 for visually impaired people, 1 for mentally disabled children and 2 for dumb people). In total, these schools assisted 225 children and youngsters annually.

Juvenile Justice

As to statistics on the arrest and trial of minors, we must say that they are not punishable, as mentioned in the initial report.

We must also refer that there are neither institutions nor authorities exclusively devoted to the assistance of children considered as suspect or guilty of breaching the Penal Code. There is also no proper system enabling the application of assistance and education measures, as foreseen by the law.

The establishment of the centers to rehabilitate children in conflict with the law is now being considered. With the support of UNICEF, the Government recently organized a seminar in which representatives of the Bodies of Administration of Justice, of the Government and of the civil society were involved.

Part II

General measures of Implementation

1. The Constitution of the Republic of Mozambique and the national legislation recognize the rights in the Convention. The international treaties and agreements legally approved and ratified are in force in the legal system after being officially published in the Government Gazette and while binding the State. As mentioned in point 2, page 10 of the Report, there are no incompatibilities between the internal legal system and the precepts of the Convention. Unconditional ratification means that all the precepts in the convention are in force and are applicable in the internal jurisdiction of the Republic of Mozambique. Hence, in case of conflict between the internal law and the convention, it is the most favorable law for the child that prevails.

With respect to the harmonization of the national law with other relevant instruments of the human rights, it is reiterated that the legislation on children is being revised under the legislative revision and reform now in progress in the country. All the legislation on minors has already been gathered and compiled to be analyzed, systematized and reformulated.

On the compatibility of practices of common law with the provisions of the convention and measures taken to deal with any identified problem, it must be said that Mozambique has a wide variety of common practices originating in former "Tribal Customs".

Nevertheless, those practices carry no weight for Mozambique's domestic law and, therefore, do not constitute applicable rules within our country's jurisdiction.

In case there is compatibility of the practices of common law with the provisions of the convention, it is assumed that international law is, or can be, automatically practiced by citizens without resorting to the coercive means of the State for their application.

2. As regards complementary legal authority within the same sphere of activity, the coordination between governmental bodies is an usual practice in the Government of the Republic of Mozambique.

Considering that several sensibilities and joint efforts between the different governmental and social sectors required to implement the convention, several Ministries were involved in the process, namely the Ministry of Health, of Education, of Public Works and Housing, of Environment, among others, as well as the civil society in general. The coordination of the different efforts made by the different sectors of activity is the responsibility of the Ministry of Women and Coordination of Social Welfare, created by Presidential Decree No. 8/2000 of May 16.

The budget of the Ministry of Women and Coordination of Social Welfare (MMCAS) is limited. The operating expenses of the MMCAS have been rising in numerical terms since 2000. As a matter of fact, while the MMCAS received 14.352.110.000,00 MT in that year, in 2001 the MMCAS received 19.769.090.000,00 MT corresponding to 138% of the Budget. These values are allocated for payment of staff salaries and equipment expenses and other current expenses. If we examine the levels of inflation, we shall conclude that the increase is not very significant.

3. Poverty in our country is a widespread phenomenon that affects different age groups and not only children. One of the major purposes of the development policies is to improve the living standard of the whole population and the child is included as an integral part of a nuclear or extended family. It is in this context that the guidelines for the eradication of absolute poverty in Mozambique - PARPA - highlight the necessity to point the battle against poverty towards regions displaying high poverty rates or with a greater number of poor people. The main targets are:

- Households with high number of dependants;
- Households with only one source of income, mainly from subsistence farming;
- Households headed by a woman, namely a widow, a divorced or a single mother;
- Households with the average size of the farm reduced compared with the standard of their respective agricultural and ecological area;
- Households headed by persons with no permanent source of income (even from subsistence farming) and living from occasional work.

The global aim of reducing poverty in the decade of 2000-2010 means a decrease of about 30% in the incidence of absolute poverty within the next ten years. Thus, by reducing poverty in households, children are expected to benefit from a less disadvantaged and a healthier home.

The expenditure on food for children in centers and orphanages, and on the promotion and dissemination of Children's Rights is still being paid for by donors through non-governmental organizations and other civil associations, as mentioned in point 17 of the Report.

4. As far as the mechanisms to monitor the implementation of the convention in Mozambique are concerned, MMCAS is the central body of the state system that manages and coordinates the country's social welfare/services. Some of the objectives pursued by MMCAS are the promotion of the family stability and protection of its members, and the shaping and development of the citizen's personality. It also coordinates the assistance to social groups in greater need of social services, namely children, seeking to assure their well being by improving their standard of living and increasing their range of opportunities so that they can develop their natural abilities. In the pursuit of these aims, MMCAS provides support and social assistance in cooperation with other governmental bodies in the field of awareness and monitoring of the activities of non-governmental national and foreign organizations that work in the sphere of social welfare; as well as setting up and developing co-operation links with both national and foreign similar organizations.

To achieve those objectives, the Ministry for Women and the co-ordination of Social Action (MMCAS) has a department, the Direcção Nacional de Coordenação da Acção Social (National Directorate for Coordination of Social Action), whose main function is to define and promote the implementation of support and assistance programs oriented at children, which are based on the social welfare policy, and to coordinate the activities of stakeholders in the sphere of Social Welfare – Presidential Decree no. 8/2000, Article 1 paragraphs c) and d) and Ministerial Diploma no. 70/2000 of July 19, Article 1 paragraph b) and r.o. 2 in conjunction with Article 4 no.1 paragraphs a) and b). – Therefore, it is MMCAS responsibility to monitor the implementation of the Convention on the Rights of the Child in Mozambique.

Part III

a) Legislation

After 1998, new provisions were adopted, one of the most important being the Law Governing the Access of Minors to Public Enclosed places of nocturnal entertainment and Alcohol and Tobacco Consumption (Lei Reguladora do Acesso de Menores a Recintos Públicos de Diversão Nocturna e ao Consumo de Álcool e Tabaco), already mentioned in the Primary Report, and the Policy on HIV / AIDS.

The Draft of the Family Bill mentioned in the Primary Report was widely debated at national level and submitted to the Parliament (Assembleia da República) for approval.

On the other hand, the preliminary process to ratify the Optional Protocols to the Convention on the Children's Rights relative to the Involvement of Children in Armed Conflicts and the Trade of Children, Child Prostitution and Child Pornography is underway.

New Institutions

The Government of Mozambique concluded and decided in the late 1990s that rather than an exclusive problem of the Health Sector, AIDS is also a concern for the country as regards its economic development, reasoning that it was important to consider the extent of the social, economical, health and developmental consequences of the AIDS pandemic.

As a result, in May 2000, by Decree 10/2000, the Council of Ministries approved the creation of the National AIDS Council (NAC).

This body has the responsibility of co-ordinating the national multi-sectorial response against AIDS, its main objectives being the prevention and reduction of the effects of the disease. In addition to its role as a coordinator, the National AIDS Council has the responsibility of monitoring and evaluating programs that fight against this epidemic within the country, and raise funds to finance programs and projects.

The main reference tool for the National AIDS Council is the National Strategic Plan, (Plano Estratégico Nacional - PEN)) which sets up the guidelines for the approach to fight the disease and clarifies the outlines of action and cooperation with the different sectors and between the various stakeholders.

▪ **The National Strategic Plan**

As a reference tool, the National Strategic Plan against AIDS (PEN) is related to the **Prevention and Reduction of the Impact of the disease** and has the following priorities:

- Treatment of opportunistic infections;
- Prevention of vertical transmission (mother-to-child);
- Setting up of Counseling Centers and Voluntary Tests;
- Home based care and Expansion of the **Day Hospital**;
- Introduction of sexual and reproductive health education and life skills in school curricula and short-term training programs;
- Assure hospital bio-safety to reduce the probability of infection through blood transfusions, and use of instruments not properly sterilized;
- Enable interventions at the prevention level with subject matters on gender equality taking into account they must comply with the local customs and beliefs on sexuality;
- Extend the advocacy of the prevention campaigns to the masses so as to change sexual behavior and reduce stigmatization and/or discrimination of people living with HIV-AIDS; and
- Promote the supply and sale of condoms.

It is also important to say that, within the dynamic scenario that characterizes the fight against this epidemic, the National Strategic Plan will be liable to regular evaluation so as to assess its importance and suggest possible adjustments.

The meaning and challenge of a multi-sectorial approach

In the fight against HIV/AIDS, a multi-sectorial approach calls for the sense of responsibility of all stakeholders and sectors within the Government, the Civil Society (NGOs and Community-based Organizations), of all Religions, of the Private Sector, individuals, political, religious, community and traditional leaders.

The NAC plays a catalytic and co-ordinating role on the efforts from the different members of society, both at institutional and personal level.

This involvement comprises a horizontal network with three levels: **National, provincial and local**. At *national level*, the main bodies are the Ministries, the Projects within National scope and the NGOs represented at Maputo level.

Each Ministry has its own plan that considers the inclusion of activities on prevention and reduction of the impact of AIDS within the sphere of responsibilities of the Ministry. More than a half of the 22 Ministries have their plans financed based on the Government Budget and are now implementing their own activities.

At *provincial level*, the Provincial Directorates (Direcções Provinciais) act on behalf of Ministries in their respective sectors, while the Provincial bodies (Núcleos Provinciais) are an operational component of the NAC. Both at ministerial and provincial levels, NAC's direct contact is the Focal Point (**Ponto-focal**) named by the Minister of the sector to deal with the planning and interaction of matters related to HIV /AIDS in his own institution.

At *local level*, the main actors are the non-governmental organizations, the community organizations, civil society organizations, initiatives of the private sector, and all the other voluntary or informal systems of response which operate at local level to give direct support to the community, families and individuals directly infected and affected by HIV /AIDS.

Most NGOs are concentrated in (urban suburbs and rural) areas with relatively suitable accesses. The challenge we are now facing is to assure that these organizations are mobilized to extend their range of activity to remote areas in greater need of help. The AIDS Fund, which must be one of the main sources of financing for **Civil Society Organizations** working at local level, will certainly facilitate this task.

In the provinces, for cooperative efforts at provincial and local level, there is a technical council that, under the Governor's leadership, analyzes and approves proposals of new projects and activities by governmental bodies and civil organizations. This activity exists within the framework of the execution of the provincial plans. Every province is implementing this kind of concrete actions, financed by the Government Budget (OGE).