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# NATIONAL RESPONSE EFFORTS TO ADDRESS SEXUAL VIOLENCE AND EXPLOITATION AGAINST CHILDREN IN MOZAMBIQUE

## A DESKTOP STUDY

**AIDSTAR-One**  
AIDS SUPPORT AND TECHNICAL ASSISTANCE RESOURCES

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# ACRONYMS

AIDS	acquired immune deficiency syndrome
ART	antiretroviral therapy
CBO	community-based organization
CCPC	Community Child Protection Committees
CERPIJ	Centro de Reabilitação Psicológica Infantil (Child and Infant Psychological Rehabilitation Centre)
CIP	<i>Centro de Integridade Pública</i> (Public Integrity Centre)
CRC	United Nations Convention on the Rights of the Child
CSO	civil society organization
DHS	Demographic and Health Survey
DPE	Departamento Provincial de Educação da Zambézia (Provincial Department of Education of Zambezia)
FDC	Fundação para o Desenvolvimento da Comunidade (Foundation for Community Development)
GMAC	Gabinete de Atendimento às Mulheres e Crianças Vítimas de Violência (Offices for Services to Women and Children Victims of Violence)
HDI	Human Development Index
HIV	human immunodeficiency virus
IEC	information, education, and communication
ILO	International Labour Organization
INE	<i>Instituto Nacional de Estatística</i> (National Statistics Institute)
INS	<i>Instituto Nacional de Saúde</i> (National Institute of Health)
IOM	International Organization for Migration
IRIN	integrated regional information networks
JSI	John Snow, Inc.
LEMUSICA	<i>Levanta Mulher e Siga o seu Caminho</i> (Rise Up, Women, and Follow Your Path)
MCA	Millennium Challenge Account
MEC	<i>Ministério da Educação</i> (Ministry of Education)
MICS	Multiple Indicator Cluster Survey
MINED	<i>Ministério da Educação</i> (Ministry of Education)
MínJus	<i>Ministério da Justiça</i> (Ministry of Justice)

MINT	<i>Ministério do Interior</i> (Ministry of Interior)
MISA	Media Institute of Southern Africa
MISAU	<i>Ministério da Saúde</i> (Ministry of Health)
MMAS	<i>Ministério da Mulher e Acção Social</i> (Ministry of Women and Social Action)
NGO	nongovernmental organization
OECD	Organisation for Economic Co-Operation and Development
ONUMOZ	United Nations Operation in Mozambique
OVC	orphans and vulnerable children
PACOV	<i>Plano de Acção para as Crianças Órfãs e Vulneráveis</i> (Plan of Action for Orphaned and Vulnerable Children)
PIC	<i>Polícia de Investigação Criminal</i> (Criminal Investigation Police)
PARPA	<i>Plano de Acção para a Redução da Pobreza Absoluta</i> (Plan for the Reduction of Absolute Poverty)
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PNAC	<i>Plano Nacional de Acção para a Criança</i> (National Action Plan for Children)
PNAM	<i>Plano Nacional de Acção para o Avanço da Mulher</i> (National Plans for the Advancement of Women)
PQG	<i>Plano Quinquenal do Governo</i> (Government Five-Year Program)
RECLISA	Reducing Exploitive Child Labor in Southern Africa
Rede CAME	<i>Rede Contra o Abuso de Menores</i> (Network against Abuse of Minors)
ROSC	Civil Society Forum for the Rights of Children
SACMEQ	Southern and Eastern Africa Consortium for Monitoring Educational Quality
SDSMAS	<i>Serviços Distritais de Saúde, Mulher e Acção Social</i> (District Services of Health, Women, and Social Action)
SIGI	Social Institutions and Gender Index
STI	sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	<i>United Nations Educational, Scientific and Cultural Organization</i>
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Emergency Fund
USAID	U.S. Agency for International Development
WHO	World Health Organization
WLSA	<i>Mulher e Lei na África Austral</i> (Women and Law in Southern Africa Research and Education Trust)

# PURPOSE

This literature review examines documentation on sexual violence and exploitation against children and the response in Mozambique. Documents covered include research studies, key legislation, relevant national action plans and policies, reports of current response efforts by local and international entities, and reports of community initiatives.



# METHODS

A search of works available on the Internet was conducted, including both peer-reviewed articles and gray literature. Google Scholar and PubMed were searched using the terms *sexual violence children Mozambique*, *violence children Mozambique*, *rape children Mozambique*, *health data Mozambique*, *post-rape care Mozambique*, and *post-exposure prophylaxis Mozambique*. In addition, websites of key global organizations working on sexual violence against children, such as UNICEF and the World Health Organization (WHO), were scouted. Finally, experts working in this area, representing such key organizations as UNICEF and Save the Children, provided key relevant documents and bibliographies. Both English and Portuguese language materials were reviewed.



# FINDINGS

The review that follows begins with background on Mozambique (Section A), then moves to a discussion of the extent of sexual violence against children (Section B), and from there to responses to sexual violence against children (Section C).

Section A provides relevant information on the epidemiological, historical, social, economic, and cultural context in which sexual violence against children occurs in Mozambique.

Section B begins with select figures on the sexual behavior of children and adolescents in Mozambique and then surveys the data on the extent (e.g., frequency and age distribution) of the sexual violence against children in Mozambique, organized according to the categories that emerged from the literature review: sexual and domestic violence, sexual abuse and harassment in schools, sex trafficking of women and girls, early marriage, and sexual abuse associated with migration.

Section C presents findings on the response to sexual violence against children in Mozambique within multiple arenas, including the health and education systems, government, community, and local civil society.

## BACKGROUND ON MOZAMBIQUE

### SOCIOECONOMIC, HISTORICAL, AND HEALTH CHARACTERISTICS

Mozambique is located in southeastern Africa and inhabited by approximately 23 million people. In 2012, the Human Development Index (HDI)—a measure of human development that comprises three key domains (health, education, and income)—ranked Mozambique 185th out of 187 countries, well below the regional average for sub-Saharan Africa (United Nations Development Programme 2013). Mozambique gained independence from Portugal in 1975 and since then has suffered civil war (1977–1992), massive emigration, economic dependence on South Africa, drought, and a major HIV epidemic.

### HIV AND AIDS

The most recent publicly available data on Mozambique indicate that the prevalence of HIV among adults ages 15 to 49 was 11.5 percent in 2009. HIV prevalence was higher among women (13.1 percent) than among men (9.2 percent) and is highly variable among provinces, ranging from 3.7 percent in Niassa to 25.1 percent in Gaza. The estimated HIV prevalence for adults is 17.8 percent in the southern region, 12.5 percent in the central region, and 5.6 percent in the northern region. Gender appears to be an important factor in the Mozambican epidemic: although the prevalence among those aged 12 to 14 is similar for girls and boys (1.2 percent and 2.5 percent, respectively), it differs by gender among those 15 to 19 (7.1 percent in women versus 2.7 percent in men), those 20 to 24 (14.5 percent in women versus 5.0 percent in men), and those 25 to 29 (16.8 percent in women versus 11.6 percent men) in the analyses of Instituto Nacional de Saúde, Instituto Nacional de Estatística, and ICF Macro (2010) and Joint United Nations Programme on HIV/AIDS (2012).

## **LEGACY OF THE CIVIL WAR AND WARTIME SEXUAL VIOLENCE**

A comprehensive understanding of the context of child sexual abuse in Mozambique requires consideration of the impacts of the Mozambican civil war and their legacy: psychological and physical trauma of children and adults; normalization of violence; degradation of the health and social systems; disruption of cultural practices around health and child-rearing; and increased numbers of orphans and vulnerable children (Igreja, Kleijn, and Richters 2006; Igreja 2003; Wessells, 1998; Machel 1996; Loforte 1994; Cliff and Noormahomed 1993). Boys and girls were heavily involved in the war, as members both of ravaged communities and of fighting forces (Denov 2008). In addition, children were victims of sexual violence as a result of peacekeeping efforts; it is documented that soldiers of the United Nations Operation in Mozambique (ONUMOZ) recruited girls aged 12 to 18 years into prostitution after the peace treaty was signed in 1992 (Machel 1996). Other outcomes of war also created an enabling environment for the trafficking of women and children: separation and displacement of families; death of family members; migration of dispossessed and landless women to urban areas; significant increase in the number of female-headed households; and widespread unemployment, particularly among youth (UNESCO 2006).

## **GENDER RELATIONS IN MOZAMBIQUE**

In 2012, Mozambique was ranked 39 out of 86 on the Social Institutions and Gender Index, reflecting discriminatory social institutions, such as early marriage, inequitable inheritance practices, violence against women, son preference, restricted access to public spaces, and restricted access to land and credit. Mozambique's Gender Inequality Index score placed it 125 out of 146 countries with data (Social Institutions and Gender Index). Although Mozambique has created legislation and policies to raise women's status and although many civil society organizations advocate for women's rights as well as human rights, indicators of wage equality, income, educational attainment, and political participation favor men (Social Institutions and Gender Index). Research on sociocultural determinants of women's HIV vulnerability reveal norms of male control over female sexuality and fertility and acceptance of gender-based violence, especially in rural regions. However, researchers have found that young women of higher socioeconomic status may challenge these traditional gender norms and thus have more agency and power in negotiating sexual relations (Monteiro 2009).

Among children and adolescents, gender inequality is visible in disparities in educational outcomes and levels of experience of sexual abuse. Surveys conducted at the national level show that girls constituted 46 percent of children enrolled at Grade 6 level in 2007 and 40 percent in 2000 (Southern and East Africa Consortium for Monitoring Educational Quality 2012). A study of girls' continuous dropout in primary education in three districts in Zambézia Province found sexual harassment and abuse of girls by male teachers to be an important barrier to girls' education (Justiniano et al. 2005). With some exception (e.g., Andersson et al. 2012), most available data indicate a greater frequency of experiences of forced sex among female children and adolescents than among male children. For example, 22.2 percent of females aged 15 to 19 ever married or in a marital union reported ever having suffered from domestic violence, compared with 1.3 percent of men of the same age (MEASURE DHS/ICF International 2012).

Gender inequality among young people can also be seen in household survey findings on attitudes of ever-married 15- to 24-year-olds toward violence against women. Forty-seven percent of males and 27 percent of females agreed that a man has reason to beat his wife or partner if he suspects that she has another partner. Twenty-six percent of both males and females agreed that he has reason to beat her if she refuses to have sexual relations with him. Fifty-nine percent of women and 48

percent of men believed a man has reason to beat his wife or partner if she does not take care of the house and children well (Instituto Nacional de Estatística 2002).

## **VIOLENCE AGAINST CHILDREN IN MOZAMBIQUE**

Children who suffer violence—whether in the form of physical abuse, sexual assault, deprivation, or neglect—are victims of the most serious human rights violations. The short- and long-term consequences of sexual violence, including subjection to violence as punishment, forced work in intolerable conditions, trafficking, and early marriage, are profound and constitute a public health crisis of global concern. These situations are of particular local concern in Mozambique (UNICEF Mozambique 2011a).

## **EXTENT OF SEXUAL VIOLENCE AGAINST CHILDREN**

### **SEXUAL BEHAVIOR AND EXPERIENCES OF SEXUAL VIOLENCE AMONG CHILDREN AND ADOLESCENTS**

Although quantitative data on sexual abuse of children in Mozambique is limited, several recent quantitative and qualitative studies have made it clear that the phenomenon of sexual violence against children is widespread.

#### **Population-Based Surveys**

Per the 2009 National Survey of Prevalence, Risk Behaviors, and Information about HIV and AIDS in Mozambique, the median age of first sexual intercourse is 16.5 for girls and 17.7 for boys. The proportion of 15- to 24-year-olds who reported having had sexual relations before age 15 was 25 percent among women and 24.8 percent among men. For women only, this proportion decreases markedly as wealth quintile and level of education increase. Among youth aged 12 to 14, 9.2 percent of girls and 15.3 percent of boys reported having had sexual relations (Instituto Nacional da Saúde, Instituto Nacional de Estatística, and ICF Macro 2010).

Among those aged 15 to 19, 2.6 percent of females and 1.1 percent of males reported having been physically forced to have sexual relations. These proportions were greater in urban than in rural environments for both women (3.4 percent versus 1.6 percent) and men (2.1 percent versus 1.4 percent) and ranged across provinces, from 0.1 percent in Tete to 4.6 percent in Maputo City among females and from 0.1 percent in Cabo Delgado to 4.3 percent in Inhambane among males (Instituto Nacional da Saúde, Instituto Nacional de Estatística, and ICF Macro 2010). A 2007 survey that used a facilitated self-administered questionnaire among in-school youth indicated a considerably higher level of experiences of forced sex: 27 percent of 16-year-old male students (472) and 21.5 percent of female students (290) of the same age reported experiencing forced or coerced sex (Andersson et al. 2012).

Data from the 2002 National Survey on Reproductive Health and Sexual Behavior of Young Adolescents indicate that approximately one percent of 15- to 24-year-old females and males have experienced sexual abuse by a family member. Of sexually experienced women, 3.6 percent reported having been forced by a man to have sexual relations at some time in their lives (the same question was not posed to male respondents). This proportion ranged from 1.9 percent among women with no schooling to 8.7 percent among women with secondary or higher-level education, and from 2.4

percent among young women in rural areas to 6.6 percent among those in urban areas. Of those who had experienced forced sex, 36.9 percent reported that the experience occurred when they were between 15 and 17, and 29 percent reported having had the experience when younger than 15. Approximately half of respondents (52.1 percent) did not ask anyone for help after the incident (Instituto Nacional de Estatística 2002).

A 2004 survey by the Ministério da Mulher e Acção Social (Ministry of Women and Social Action; MMAS), which examined violence against women in Mozambique, found that 23 percent of female respondents had experienced a form of sexual abuse at some point in their lives (UNICEF Mozambique 2011a).

As for gender-based violence more generally, 31.5 percent of women and 11.5 percent of men aged 15 to 49 ever married or in a marital union reported in the 2011 Demographic and Health Survey (DHS) ever having suffered from domestic violence. More than one out of five (22.2 percent) of female 15- to 19-year-olds ever married or in a marital union report ever having suffered from domestic violence, versus 1.3 percent of men of the same age (MEASURE DHS/ICF International 2012). Data show that domestic violence is most often perpetrated against women and girls by an intimate partner (Ministério da Mulher e Acção Social 2008).

### Health Facility and Police Station-Based Service Data

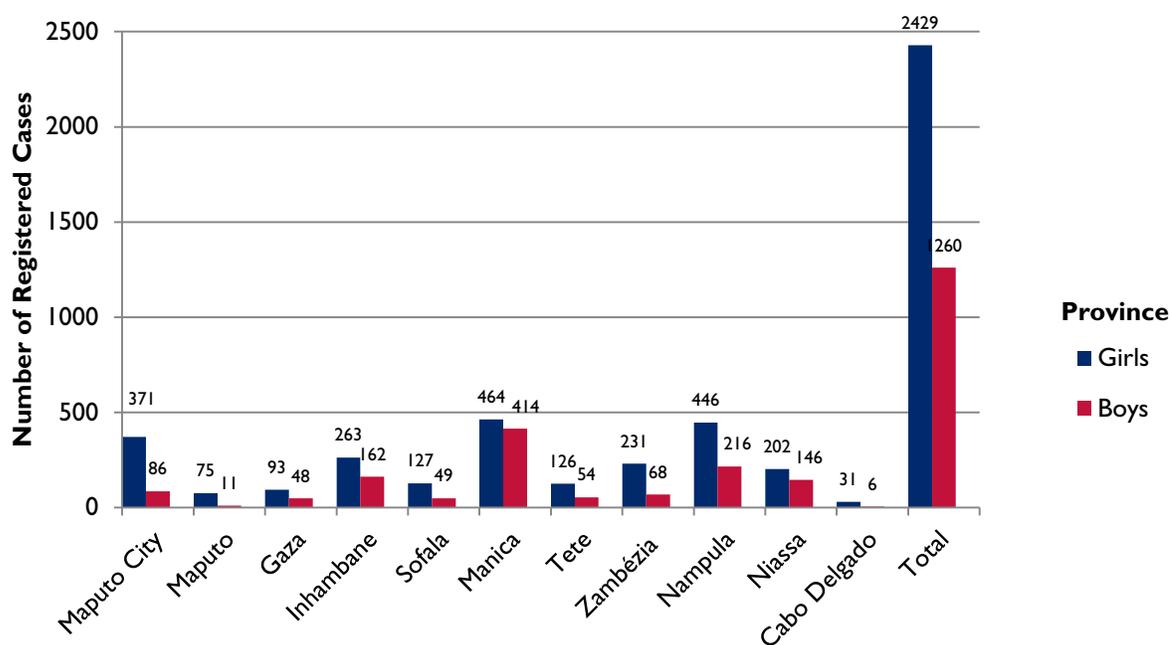
In 2011, 3,689 cases of domestic violence against boys and girls ages 17 and younger were registered at police station-based services for women and children victims of violence throughout the country—specifically, at the Gabinetes de Atendimento às Mulheres e Crianças Vítimas de Violência (Offices for Services to Women and Children Victims of Violence; GAMC) and at Secções de Atendimento (Service Sections; see Table 1 and Figure). Of these, 1,262 were documented as criminal cases (a category that in Mozambique includes rape), and 2,427 were documented as civil cases. Data from Centro de Reabilitação Psicológica Infantil (Child and Infant Psychological Rehabilitation Centre; CERPIJ) at the Central Hospital of Maputo, under the direction of the Ministério de Saúde (Ministry of Health; MISAU), show that 149 girls and 22 boys treated between 2009 and 2010 were rape victims (Ministério de Saúde and UNICEF 2011).

**Table 1. Number of registered cases of domestic violence at the GAMC and Service Sections, 2011 (Programa Nacional de Medicina Legal 2012)**

Province Central Department	Girls (0-17)		Boys (0-17)		Total Children	Women (18+)		Men (18+)		Total Adults	Total
	Case Legal Type					Case Legal Type					
	Criminal	Civil	Criminal	Civil		Criminal	Civil	Criminal	Civil		
Maputo City	179	192	52	34	457	2046	0	309	0	2355	2812
Maputo	59	16	11	0	86	746	770	161	152	1829	1915
Gaza	64	29	15	33	141	633	178	97	88	996	1137
Inhambane	73	190	28	134	425	706	966	129	188	1989	2414
Sofala	125	2	37	12	176	2028	54	534	37	2653	2829

Manica	107	357	67	347	878	739	286	351	494	1870	2748
Tete	51	75	17	37	180	553	730	109	104	1496	1676
Zambézia	114	117	10	58	299	584	68	203	156	1011	1310
Nampula	103	343	16	200	662	1443	678	407	430	2958	3620
Niassa	93	109	10	136	348	471	558	110	25	1164	1512
Cabo Delgado	28	3	3	3	37	482	207	17	10	716	753
Total	996	1433	266	994	3689	10431	4495	2427	1684	19037	22726

**Figure 1. Number of Cases of Domestic Violence Against Children (aged 0-17 years) Registered at the GAMC and Service Sections, 2011 (Programa Nacional de Medicina Legal 2012)**



### Sexual Abuse and Harassment in Schools

Sexual abuse is widespread in Mozambique's schools (Van Deijk 2007; Save the Children et al. 2005; Forum Mulher, Pathfinder, and United Nations Population Fund 2009). Data from the 2009 National Inquiry of Prevalence, Risk Behaviors, and Information about HIV and AIDS in Mozambique 2009 show that 23 percent of boys and girls aged 12 to 14 report that teachers try to seduce students. Additionally, 52.6 percent of surveyed girls aged 12 to 14 as well as 43.9 percent of boys of the same age reported that boys sexually harass girls in school (Instituto Nacional de Saúde et al. 2010). Although the Ministry of Education has enacted significant legal reform, transformation of this legislation into effective regulations and programs has been inadequate because of the shortage of human resources and funds (UNICEF Mozambique 2011b).

The Ministry of Education conducted a study in 2008 based on interviews with 157 government officials, members of school boards, and students aged 14 to 16 on sexual harassment and abuse in schools. Seventy percent of the students interviewed reported that sexual relations with students

affect whether or not a teacher allows them to pass a class. Three out of four students responded that many schools do not offer security to prevent sexual abuse and that the abuse often occurs with public knowledge but that no action is taken. Students also reported not knowing whom to approach within the school to report cases of sexual harassment and abuse (Ministério de Educação 2008). Furthermore, 75 percent of the members of provincial Gender Units who participated in the study indicated that the issue of sexual harassment and abuse of students by teachers is still considered taboo and that the subject is therefore not addressed during supervisory visits (Ministério de Educação 2008).

## **SEX TRAFFICKING IN WOMEN AND GIRLS**

Trafficking in women and children for sexual exploitation is a significant issue in southern Africa, particularly in Mozambique, Lesotho, Malawi, South Africa, and Zambia (Adepoju 2005; RECLISA 2006). Mozambique, because of its location, serves as a source and transit country for traffickers and, to a lesser extent, as a destination country (US Department of State 2012; UNICEF Innocenti Research Centre 2003). In 2011, cases of government officials facilitating trafficking and trafficking-related crimes based on bribes were reported (US Department of State 2012). Women and girls trafficked from Mozambique are usually brought to South Africa's Gauteng and KwaZulu-Natal provinces. From August 2002 to February 2003, the International Organization for Migration (IOM) conducted a study of the trafficking in women and children for sexual exploitation in southern Africa, interviewing trafficking victims, sex workers, traffickers, police, government officials, grassroots nongovernmental organizations (NGOs), and the media. Findings showed that Mozambican victims are predominantly women and girls aged 14 to 24; they are offered jobs as waitresses or sex workers in Johannesburg and pay their traffickers R500 to smuggle them across the South Africa–Mozambique–Swaziland border. They stay there for a night in transit houses, where they are sexually assaulted as an initiation. Once in Johannesburg, some are sold to brothels, others as slaves, and others to mineworkers as “wives.” An estimated 1,000 Mozambican victims are recruited, transported, and exploited in this way each year, earning traffickers approximately R1 million annually (Martens, Pieczkowski, and van Vuuren-Smith 2003). Infrastructure projects (e.g., bridge or road construction) have been linked to increased trafficking of women and children (Millennium Challenge Account Mozambique 2010; Novela et al. 2006).<sup>1</sup> The government lacks formalized procedures for identifying potential victims of trafficking and referring them to organizations providing protective services, and offers very minimal reintegration assistance to repatriated trafficking victims (United States Department of State 2012).

## **EARLY MARRIAGE**

Data available from the 2008 Multiple Indicator Cluster Survey (MICS) show that 17.7 percent of women aged 15 to 49 in marital unions were wedded before the age of 15. This figure is higher in rural areas than in urban areas (21.4 percent versus 11.2 percent, respectively) and ranges from 11.4 percent among those aged 15 to 19 to 23.4 percent among 40- to 44-year-olds. The highest level of marriage before age 15 is in Cabo Delgado, at 29.6 percent, and the lowest is in Maputo City, at 3.9 percent. The frequency of early marriage is inversely related to level of schooling and wealth quintile. Just over a fifth of married women ages 15 to 24 have husbands 10 or more years their senior (Instituto Nacional de Estatística 2009).

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<sup>1</sup> For an example of a strategic plan to prevent trafficking of women and children associated with an infrastructure project (e.g., road construction), see Millennium Challenge Account Mozambique 2010.

A 2005 study based on 1997 DHS data and 35 other analyses to describe the situation of early marriage in Mozambique found that despite changes in family law by the Mozambican government, which raised the minimum age of marriage from 14 to 18 years, more than half of Mozambican women still marry before reaching the minimum legal age. This statistic can be explained in part by the fact that although the legal age for marriage is 18, boys aged 16 and girls aged 14 can marry with the consent of a parent or guardian (ECPAT International 2007). In Mozambique, early marriage involves mostly girls under the age of 18 to adult males. Marriage involving minors is generally carried out within the sphere of customary marriage and is understood as an exchange of goods and services between families (Nhantumbo-Divage, Divage, and Marrengula 2010).

## **MIGRATION**

The literature indicates a relationship between economic and forced migration and increased risk of sexual abuse of children. For example, infrastructure projects, which can bring a community much-needed economic and social benefits, have also created environments that foster sexual exploitation of women and girls (Millennium Challenge Account Mozambique 2010; Ministry of Women and Social Action 2006; Save the Children UK 2007). A report by Save the Children on the nationally celebrated and publicized construction of a new bridge across the Zambezi river describes the way in which the influx into an impoverished community of a large number of male migrant workers—separated from their families and with cash to spend—resulted in increased sexual and physical abuse of women and children and child prostitution (Novela et al. 2006; Save the Children UK 2007; Millennium Challenge Account Mozambique 2010). There are reports that at times families not only refused to intervene when their young daughters engaged in commercial sexual relations with migrant workers, but actively encouraged them (Novela et al. 2006).

Multiple reports from Save the Children UK on unaccompanied migrant children who cross borders illegally in southern Africa (e.g., from Mozambique and Zimbabwe into South Africa and from Zimbabwe into Mozambique) describe the vulnerability of these children to various types of crime and violence, including sexual abuse. For example, to cross borders or secure transportation to their destination countries, girls may have sex with truckers or border guards. Save the Children’s research constitutes some of the only quantitative and qualitative data on this phenomenon; official data on the numbers of children crossing borders is scant, largely because their border crossings are concealed (Save the Children UK 2007; Hiller 2007; Reale 2008; Staunton 2008).

## **RESPONSES TO SEXUAL VIOLENCE AGAINST CHILDREN**

### **LEGAL AND POLITICAL ACTION**

#### **International Legal Instruments**

A number of standards, conventions, and protocols related to human rights treaties on child rights have been ratified by the Government of Mozambique (Comité para os Direitos da Criança 2009; UNESCO 2006); these include, in chronological order of ratification by Mozambique (United Nations 2013):

- Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children [a Palermo Protocol], supplementing the United Nations Convention against Transnational Organized Crime, September 20, 2006 (UN General Assembly 2000a).
- Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, December 9, 2005 (African Union 2003).
- Protocol to the African Charter on Human and Peoples' Rights on the Establishment of an African Court on Human and Peoples' Rights, July 17, 2004 (Organization of African Unity 1998).
- International Labor Organization Convention No. 182 concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour, June 16, 2003 (International Labor Organization 2000).
- Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution, and Child pornography, March 6, 2003 (United Nations General Assembly 2000). United Nations Convention on the Rights of the Child (CRC), April 26, 1994 (UN General Assembly 1989).
- International Labour Organization (ILO) Convention No. 138 concerning Minimum Age for Admission to Employment, June 19, 1976 (International Labour Organization 1976).

Mozambique's ratification of the CRC in 1994 was a critical step toward development of policies and plans to enhance child protection (UNICEF 2012; UNESCO 2006). For researchers, external evaluators, civil society, and the government itself, the CRC has served as an important framework for use in evaluating the government's child protection efforts and the status of child rights in Mozambique (UNICEF 2012; Svevo-Cianci 2010; Comité para os Direitos da Criança 2009; Rede da Criança 2009). In an analysis conducted by Svevo-Cianci (2010), which for 42 countries assessed the implementation of CRC article 19 (which concerns child abuse and neglect), Mozambique was among the countries classified as having an "ineffective to no child protection [system]."

The government's recognition of the issue of gender-based violence—and the issues it encompasses of sexual abuse of minors (i.e., people under 18 years of age)—can be seen in its commitments to a number of international standards and principles (República de Moçambique 2012):

- Solemn Declaration of Gender Equality in Africa (SDGEA), July 6–8, 2004 (African Union 2004).
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), May 16, 1997 (UN General Assembly 1979).
- Beijing Declaration and Platform of Action, adopted at the Fourth World Conference on Women, September 15, 1995 (UN 1995).
- Addendum to the Declaration on Gender and Development on the Prevention and Eradication of Violence against Women and Children, September 14, 1998 (Southern African Development Community 1998).

## **National Legislation and Policies**

Much of the literature reflects the ways in which the official legal system in Mozambique provides inadequate protection to children against sexual abuse, exploitation, and prostitution. For example, the constitution does not include the rights to protection from sexual abuse, and the penal laws against incest, rape, and abduction are not consistently enforced. Police can initiate an unsolicited investigation of child sexual abuse only if the child is under 12 years of age or, if the child is older than 12, the victim or the family lodges a formal complaint (Van Deijk 2007).

However, the literature also reflects achievement of some progress. Mozambique is considered one of seven African countries (with Burkina Faso, Ghana, Madagascar, South Africa, Tanzania, and Tunisia) that have adequate laws in place on rape and corresponding severe punishment regimes (UN Economic Commission for Africa 2009). Rape is prohibited by law, and the punishment is two to eight years' imprisonment if the victim is 12 years of age or older, eight to 12 years' imprisonment if the victim is under 12 (Social Institutions and Gender Index). Specific key legislation and policies have been created to implement the CRC and to enhance child protection in Mozambique (Comité para os Direitos da Criança 2009; Ministry of Women and Social Action 2010; Rede da Criança 2009); these include:

### **Laws**

- Lei da Organização Jurisdicional de Menores (Law on the Jurisdictional Organization of Minors), Law No. 8/2008, of July 15, 2008, establishing the basis for the protection of children in criminal and civil matters (República de Moçambique 2008; Rede da Criança 2009).
- Lei de Promoção e Protecção dos Direitos da Criança (Law on Promotion and Protection of the Rights of the Child), Law No. 7/2008, of July 9, 2008, translating CRC principles into national child protection legislation (República de Moçambique 2008a; Rede da Criança 2009).
- Lei sobre o Tráfico de Pessoas, Especialmente Mulheres e Crianças (Law on Preventing and Combating the Trafficking of People Especially Women and Children), Law No. 6/2008, of July 9, 2008, prohibiting recruiting or facilitating the exploitation of a person for purposes of prostitution, forced labor, slavery, or involuntary debt servitude. Article 10 prescribes penalties of 16 to 20 years in prison for violations (United States Department of State 2012).
- Lei da Família (Family Law), Law No. 12/2004, of August 25, 2004, which changed the legal age of marriage from 14 to 18 (Arnaldo 2005; República de Moçambique 2004).
- Código do Registo Civil (Civil Registry Code), of Law No. 12/2004, of December 8, 2004, which extends the free birth registration period from 30 to 120 days after birth and decentralizes registration activities to improve public access (Rede da Criança 2009).

### **Policies**

- Plano Nacional de Acção para a Criança (National Action Plan for Children; PNAC) 2005–10, which identifies priorities in the survival, protection, and development of the child, based on policies and strategies of the Government of Mozambique, including the Government's Five Year Plan and the Plano de Acção para a Redução da Pobreza Absoluta (Plan for the Reduction of Absolute Poverty; PARPA). PNAC names several areas of concentration: basic education; maternal and child health; nutrition; HIV/AIDS; social action (e.g., family environment, alternative care, social security); and protection (emphasizing sexual exploitation of minors, child labor, trafficking of minors, and trafficking of organs). The PNAC also includes a specific

objective for child abuse (Objective 1.6)—that is, to protect children from violence, negligence, and sexual exploitation. This objective is linked to activities, results, and indicators (Ministério da Mulher e da Acção Social 2005).

- Plano de Acção para as Crianças Órfãs e Vulneráveis (Plan of Action for Orphaned and Vulnerable Children; PACOV) 2006, emphasizing the role of family and community as primary providers of child care and protection, especially vulnerable children (Ministério da Mulher e da Acção Social 2006).
- Plano Estratégico Nacional de Resposta ao HIV e SIDA (National Strategic HIV and AIDS Response Plan) 2010–2014, outlining the government’s national response to HIV and AIDS (República de Moçambique n.d.).
- Plano Quinquenal do Governo (Government Five Year Program; PQG) 2005–2009, which includes plans for implementing the PNAC; for integrating orphaned, abandoned, and street children and children involved in child prostitution; for establishing institutions to assist children under age five; and for fighting against violence and sexual abuse of children (Rede da Criança 2009).
- PARPA II for 2006–2009, which aimed to reduce the incidence of poverty from 54 percent in 2003 to 45 percent in 2009, with goals on children’s rights, including reduction of sexual abuse in school (Republic of Mozambique 2006).
- In response to violence against women, key legislation and policies were created (República de Moçambique 2012), including:
- Lei Sobre a Violência Doméstica Praticada Contra a Mulher (Law Regarding Domestic Violence Practiced against Women), Law No. 29/2009, of September 29, 2009, prohibiting violence against women and marital rape (Social Institutions and Gender Index 2012) and defining domestic violence against women as a criminal offence—as stated in an email communication with Mariana Muzzi on December 19, 2012 (República de Moçambique 2009).
- Plano Nacional de Acção para o Avanço da Mulher (National Plans for the Advancement of Women; PNAME), 2002–06, 2007–09, 2010–14.
- Plano Nacional de Acção para Prevenção e Combate à Violência contra a Mulher (National Action Plan for Preventing and Combating Violence against Women) 2008–2012, aiming to expand and improve services to women victims of violence via the provision of medical, legal, and psychological services and enhancement of multi-sectoral coordination of integrated services (República de Moçambique n.d.)

## **MINISTRY-LED EFFORTS**

The government’s efforts to address violence and abuse against children comprise activities focused on prevention of and response to sexual abuse and exploitation. The response is led by five ministries: the Ministério da Mulher e Acção Social; the Ministério do Interior (Ministry of Interior; MINT); the Ministério da Saúde; the Ministério da Educação (Ministry of Education; MINED); and the Ministério da Justiça (Ministry of Justice; MinJus) (UNICEF Mozambique 2011).

## Collaborative Ministry Efforts

The Mecanismo Multissetorial de Atendimento Integrado à Mulher Vítima de Violência (Multisectoral Mechanism of Integrated Services for Women Victims of Violence; June 2012), a protocol and policy framework, was created to foster integrated care for women victims violence, define the roles and responsibilities of government agencies involved, and facilitate implementation of policies created in response to violence against women. The mechanism describes the coordination and interconnection of services provided by various sectors and priority areas and needs. In addition, it specifies protocols for services offered by the ministries of health, interior, justice, and women and social welfare. Finally, it aims to standardize and coordinate care and follow-up of women victims of violence in the various sectors involved, thus obviating victims' need to make multiple trips and thus preventing loss of cases and subsequent revictimization. The MMAS is responsible for coordinating the mechanism's implementation (Républica de Moçambique 2012). Table 2 summarizes the roles and responsibilities of the government ministries involved. In-depth interviews and focus group discussions that were part of an AIDSTAR-One in-country situational analysis of care for children who have experienced sexual violence and exploitation in Mozambique, revealed that the MMAS was piloting the mechanism as of October 2012. At the same time, MMAS was also overseeing the finalization and pilot testing of the Padrões Mínimos de Atendimento a Criança (Minimum Standards of Care for Children; Saini, Cumbe, and Levy 2013).

**Table 2. Responsibilities of key government actors in the implementation of the Mechanism for Integrated Services to Women Victims of Violence (Républica de Moçambique 2012)**

Ministry	Responsibilities
MMAS	Coordination of the multi-sectoral plan Social assistance to women victims of violence
MISAU	Emergency medical care and rehabilitation Psychological support to women victims of violence Medical and legal assistance for women victims of violence
MinJus	Provision of free legal aid to women victims in need through the Instituto do Patrocínio e Assistência Jurídica (the Institute for Legal Assistance and Representation; IPAJ) Advocacy for the enactment of laws against gender-based violence
MINT	Protection and police assistance through the GAMC and service sections Registration and referral of complaints to the Polícia de Investigação Criminal (Criminal Investigation Police; PIC) , detection of the perpetrators, and ensuring the implementation of laws

## Ministério da Saúde

According to the mechanism, women and children victims of sexual violence can seek medical care at health units at central, district, rural, and provincial hospitals and at health centers (Républica de Moçambique 2012). The medical response is guided by a clinical care protocol, psychological care protocol, and a medical–legal protocol, as well as by standards for services for victims of sexual violence and standards for integrated care of victims of gender violence.

In cases of child sexual abuse, the clinical protocol consists of four steps:

1. Provide emotional and psychological support, and explain the victim's rights to the victim.

2. Carry out physical and mental treatment according to the diagnosis.
3. Report the event to the police, via the GAMC where it exists or otherwise a police station (Saini, Cumbe, and Levy 2013).
4. Follow procedures according to protocol for victims of rape (below; República de Moçambique 2012).

The protocols and standards emphasize the potential for profound psychological trauma due to physical violence, the insufficiency of physical treatment alone, and the importance of empathetic, sensitive, confidential, and nonjudgmental treatment of patients. The clinical protocols specify that victims are to receive a complete package of services within the same day by the same team and that efforts should be made to have providers of the same sex and who speak the language of the victim (República de Moçambique 2012).

Before the mechanism was put into place, MISAU initiated CERPIJ. It began as a pilot project at the Central Hospital of Maputo (UNESCO 2006), providing psychosocial support for child victims of abuse. In 2011, UNICEF was providing support to strengthen psychosocial support to child victims of abuse via NGOs and the CERPIJ in one province (UNICEF Mozambique 2011).

The scant quantitative data reflecting use of health services for child victims of sexual violence and exploitation that this review identified include counts of cases seen; for example, as noted in section B.1, page 8, data from the CERPIJ at the Central Hospital of Maputo show that 149 girls and 22 boys treated between 2009 and 2010 were victims of rape (Ministério de Saúde and UNICEF 2011). As of October 2012, the mechanism was in its pilot phase, and quantitative data on the uptake of health services per mechanism protocols were not available at the time of this literature review.

### **Service Protocol for Rape or Sexual Assault at Central, Provincial, General, Rural, and District Hospitals and Health Centers**

- 1) Refer urgently to the emergency room or gynecology service.
  - 2) The victim should not wash up after the act of rape, and should not change clothes, before being seen at the health unit (but can cover with a jacket to reach the health unit).
  - 3) Conduct HIV and AIDS counseling and testing. If the test result is negative, the victim should be counseled to repeat the test in three months.
  - 4) Administer emergency antiretroviral therapy (ART) within the first 24 hours.
  - 5) Administer antibiotics to prevent sexually transmitted infections (STIs).
  - 6) Administer a vaccine against hepatitis B.
  - 7) Administer medications for depression, insomnia, and/or anxiety.
  - 8) Conduct forensic medicine and psychology consultation.
  - 9) Encourage the victim to attend therapy sessions and other psychological support services or organizations/services that provide support to the community during the subsequent six months.
  - 10) Store testing materials and results in a safe place.
  - 11) Inform the victim about how to proceed to establish a criminal case.
  - 12) Schedule follow-up appointments.
  - 13) For female victims aged 11 and older: Provide emergency contraception (lofemenal /microgenon until 72 hours after the incident).
- (República de Moçambique 2012)*

Before the mechanism was introduced, the 2011 Demographic and Health Survey suggested that many women may access no services at all after suffering physical and/or sexual violence: of all surveyed women, only a fifth (22 percent) asked for help after they had experienced sexual violence. Of females aged 15 to 19, about a third (34 percent) did so, and the proportion was similar in other age groups. In addition, limited facility-based research reflects significant weaknesses in aspects of the treatment and follow-up care provided to victims of violence. One survey conducted in three health centers in Maputo City province to evaluate treatment and follow-up provided to victims of violence perpetrated by family members found that among the 1,206 study participants, 14 percent did not receive any type of follow-up or referral information (Jethá et al. 2011). Furthermore, *no victims were referred for psychological services or support*. Qualitative data from this study showed a universal perception among respondents that because of patient volume and limited time, physicians are concerned with patients' physical injuries but not with the causes of those injuries—that is, the violent situations in which they live. Notably, findings on patient management were positive: 90 percent waited less than one hour to be seen, and 67 percent waited for fewer than 30 minutes (Jethá et al. 2011).

*“Policies and strategies need to be implemented to encourage patient disclosure of [family violence] and provide more health system-initiated victim resources.”*

*(Jethá et al. 2011)*

AIDSTAR-One's qualitative situational analysis indicated that it is only at central and provincial hospitals that victims will find all relevant services (i.e., pediatrics, coordination with police, and gynecology, legal medicine, and psychological support). At district level, services are available in the district capitals, where the Serviços Distritais de Saúde, Mulher e Acção Social (District Services of Health, Women, and Social Action; SDSMAS) provide management and coordination of all types of health and social services, including those for child victims of sexual violence and exploitation. However, the SDSMAS have very limited human resources and so services are extremely limited outside district capitals (Saini, Cumbe, and Levy 2013). A desktop study led by MISAU and UNICEF found that CERPIJ's ability to serve child victims of violence and sexual abuse is constrained by deficits in specialized expertise and capacity to monitor compliance with victim care protocols (Ministério da Saúde and UNICEF 2012).

### **Ministério da Educação**

In line with its policy of zero tolerance for sexual abuse in schools and its 2003 and 2008 decrees against sexual abuse in schools, MINED led the development of a national mass media and interpersonal communication campaign, “NÃO DÁ PARA ACEITAR: Tolerância Zero ao abuso sexual contra as crianças” (WE DO NOT ACCEPT: Zero Tolerance to Sexual Abuse against Children) with a goal of affecting social norms and behaviors and promoting a zero-tolerance culture—specifically, to prevent sexual abuse of girls aged 12 to 16 by supporting and scaling up of existing interventions (e.g., participatory child rights clubs, community theater performances, rural outreach via mobile units, and public service campaigns). Launched by the minister of education in June 2011 and designed to be implemented over four years, this campaign resulted from a collaboration among five ministries; civil society organizations through the Civil Society Forum for the Rights of Children (ROSC), a children's rights network; a child-friendly journalist network, the Media Institute of Southern Africa (MISA); and UNICEF. MINED led multi- sectoral working group meetings with key ministries to develop an action plan, including a definition of the roles and responsibilities of each ministry in the implementation of campaign activities (Ministério da Educação 2011; UNICEF Mozambique 2011; UNICEF 2011b).

In 2011, 300 teachers and 60 gender focal points in select provinces were trained to create a reporting mechanism for violence and sexual abuse cases in schools, and training was planned for the remaining provinces. The MNED also led the establishment of multisectoral national-, provincial-, and district-level working groups for prevention of violence and sexual abuse (UNICEF Mozambique 2011). In 2010, MINED incorporated sexual abuse issues into its own work plans—an action that was perceived as progress toward development of concrete capacity-building activities to bolster provincial gender focal points in monitoring and reporting cases of sexual abuse in schools (UNICEF 2011b).

In 2008, as part of the effort to meet the objective set forth in the Plano Estratégico da Educação e Cultura (Strategic Plan for Education and Culture) to end the gender gap in education, MINED conducted a study on sexual abuse and harassment in schools. This comprised interviews with 157 government officials, school board members, and students aged 14 to 16 (Ministério de Educação 2008). MINED also conducted focus group discussions on school violence and sexual abuse, followed in July 2009 by a national seminar with participation of sectoral ministries. Subsequently, a follow-up action plan was developed and a workshop took place in 2010 involving provincial-level, district-level, and school staff, to raise awareness of violence and the zero-tolerance declaration. The provinces identified actions to prevent violence and sexual abuse in schools, based on the recommendations of the national workshop. Central and northern regional workshops were held in January 2010 (UNICEF Mozambique 2011).

### **Ministério do Interior**

In 2000, MINT developed the Gabinetes de Atendimento às Mulheres e Crianças Vítimas de Violência (Offices for Services to Women and Children Victims of Violence; GAMCs) to increase protection of women and children against violence and to improve enforcement of existing laws (UNICEF Mozambique 2011; Save the Children UK 2007; UNICEF and Ernst & Young 2010). The GAMC are specialized victim support units based in police stations, staffed by officers respond trained to respond to reported cases of violence against women and children. Survivors can lodge anonymous complaints with a GAMC, and these can ultimately lead to imprisonment and fines for perpetrators<sup>2</sup> (Van Deijk 2007). At GAMCs, victims can immediately register their complaints or be transported to the hospital or health center, depending on the severity of the violence. In conjunction with these facilities, legal assistance agencies have developed reporting locations where women can request police assistance (Osório 2004; Jethá et al. 2011). The GAMC mandate also includes sensitization of communities and community mobilization to prevent violence against women and children (UNICEF and Ernst & Young 2010).

Since the program's initiation in 2000, GAMCs have been established and strengthened in some districts (20 as of March 2012; República de Moçambique 2012), with the support of international organizations such as UNICEF and Save the Children (UNICEF and Ernst & Young 2010). Of the trained police agents that staff the GAMCs, 61 percent are women (UNICEF and Ernst & Young 2010). The 13 Gabinetes to which UNICEF provided support as of 2011 responded to approximately 25,000 cases of violence against children and women, including neglect, trafficking, and sexual abuse and exploitation (UNICEF Mozambique 2011).

Although the GAMCs constitute a significant step toward victim protection, evidence of their effectiveness is mixed. Some reports indicate that insufficient resources compromise GAMCs'

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<sup>2</sup> For further information on the operational procedures for receiving, processing, and documenting cases, see UNICEF and Ernst & Young 2010. The Multisectoral Mechanism for Integrated Service for Women Victims of Violence (República da Moçambique 2012) also contains the MINT police service protocol that GAMCs utilize in providing services to women and child victims of violence (see Annex 2).

effectiveness: police officers are often without cars to transport victims to hospitals and often without the capacity to offer temporary shelter to victims at risk of assault, leading to frustration (Osório 2004). Lack of funds has also impeded efforts to conduct lectures in communities and schools on the rights of women and children (UNICEF and Ernst & Young 2010). When lodging a complaint, a victim must respond to one or more often duplicative questionnaires—from the police, prosecutors, experts, medical staff, defense lawyers, and judges—and the process is lengthy and stressful (UNICEF and Ernst & Young; Muzzi 2012). A new procedure under development, the *sala de entrevista única* (one-stop interview room) may improve this process for child victims of sexual abuse. In this room, statements are obtained from victims of violence, abuse and/or sexual exploitation on one occasion, by one person, in one place, with the aim of preventing victims' revictimization (Muzzi 2012). In 2011, UNICEF supported a three-month training course for medical students in forensic medicine and techniques for interviewing children (UNICEF Mozambique 2011).

Research published by Save the Children UK in 2007 revealed that although communities reacted positively to the GAMCs' establishment, the gabinetes were believed to be inconsistent in resolving cases fairly and as possibly corrupt (Van Deijk 2007)—perceptions that could discourage victims from seeking their services. MINT's 2009 (Strategic Plan for Institutional Development), based on analysis of the services provided to persons affected by domestic violence in about 212 Mozambican police stations, identifies the lack of intrasectoral coordination and insufficient training of the officers as problems for the prevention of violence, especially against women.

Despite the negative findings, this literature review identified limited documentation of positive assessments of the GAMCs as well: an evaluation of the GAMCs commissioned by UNICEF in 2010 reported substantial professionalism and confidentiality among GAMC officers and the seven victims interviewed for the evaluation reported positive experiences with services they received (UNICEF and Ernst & Young 2010).

The government of Mozambique and its partners have recognized the GAMCs' shortcomings. The Mecanismo Multissetorial de Atendimento Integrado à Mulher Vítima de Violência explicitly addresses the issue of insufficient resources and articulates commitment to supporting the functioning of the GAMC:

Operation of the Gabinetes should be considered in the state budget. This means that regardless of the funding provided by donors, the state must ensure that the objectives and plans of action... correspond to combating violence, especially domestic violence. Moreover, beyond the resources and materials needed for its operation, such as location, vehicles, computers, and consumables, Gabinetes must be staffed by trained human resources in each of the service areas listed above. (Républica de Moçambique 2012)

In 2011, UNICEF reported that over the past decade it had supported training of police—including new recruits, investigation police, and 400 specialized staff in police-station based violence victim support units—to respond to violence against children. In recent years, UNICEF has supported the creation of a chair on human rights at the Academia de Ciências Policiais (Police Academy; ACIPOL), where policing violence against women and children is taught to the 500 officers who graduate yearly. In 2011, the United Nations Gender Joint Programme partners—the United Nations Population Fund (UNFPA), the United Nations Development Programme (UNDP), and UNICEF—came together to ensure inclusion of two modules in their training curriculum of the

basic police school: first, a curriculum covering HIV and AIDS; and, second, response to violence against women and children, targeting an audience of 3,000 yearly junior recruits of the Matalane Practical Police School (UNICEF Mozambique 2011).

UNICEF also reported providing support—along with UN Women, UNDP, and UNFPA—to foster stronger collaboration between the ministries of justice and the interior to ensure free legal aid to victims of violence, especially women and children, at all GAMCs nationwide.

This support resulted in: a January 2011 child rights campaign that involved approximately 20,000 people in awareness raising sessions; a worker training on children and women's rights at the legal aid institute, IPAJ; and the equipping of all GAMCs with computers, office furniture, and motorcycles. The goal of this work is for IPAJ legal aid workers to provide free assistance to women and child victims of violence at police stations—that is, immediate legal support—and to “bridg[e] the gap between police and justice, ensuring effective access to justice” (UNICEF Mozambique 2011).

In addition to the GAMCs, approximately 230 Secções de Atendimento à Mulher e Crianças (Service Sections for Women and Children) are located throughout the country. The Secções are offices within police stations, district and provincial commands, and health units with one or two specialized police officers to deal with cases of abuse of women and children (Mariana Muzzi, email communication, December 19, 2012).

In 2011, the MINT's investigative police maintained a seven-member unit specializing in violence against women and children nationwide, which entailed handling trafficking cases. At the police training center, the government ran a two-week anti-trafficking course, attended by 1,500 newly recruited police officers, border guards, customs and immigration agents, and riot police. The training included instruction on recognizing trafficking cases and protecting victims and on children's rights, domestic abuse; and child custody law. A separate, NGO-funded training on identifying trafficking cases was conducted with a smaller group of customs, immigration, and border police agents (United States Department of State 2012).

### **Ministério da Mulher e da Acção Social**

The MMAS is responsible for coordinating the service provision for child victims of sexual violence and exploitation. However, in its situational assessment, AIDSTAR-One found MMAS has very limited human and financial capacity and resources to do so (Saini, Cumbe, and Levy 2013). The MMAS is also responsible for coordinating implementation and evaluation of the PNAC. The 2005–10 plan outlines a plan to create bodies charged with various aspects of PNAC implementation and monitoring—including a MMAS-led national council for children's affairs, technical committee, and technical secretariat (Ministério da Mulher e da Acção Social 2005). The MMAS has also played a role in supporting development of community-based structures that respond to Mozambican children's problems—among them, sexual violence and exploitation.

A number of national plans and laws related to child protection approved between 2005 and 2009 emphasize the role of family and community as primary providers of care and protection of

*“The Government of Mozambique does not fully comply with the minimum standards for the elimination of trafficking; however, it is making significant efforts to do so. In 2011, the government continued to increase its anti-trafficking law enforcement efforts, including more than doubling its number of trafficking prosecutions—totaling 11 new cases—and achieving seven convictions, some with significant prison sentences, under the 2008 anti-trafficking act.”*

*(United States Department of State 2012)*

children, particularly the most vulnerable; these plans and laws include the PNAC; the PACOV; the Lei Sobre o Tráfico de Pessoas, Especialmente Mulheres e Crianças (Law on Trafficking in Persons, Especially Women and Children); the Lei de Promoção e Protecção dos Direitos da Criança; and the Lei da Organização Tutelar de Menores (Law of Organization of Guardianship of Minors; Ministry of Women and Social Action 2010). Decree 11/2005, Regulation of the Law 8/2003-LOLE—specifically, article 110—recognizes Community Child Protection Committees (CCPCs), which mobilize community members, including children, to identify and address problems affecting children in and outside the community, as a way of organizing communities (see Section C.3, Community-Oriented Programs, page 27). However, precise mechanisms for establishing and managing these committees and protecting children are not built into this law. Advised to develop a reference guide for the establishment and management of Community Committees for the protection of children, a guide to be used by various actors at community level from the Núcleo Multissetorial de Coordenação para Crianças Órfãs e Vulneráveis (Multisectoral Coordinating Nuclei for Orphans and Vulnerable Children), the MMAS developed a document entitled “Reference Guide for Establishment and Management of the Community Committees for Child Protection,” in partnership with Save the Children. The guide seeks to “promote the role of community in identifying and finding solution[s] to the problems that vulnerable children face in their communities” (Ministry of Women and Social Action 2010). In May 2011, the MMAS conducted an advocacy event, Accelerating Prevention and Response to Violence against Children, which brought together more than 200 participants from civil society, United Nations agencies, and the donor community, with a goal of providing an update on the current situation and challenges regarding violence against children and seeking new partnerships. Five ministries (MMAS, MINT, MINED, MinJus, and MISAU) and the Mozambique judiciary were represented at highest level (i.e., at ministerial or vice-ministerial level). The event—the consummation of the joint multi-sectoral effort of these five ministries and the Supreme Court—led to the development of a five-year budget (2012–16) to accelerate prevention and response to violence against children, in the amount of more than USD 30 million (UNICEF Mozambique 2011).

### **Ministério da Justiça**

Via IPAJ, MinJus provides free legal aid to women victims of violence in need, with a focus on ensuring access at GAMCs (Répubblica de Moçambique 2012). In 2011, UN Women, UNDP, UNFPA, and UNICEF were supporting this effort. For example, during a child rights campaign, approximately 20,000 persons participated in awareness raising sessions; IPAJ workers were trained on children and women's rights; and all GAMCs were equipped with computers, office furniture, and motorcycles to support their collaboration with MinJus (UNICEF Mozambique 2011).

A report by Save the Children describes the reality of two distinct systems of norms to regulate the behavior of communities in Mozambique: customary rules and laws that local leaders have traditionally applied; and the official, national, legal and judicial framework. Typically, in a case of sexual abuse, the local leader brings together the families of the perpetrator and the victim in order to come to an agreement, which is usually the payment of a fine to the victim's family. Little attention is paid to the psychological impact of the abuse on the victim. In fact, when a girl becomes pregnant as a result of the abuse, it is expected that she will marry the perpetrator (Van Deijk 2007).

The existence of the two systems creates uncertainty as to where to report cases of child sexual abuse. Literature suggests the influence of the legal system is perceptibly stronger in district capitals. A girl's family may be more likely to seek redress through customary law when the abuser has high social and economic status, as the resolution may involve payment of a fine or, when a pregnancy

results from the abuser, the abuser will be forced to marry her—seen as a favorable outcome, given that few men would marry a young mother knowing that she has been sexually abused (Van Deijk UK 2007).

## **COMMUNITY-LEVEL RESPONSES: PERCEPTIONS AND PROGRAMS**

### **Sociocultural Norms and Practices**

A qualitative study conducted by Save the Children UK in Zambézia province's Morrumbala and Mopeia districts revealed that the perception of child sexual abuse in rural communities does not align with the CRC's definition of child sexual abuse and other international standards. Many community members considered the child victim to be at least partially responsible for various forms of sexual abuse, including incest. There is an acceptance of early marriage—bolstered by poverty and families' difficulties in paying for girl children—and the practice of bride price (Van Deijk 2007).

Factors that drive child prostitution cited by community members include the need for accommodation, food, pocket money, and clothing as well as the desire for higher school grades and commercial items. Adults had trouble seeing a child who has participated willingly in sexual relations and received something in return as a victim of child sexual abuse. The study also showed that community members' perceptions of sexual abuse in schools are heavily influenced by the high social status teachers have because of their relatively high and stable income and housing (Van Deijk 2007).

Study participants in Morrumbala and Mopeia districts described the main factors that impede reporting of cases of sexual abuse of children (Van Deijk 2007):

- *Perceived incompetence and corruption of those responsible for addressing reported cases—namely the police.* This was especially true when the accused perpetrator is wealthy.
- *Fear of retaliation by the abuser or his family.* That's especially the case in small communities where anonymity in reporting may not be possible and given the strong possibility that abusers will evade conviction and return to the same community. The specific types of feared consequences include violence, misfortune or illness due to witchcraft, and, when the abuser is a teacher, retaliation in the form of bad grades. Study participants also said that people consider the feelings of the abuser and his family when choosing whether to report sexual abuse, especially when incidents involve neighbors or other members of close-knit communities, or even family members (e.g., with incest, early marriage, or child prostitution that family members instigate or support).
- *Fear of loss of income among families who rely on income from a daughter's commercial sex work.* Such families may not want to report the sexual abuse of the child and may retaliate against others in the community who report it.
- *Fear of social stigma and rejection by the community.* Both the victim and her family may suffer stigmatization and prejudice, which can discourage children from informing their families of abuse and the families from taking action when they believe they risk compromising the girl's future even further. Reports from other sources indicate that children often don't receive services at the GAMCs, especially in cases when the violence is perpetrated within the family because the mother is ashamed and retracts the complaint (Rede da Criança 2009).

- *Community perceptions, including by local traditional leaders, that a girl who willingly “consents” to transactional sex is an “accomplice” and has no right to complain unless she suffers an unwanted consequence or the abuser fails to fulfill his side of the bargain.* Transactional sex without such consequences is not perceived as sexual abuse or exploitation and the power dynamics and coercion that enable the practice are not recognized.

### **Community-Oriented Programs**

CCPCs, whose development has been supported by MMAS, Save the Children, and other NGOs, aim to “mobilize community members, including children themselves, to identify the problems affecting children and their solutions within and outside the community.” The CCPCs work toward these aims in several ways:

- Developing measures of care and protection for children.
- Disseminating the Rights of the Child and related policies and plans.
- Coordinating and mobilizing resources for activities to support children.
- Supporting the monitoring of activities to protect children.
- Strengthening mechanisms for lodging complaints.
- Monitoring violence and sexual abuse of children.
- Building links among CCPCs, local leaders, NGOs, and government.
- Creating an open forum that includes children’s voices (Ministry of Women and Social Action 2010).

CCPCs include both adults and children. By 2011, UNICEF had equipped and trained a nationwide network of 860 community child protection committees to strengthen community-based case management of child abuse and other situations faced by children, such as neglect and child-headed households (UNICEF Mozambique 2011).

The literature suggests that CCPCs and other community organizations, such as Mozambique’s child parliament—created in 2000 to provide children with a platform to voice their problems to government, civil society, community leaders, and parents and to advocate for their rights and their participation in decisions affecting them—play a significant role in the response to sexual abuse of children in schools (McIvor 2007). School councils—comprising school board members, community leaders, parents, and a government representative (e.g., the local administrator or permanent secretary)—have the responsibility to respond to allegations of school sexual abuse. They are supposed to refer cases to the police if they conclude that the law has been violated and to report cases of abuse involving teachers to the MINED so that disciplinary action may be taken. Members of committees focused on orphans and vulnerable children (OVC) and the Child Parliament serve as intermediaries and discuss cases of sexual abuse or harassment by teachers with the CCPC director so the issue can then be brought to the school council. However, literature suggests that school authorities are often absent, uncooperative, and inaccessible to these children and that cases that the school council does review are often perceived as unsatisfactorily resolved—for example, teachers are transferred to new schools rather than punished (Van Deijk 2007).

International organizations such as UNICEF and Save the Children have led key programs that address child sexual abuse and exploitation in Mozambique for many years. For example, ActionAid

International, a U.S.-based nonprofit organization working internationally on issues of poverty and social justice, supported a campaign entitled "No to Sexual Abuse of Girls in Education," which aimed to reduce sexual abuse of minors. As part of the campaign, "Girls' Clubs" were established in schools and communities throughout Manica. The clubs work with local neighborhood watch groups to uncover cases of sexual abuse against children and to take them to the local authorities, namely GAMCs. The groups also hold debates and publicize laws relating to sexual abuse. Between 2006 and 2009, 30 clubs and neighborhood groups were established. Program staff from Levanta Mulher e Siga o seu Caminho (Rise Up, Women and Follow Your Path; LEMUSICA), which managed the campaign in Manica, reported that the number of rapes of girls declined during the campaign. Between 2006 and 2008, more than half the cases that came to light through Girls' Clubs and neighborhood watch groups involved teachers raping their students. A study in 2006 by the local Centro de Integridade Pública (Public Integrity Centre; CIP) revealed that sexual extortion was one of the main forms of corruption in Mozambique's education sector (Integrated Regional Information Networks Humanitarian News and Analysis 2009).

Save the Children UK has implemented an advocacy program focused on child protection issues in communities in Morrumbala and Mopeia districts of rural Zambézia. The program has supported development of Community Committees to enhance community commitment to eliminating child abuse. Theatre events, workshops, meetings, training, brochure distribution, and radio programs have all transmitted the message that child abuse is unacceptable and that Mozambique, having signed the Convention on the Rights of the Child, is committed to realizing a society free from harm for children. At one level, this program has been instrumental in providing information to communities about the rights of the child and the mechanisms available to report cases of abuse. Police, judiciary, teachers, and social welfare officers have also benefited from training and support to promote an environment that is more protective of children. However, it has become clear that the impact of these programs is limited (Ministério da Mulher e da Acção Social 2010; Van Deijk 2007).

### **Local Civil Society Mobilization around Child Protection and Child Rights**

The literature indicates that NGOs have played a central role in the response to violence against both women and children in Mozambique and in stimulating government action (Républica de Moçambique 2012, Osório 2004, Rede da Criança 2009, Fundação para o Desenvolvimento da Comunidade 2012, United States Department of State 2012). For example, the government's recognition and legislation of violence against women have been attributed in large part to the activities of several NGOs. Beginning in 1996, the "Todos Contra a Violência de Gênero" coalition (All against Gender Violenceç TCV), which joined many organizations working in this area, strove to raise awareness about the absence of a specific law on domestic violence against women in Mozambique. In connection with the TCV effort, civil society proposed a bill that was approved in 2009. Article 22, paragraph 2, of Law No. 29/2009, Law Regarding Domestic Violence Practiced against Women, states that "The female victim of domestic violence should be provided to urgent care or the police, sanitary and other, always protecting her privacy" (Républica de Moçambique 2012). The passage of the law is considered a key development in the Mozambican legal response to violence against women.

*[In 2011] government officials continued to rely on NGOs to provide shelter, counseling, food, and rehabilitation to [trafficking] victims. An NGO managed the country's only permanent shelter for child trafficking victims.*

*(United States Department of State 2012)*

Among key Mozambican civil society organizations that address sexual abuse of children are:

**Rede da Criança (Children’s Network)** is a network of 59 national and international organizations committed to the welfare of children living in difficult circumstances in Mozambique. Activities include coordination, public awareness, training, maintaining an information service, and networking. Rede da Criança has conducted several training workshops on various themes, including project management, elaboration of project proposals, monitoring and evaluation, project sustainability, and child psychology ([www.rededacrianca.org.mz/](http://www.rededacrianca.org.mz/); Rede da Criança 2009). Rede da Criança led a group of 67 NGOs in Mozambique in the development of the “Mozambique Civil Society Report on the Implementation of the Convention on the Rights of the Child,” which analyzes the status of children’s rights between 2002 and 2008 (Rede da Criança 2009).

**Rede Contra o Abuso de Menores (Network against Abuse of Minors; Rede CAME)** is a group of organizations dedicated to mobilizing forces and creating synergies in Mozambican society to fight against all forms of abuse of minors (Rede CAME 2012). Rede CAME’s work includes advocacy and lobbying; activities relating to information, education, and communication (IEC); establishment of networks at the provincial level; and child assistance. In March 2012, Rede CAME initiated the Mwana project, which aims to raise awareness of children's rights and child sexual abuse and violence and to improve access to preventive services and psychosocial rehabilitation for child victims of sexual abuse and their families in Mozambique. Rede CAME is partnering with Save the Children (Sweden, Norway, and UK), as well as with the Fundação para o Desenvolvimento da Comunidade (Foundation for Community Development; FDC), the Associação dos Defensores dos Direitos das Crianças (Defenders Association of Children's Rights; ADDC); and CERPIJ on this project (Fundação para o Desenvolvimento da Comunidade 2012).

**Mulher e Lei na África Austral (Women and Law in Southern Africa Research and Education Trust; WLSA)**, a regional NGO, conducts research on women's rights in seven southern African countries—Botswana, Lesotho, Malawi, Swaziland, Zambia, and Zimbabwe as well as Mozambique. WLSA Mozambique defines itself as a feminist organization with a vision of a more equal and socially just society and a commitment to defending human rights in general. WLSA’s aim is to contribute to building a world where people are not excluded based on gender, race, ethnicity or religion, and where all individuals have access to the enjoyment of their rights as citizens. The organization’s website, publications, and bulletin, *Outros Vozes*, contain analyses and research on gender inequality and other social and structural factors that underpin violence against women and children, and critical pieces on policies, legislation, and programs, such as the GAMCs (e.g., Arthur and Mejia 2005; *Mulher e Lei na África Austral* Mozambique).



# CONCLUSION

Triangulated data from multiple household surveys, police station-based services, and qualitative studies portray sexual abuse and exploitation of children as a significant health and human rights issue in Mozambique. The frequency of sexual abuse varies considerably by gender, location, and education level. Particular settings in which children may be at increased risk of sexual abuse highlighted in the literature include schools and communities where infrastructure projects are taking place. Child marriage is common in some groups, particularly in rural areas and among children of lower socioeconomic status. Children in urban areas are more likely to experience forced sex than those in rural areas. Mozambique faces many challenges in dealing effectively with sexual abuse and exploitation of children—both with the factors that create an enabling environment for abuse and with those that hinder an adequate response. Enabling factors include the existence of sociocultural norms that sanction violence against women and acceptance of child marriage in some groups. It is evident that poverty underpins many of the norms and practices that increase children’s vulnerability, such as child prostitution and migration of children and adults. Factors that have hindered the response at various levels include insufficient capacity in specialized expertise and monitoring of compliance with victim care protocols, insufficient financial resources for fully supporting programs such as the GAMCs, and insufficient human resource capacity to provide health services for victims that attend to physical, psychological, and social needs (République da Moçambique 2012; Jethá et al. 2011; Ministério da Saúde and UNICEF 2012; Osório 2004; UNICEF and Ernst & Young 2010). Lack of coordination among ministries—specifically around the issue of sexual abuse and exploitation of children—is another hindrance.

However, the development of the Mecanismo Multisectorial de Atendimento Integrado à Mulher Vítima de Violência may signify improved intersectoral coordination around the issue of violence against women—including minors—that may have positive implications for improved coordination of services geared toward children in future. The literature indicates that Mozambican civil society organizations and networks have been and continue to be a critical local resource for responding to sexual abuse and exploitation of children. Initiatives such as the GAMCs and the CERPIJ as well as some progress in law creation and enforcement with respect to rape (United Nations Economic Commission for Africa 2009) and trafficking (United States Department of State 2012) are also positive developments.

This review of literature on sexual violence against and exploitation of children in Mozambique revealed important areas of scant or nonexistent data and emerging areas to study resulting from the growth of new political and programmatic responses. These include:

- *Uptake of health, social, and legal services among victims of violence with respect to the introduction of the Mecanismo Multisectorial de Atendimento Integrado à Mulher Vítima de Violência.* This was in its pilot phase in the last quarter of 2012. Future program monitoring, evaluation, and research must examine the level of uptake of services throughout Mozambique according to the contextual factors that this review indicates to be particularly important in the Mozambican context, including gender, poverty, urban or rural location, and education.
- *Environments of elevated risk for sexual abuse and exploitation of children that are highlighted in the literature, such as schools and communities where infrastructure projects are taking place.* Mixed methods research is

needed to better understand the ways in which these environments create risk and how to respond politically and programmatically.

- *Extent of sexual violence against children under the age of 15.* There are critical deficiencies in the data on this group, especially in population-based surveys. Despite the fact that among 12- to 14-year-olds surveyed in the 2009 National Survey of Prevalence, Risk Behaviors, and Information about HIV and AIDS in Mozambique, 9.2 percent of girls and 15.3 percent of boys reported having had sexual relations, neither this survey nor any other measured experience of sexual abuse in this group.
- *Utilization and impact of social and legal services, such as the GAMCs.* Although limited data on use of services were available—for example, the numbers of cases reported to GAMCs—no data on cases' outcomes were identified. While some data reflected low levels of help-seeking among women and female adolescents after suffering sexual abuse in general, no data were available to help explain these low levels or the factors that increase likelihood of seeking services or other help.

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