

ICDP Mozambique update,

November 2020 to March 2021

1. Introduction

According to recent analysis by the Ministry of Economy and Finance of Mozambique and UNICEF, half of all children in Mozambique lived in monetary poverty. Almost one in two Mozambican children were considered multidimensionally poor and nearly one-third of children were consumption poor and deprived at the same time. Using comparable data of DHS and the Alkire-Foster approach, multidimensional child poverty in Mozambique was found to exceed that of neighbouring countries (E-Swatini, Malawi, South Africa, Tanzania and Zimbabwe).

The first 2 years of a child's life offer a unique window of opportunity to invest in his development and improve his general well-being with long-term results in terms of a nation's health and productivity.

2. Child Grant

Child grant is part of the Basic Social Subsidy Program of the Mozambique National Basic Social Security Strategy 2016-2024 and aims to reduce children's vulnerability, promote their development by improving their health and diet and accessing basic social services and protection.

3. Objectives and Goals

The program is being implemented in its start-up phase by the Ministry of Gender, Children and Social Action (MGCAS) with support from UNICEF and technical assistance of ICDP. The start-up phase takes place in 3 selected districts in the province of Nampula. The final goal is to reach 15,500 children through a differentiated implementation that allows the evaluation of processes and impacts of the different types of subsidy intervention, with the aim of providing evidence that inform their national expansion.

The Child Grant (0-2 years) is an unconditional cash transfer programme targeting children living in poor or vulnerable households with the objective of reducing poverty, improving child

wellbeing and promoting access to social services. To ensure the greatest impact on the future wellbeing of the beneficiaries, and to help them overcome the social risks and vulnerabilities that often perpetuate an intergenerational cycle of poverty and deprivation, the program strengthens linkages between cash transfer and social services.

4. Care Component

The care component of the Child Grant 0-2 is comprised by nutrition and case management. The case management is also called Acompanhamento Familiar and consists of the support provided to families affected by situations of specific risk and/or to those who are classified as most vulnerable, in line with the results from a basic screening tool (used in pre-enrolment or identification). The case management model follows the policies and instruments approved by the Ministry of Gender, Children and Social Action (MGCAS). Regular home visits are conducted by case workers to offer direct support to primary caregivers, their children and other members of the households (e.g, psychosocial and counselling or information for parents) as well as to facilitate referrals to community and statutory services

5. ICDP, Unicef and MGCAS

The Acompanhamento Familiar is a case management intervention through which a beneficiary family is followed for a period of 6 months of intervention and 3 additional months to check on the sustainability of the results achieved.

UNICEF supported the design and launch of the pilot phase of the Child Grant, ensuring full ownership by the Government. The Child Grant has two components: a cash subsidy (approximately US\$10 per month) and a care component (nutrition package and case management) linked to social services.

To implement the afore-mentioned case management component, UNICEF, in consultation with the Ministry of Gender, Children and Social Action (MGCAS), identified a need for technical assistance and day-to-day on-the-job coaching of government technical staff and Permanentes (volunteers) at Provincial (DPGAS) and District level (SDMAS) of MGCAS, with the ultimate aim of leaving a cadre of social welfare officers able to provide quality case management support to vulnerable families and children and those at risk, within the context of the child grant (0-2 years).

6. ICDP technical assistance and coaching to MGCAS

UNICEF invited ICDP Mozambique to provide this technical and coaching support, following extensive hands-on experience in Mozambique in psychosocial support and, more recently, (child protection) case management. Technical support from ICDP focus on :

i) support to the development and adaptation of case management tools, job aids, training packages and materials for relevant case management actors and programme stakeholders;

ii) through on-the-job coaching of relevant DPGCAS staff, strengthen DPGCAS' role in monitoring and supervising the work of SDSMAS; and

iii) through on-the-job coaching of relevant SDSMAS staff, strengthen their ability to monitor and supervise the work of the Permanentes and to provide quality case management for child protection cases.



7. Project focus

- Provide psychosocial/emotional health support
- Ending Domestic Violence
- Ending the abuse of children, women and the elderly
- Stop premature unions
- Ensure access to health services, education, social protection, birth registration, etc.
- Promote family coexistence without violence ü Enhance parental care/responsibility for childcare

The main objective of the Case Management subcomponent is to extend the forms of social protection to families defined as more vulnerable. This includes identifying risks and constraints and support selected beneficiaries to overcome them. It involves referring beneficiaries to services that they would not have access to without proper support. Effective intervention in the field involves strengthening SDSMAS/INAS case managers' capacities.

Case management beneficiaries identification is carried out during registration or payment of the subsidy, applying a basic screening tool that identifies potential child protection risks, based on criteria such as:

- i) caregiver's deficiency;
- ii) teenage pregnancy (under the age of 18 years old), and
- iii) cumulative presence of psychosocial risks, as well as self-reference, which allows women to voluntarily report protection issues that affect them/or their children and require to be considered.

8. Approach

The Case Management action strategy is based on the link between the SDSMAS staff and the family, through individualized, periodic and regular assistance with the technical support of ICDP staff. When managing each case, an optional and participatory methodology, in which individual knowledge and experiences are valued, is adopted. The intervention model follows the 8 steps set out in the Ministry of Gender, Children and Social Action's (MGCAS) case management SOPs. Each intervention plan is designed in working sessions with the families and jointly agreed upon in order to result in an individualized follow-up at the family home. Home visits take place weekly for a maximum of 9 months of intervention. Prior to case management intervention, SDSMAS staff attended trainings sessions to learn about case management. At present, all case

managers know the process and use tools properly. Information sharing is increasingly accurate and data collected is recorded in databases designed for this purpose, ensuring data privacy and confidentiality. Beneficiary families are open to intervention and creating a good collaborative relationship with SDSMAS staff. Throughout the various phases of intervention, case managers are monitored with regard to data collection tools. Data collected are recorded in databases designed for this purpose. In the field, case management requires tackling many cultural prejudices and adapt case plans based on reflection on biases and alternatives leading to behavior change. Teams, on their own initiative, have adopted additional intervention strategies to overcome challenging situations (e.g. premature unions, violence, child abuse). Meetings were held with the police and legal authorities at the district level, in order to hear/understand their concrete role. In addition, the teams seek the support of biological families to re-establish ties with the caregiver, enhancing the return to the family unit.

9. Findings

- Early pregnancy represents almost half percent of the beneficiaries.
- The average age of the underage mothers in the 3 districts is 15.3 years old.
- The average age difference between husband and wife is 9.1 years.
- All caregivers in a child marriage situation identified in Nacala-a-Velha returned, as a result of the intervention, to their biological families, ending their premature union.
- INAS and SDSMAS working together in coordinate way to provide additional support needs, like grants for families with multiple needs (disabilities, child headed households) have been identified and met.
- 176 cases of children were referred to get their birth certificate.
- Early serious nutrition problems were detected and referred to the adequate service in coordination with APEs.
- 14 baby deaths were identified, and tools were improved to get a more accurate verbal autopsy and prevent future cases.

10. Opportunities

Knowledge and capacity of the SDSMAS is improving, as well of the district services quality of interventions. The government organizations have improved control of the cases, responses, referral pathway and statistics. Results could be used as an advocacy tool to get more resources in order to extend at national level.

Community and SDSMAS connection: Case management has supported the interlinkages between communities and social services. The community is now aware of the existence of an official service that they can reach out for help and social services understand better the needs of the families.

Cash & Care: Early serious nutrition problems were detected and referred to the adequate service. A significant number of baby deaths was identified, and the tools were improved to get a more accurate verbal autopsy. Additional supports, like grants for families with multiple needs (disabilities, child headed households) have been provided.

