

SAVE THE CHILDREN MOZAMBIQUE

**Education, Health and Nutrition, Child Protection, Child Rights
Governance, Child Poverty, Emergency Programming**



Save the Children was first established in 1919 to help children affected by the First World War. Today, we reach 50 million children in 120 countries around the world—including Mozambique. By 2030, we aim to inspire the following breakthroughs in the way the world treats children:

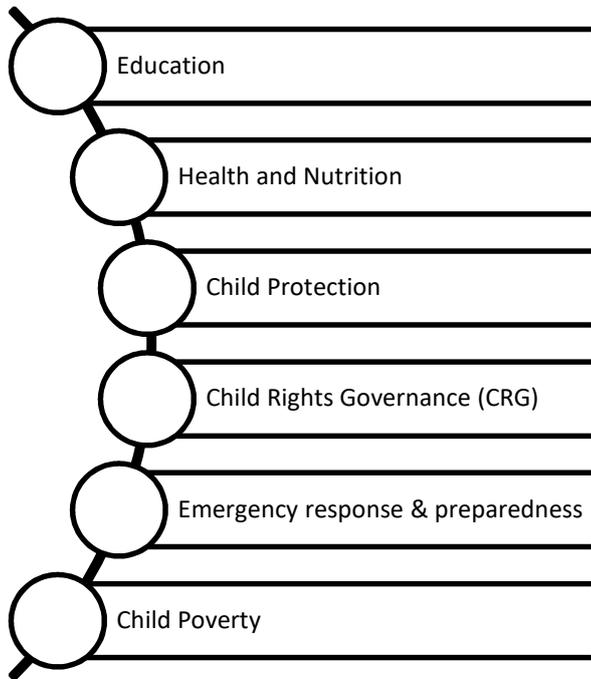
- **Survive:** No child dies from preventable causes before their fifth birthday.
- **Learn:** All children learn from a quality basic education.
- **Be Protected:** Violence against children is no longer tolerated.

We opened programmes in Mozambique in 1986 at the height of the Mozambican civil war. Our early work targeted children and their families in some of the most marginalized communities affected by the conflict. Today, **Save the Children Mozambique (SCIMOZ)** has a mixed development and



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humanitarian portfolio, and offices in six Provinces: Gaza, Manica, Maputo, Nampula, Tete, and Zambezia. 561 full-time staff work in close partnership with government ministries and civil society organisations at the national, provincial, district and community levels. In 2017, 1.6 million children (1,021,373 girls and 589,864 boys) and 2.9 million adults directly benefited from our activities. Indirectly, our activities reached more than seven million people.



Our current (2016-2018) strategy focuses on education, health and nutrition, child protection, child poverty, and child rights governance (CRG). In addition, SCIMOZ has long-standing experience in emergency programming, ranging from humanitarian assistance to preparedness activities. An overview of the activities we implement in each sector will be provided in later sections. Although we have sector-specific interventions, we ensure cross-thematic integration to the extent possible. To make schools a safe place for all children, for example, we combine education activities with child protection and disaster risk reduction (see section on the Safe Schools Approach). Likewise, CRG-elements feature in many of our projects to assure child participation and accountability to children.

As of June 2018, we are stewarding 26 active grants with a total life of award value of \$65,219,245. These awards are supported by: bilateral donors (e.g. USAID, DFID, NORAD, SIDA, ECHO, Global Affairs Canada, Italian Cooperation), multilateral donors such as the World Bank, foundations such as the Gates Foundation, and UN Agencies including UNICEF. Finally, we engage private donors for our sponsorship projects, mainly in the education sector. We work closely with authorities, local civil society organisations, as well as fellow international organizations with a presence in Mozambique. The table below shows examples of current and past **partners** (unless specified otherwise, collaborations are multi-sectoral):

Government	International organizations	Civil Society
Ministry of Education and Human Development (MINEDH)	Action Aid	Rede Da Criança (Children’s Network)
Ministry of Land, Environment and Rural Development (MITADER)	CARE (via COSACA)	Forum of National Organizations working on Child Rights (ROSC)
Ministry of Gender, Children and Social Action (MGCAS)	Clinton Health Access Initiative (health and nutrition)	Movement Education for All (MEPT)
Ministry of Justice, Constitutional and Religious Affairs (MIJACR)	GAIN (nutrition)	Forum of Organizations of People with Disabilities (FAMOD)
	Helen Keller International (agriculture and nutrition)	Forum of Community Radios (FORCOM)
	HelpAge (child poverty)	



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Ministry of Health (MISAU)	International Organization for Migration (IOM, protection)	Rede Hopem (gender)
Ministry of Agriculture and Food Security (MASA)	Jhpiego (health)	SUN Business Network (nutrition)
National Institute for the Management of Disasters (INGC)	John Snow, Inc. (JSI, health)	Jossoal (health)
National Institute for Social Action (INAS)	Oxfam (via COSACA)	Bvute Rufaro (CRG, nutrition)
Technical Secretariat for Food and Nutrition Security (SETSAN)	PATH (health)	Coalisao (health)
	Plan International	Clarisse Machanguana Foundation (health)
	UN Habitat (education)	Continental Services Mozambique
	UN Population Fund (UNFPA, health)	Organization for Community Development (OCSIDA)
<i>We collaborate with the above government partners at national, provincial, district, as well as community level whenever possible.</i>	UNICEF	Linha Fala Criança (telephone helpline for children)
	World Health Organization (WHO, health)	Rede CAME (Network Against Child Abuse)
	World Vision International	Forum Mulher (Women’s Forum)

In addition, SCIMOZ is a leading member of several multi-stakeholder groups and platforms, for example:

- National, provincial, and district **Child Protection Refrence groups**,
- **NAIMA+** Network of International NGOs working on Health and HIV/AIDS,
- African Climate Change Resilience Alliance (**ACCRA**),
- Alliance for Climate Smart Agriclutlure in Africa (**ACSAA**),
- **COSACA**, a consortium for emergency assistance and preparedness activities in Mozambique.

COSACA started in 2007, and is currently comprised of CARE International, Oxfam, and SCIMOZ.

We also participate in the Health Programme Group, in the Humanitarian Country Team, in relevant humanitarian Clusters (education, shelter, food security and livelihoods), and in the Cash Working Group.





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EDUCATION & LEARNING

Every child has a right to education as enshrined in international and national law. SCIMOZ programmes are committed to ensuring that all school-aged children enjoy that right. In 2017, our education activities supported 306 pre-schools and 572 primary schools. Our education programmes directly reached 330,000 people (including 144,254 girls and 153,607 boys). Indirectly, 1.2 million people benefited. In 2018, our education activities are targeting 78,155 pre-school and 248,722 primary-school children. As of June 2018, SCIMOZ has seven ongoing education projects focusing on early or basic education, girl's education, and inclusive education in Manica, Gaza, Tete, Nampula, Sofala and Zambézia. These projects are supported by DFID, NORAD, USDA, UNICEF, the World Bank, and private sponsors.

Our 2016-2018 education strategy focuses on two **goals**, which align with the government's priorities:

- **Early Childhood Education and Development (ECCD):** We help children develop foundational learning skills in the years leading up to school. Our goal is that by 2030, all children aged 0-6 have access to quality ECCD in Mozambique. For children aged 0-3, we encourage a healthy development with multi-sectoral efforts that tackle inequities for the most deprived. For children aged 4-6, we aim to increase access to quality pre-primary education and effective home and community-based services.
- **Basic Education:** Our goal is that by 2030, primary school completion rates and transition to secondary school have increased and learning outcomes improved by 50%. We are committed to ensuring that students complete each grade with the competencies foreseen in the curriculum. To achieve this, we support teacher training institutes and in-service training. To tackle common access and retention barriers, we prioritize **inclusive education** and **girls' education**.

Besides capacity building and service delivery, we **advocate** for improved quality of government education services and increased official education budgets. For our advocacy work, we build on good practices and evidence from our own interventions, and collaborate with local education actors. Our advocacy teamwork has been bearing fruit as evidenced by the following results: In 2017, MINEDH included the community action component of our Literacy Boost approach (see below) in the National Plan of Reading and Writing. At the same time, they recognized our evidence around producing education materials from local resources as a good practice, and selected SCIMOZ for leading the capacity building for ECCD-staff.

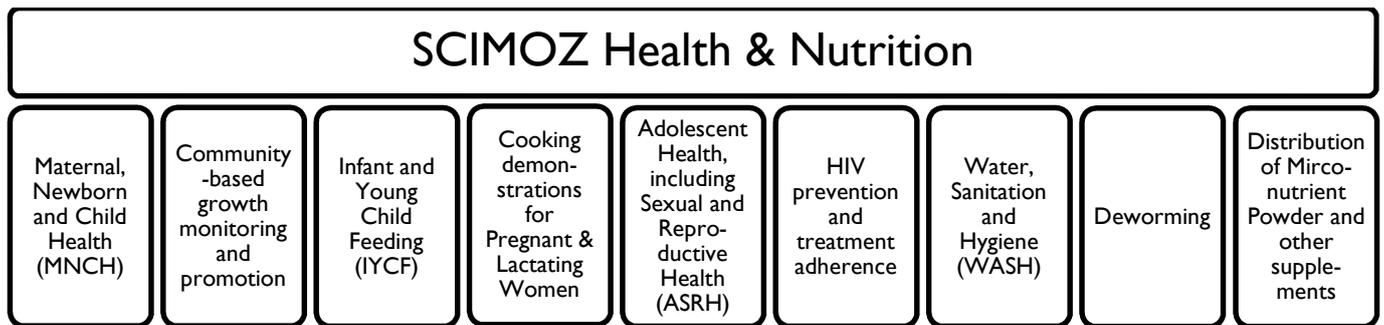
All education activities build on our global **Quality Learning Framework (QLF)**. The QLF describes our best understanding of what makes a quality basic education. It summarizes five foundations that support the wellbeing and learning of all children, and should be found at all schools: emotional/psychosocial and physical protection, teaching and learning, community and parent involvement, and school management. Due to our advocacy efforts, the QLF standards are now integrated in MINEDH's quality standards, and can be found in MINEDH's District Supervision Manual.



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HEALTH & NUTRITION

Needs assessments show that Mozambique has some of the world’s highest mortality rates for children <5 years, with 97 deaths per 1,000 births. 43% of children <5 years suffer from chronic malnutrition. An estimated 44% of girls are pregnant or mothers by the time they turn 17 years old. Thus, health and nutrition interventions are much needed. Under the umbrella of health and nutrition, we implement a range of activities and programmes:



In 2017, our health and nutrition activities reached 1.2 million children (816,570 girls and 396,488 boys) and 2,830,366 adults. Key achievements of 2017 included:

- Our **community nutrition programme in Nampula** significantly contributed to the reduction of chronic malnutrition in children <5 in 14 districts. Data generated at the monthly growth monitoring and promotion (GMP) sessions showed that out of 417,372 children who participated in the program, 89% gained weight and 8% maintained weight.
- Nationwide, 9,610 community volunteers and activists implemented intensive nutrition programmes. 200,499 children aged 6-24 months received Micronutrient Powder (MNP), while 312,732 children aged 6-59 months received Vitamin A, and 382,647 children aged 12-59 months received deworming medication. Our volunteers also conducted cooking demonstrations and home visits.
- In Gaza Province, our **El Niño Drought Response** supported 88,796 children (53,781 girls and 35,015 boys) with access to food, clean water, and referral to nutritional services. We assisted 41,554 households with integrated livelihood activities. Due to these interventions, Global Acute Malnutrition (GAM) rates of children aged 6-59 months remained below 10%.
- A total of 1,248,339 **pregnant and lactating women** and **adolescent girls** were reached with health education messages, including key Infant and Young Child Feeding (IYCF) behaviours and iron folate supplementation.

For 2030, we have set ourselves the following health and nutrition goals:

- Interventions with proven impact on the **reduction of newborn deaths**, including Helping Babies Breathe, Kangaroo Mother Care, exclusive breastfeeding, and chlorhexidine antiseptics, are scaled up by SCIMOZ and our partners.
- Families supported by our programs have the knowledge and skills to ensure that their **children <5 are well nourished**. Children at risk of malnutrition are identified early and referred to health facilities for therapeutic treatment. Children <2 receive MNPs supplementation.

- Children who live more than eight kilometres from a health facility receive quality diagnosis and curative services from SCIMOZ-supported **government community health workers**.
- Where possible, our activities promote **HIV prevention** and **treatment adherence**, with a focus on testing/treatment for pregnant women, and prevention of mother-to-child transmission.
- Women and adolescent girls in our project areas have the knowledge of and access to quality services that allow them to make informed decisions, and to take action regarding their **sexual and reproductive health**.

We achieve these goals by working at the national, provincial, district, health facility, and community level. To illustrate this, we will break down the activities of our **Maternal, Newborn and Child Health (MNCH)** programmes and our efforts to prevent child deaths:

- At the **national** level, we focus on advocacy and technical assistance for strengthening policies, protocols and tools based on evidence generated by SCIMOZ and our partners.
- At the **provincial** and **district** levels, we focus on strengthening MISAU-supervision visits of health facilities and community interventions. We provide training for the use and interpretation of data for planning, as well as financial and technical support for MNCH outreach campaigns.
- At the **health facility** level, SCIMOZ trains health care providers on basic emergency medical obstetric care and newborn resuscitation. We support the construction and upgrading of maternity wards, housing for nurses, and waiting houses for pregnant women. We also provide equipment for consultation rooms and maternity wards, and encourage the the establishment of co-management committees comprised of facility staff and community members.
- At the **community** level, we focus on establishing Community Health Committees to identify and plan interventions for key health concerns. We train volunteers, Traditional Birth Attendants, and Community Health Workers of MISAU in relevant technical areas, including Integrated Community Case Management (iCCM) for malaria, diarrhea and pneumonia in children <5. Finally, we promote family planning, and assist with the establishment of emergency transportation systems.





EMERGENCY PROGRAMMING

Our emergency programming ranges from immediate humanitarian assistance in the wake of disasters and outbreaks of violence to longer-term interventions that build preparedness for future shocks, thus reducing the need for humanitarian assistance. In 2017, SCIMOZ responded to two emergencies: **Cyclone DINEO** and the ongoing **El-Niño-induced drought** (see Health & Nutrition section). Under the umbrella of preparedness, we mainly implement disaster risk reduction (DRR) and climate change adaptation (CCA) activities. In 2017, we for example started working with INGC in Gaza Province to strengthen early warnings and response systems. The 18-month project is part of a larger COSACA intervention, and is funded by **ECHO** (EU). It targets 47,000 individuals. Increasingly, we are integrating our preparedness interventions into sectors such as child protection and education via an approach called **Safe Schools** (see Common Approaches section).



Child-Led Disaster Risk Reduction: As a child rights organisation, we can and do add value to risk-reduction processes by insisting on the consideration of the special needs of children. Our commitment goes beyond having adults recognise and respond to children’s specific vulnerabilities. We encourage the active participation of children as a part of what we call Child-Led Disaster Risk Reduction (CLDRR). CLDRR is a child-centred and community-based framework that allows children to play leading roles and

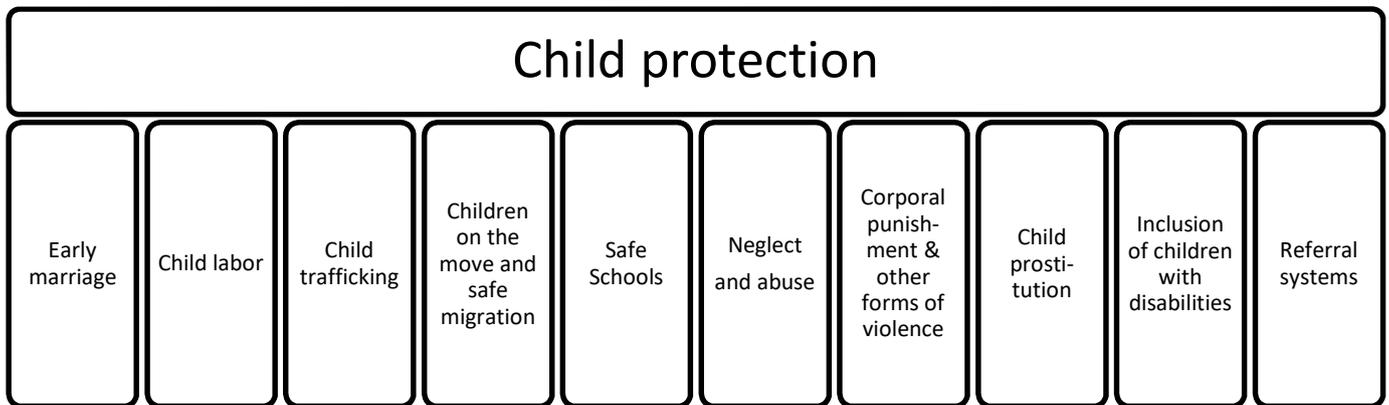


to help their communities minimise the negative impacts of disasters. As a part of this framework, children participate in the assessment, planning, implementation, monitoring and evaluation of DRR activities. However, the responsibility for preparedness remains with adult stakeholders and duty bearers.

Cash preparedness: In light of the Grand Bargain, cash is playing an increasingly prominent role in emergency interventions around the world. Our past emergency interventions revealed significant gaps when it comes to cash in Mozambique. We are currently working with the government, COSACA, and service providers to overcome these gaps, and to build capacity for **Cash in Envelopes** as well as **Mobile Money** interventions. In 2017, we conducted an internal capacity assessments based on the Cash Learning Partnership (CaLP)’s Organisational Cash Readiness Toolkit. Together with our partners, we also translated key literature about the impact of cash on relevant outcomes (including child outcomes) into Portuguese. This helped us to identify key areas for capacity development, and to address the governments’ concerns regarding cash. In spring 2018, we conducted six rapid marketplace assessments as well as feasibility studies, and started cash pilots in the most at risk districts.

CHILD PROTECTION

In 2017, our child protection work directly reached **34,706 children** (17,865 girls and 16,841 boys) and 17,613 adults (10,444 women and 7,169 men). Indirectly, 180,000 people benefited. Under the umbrella of child protection, we work on a broad range of issues:



For our child protection work, we closely collaborate with authorities, police, traditional leaders, fellow international and civil society organizations, and media. We regularly meet with our partners through the national, provincial and district **Child Protection Reference Groups**, which comprise institutions and organizations working on combatting all forms of child abuse, including child trafficking, in Mozambique. SCIMOZ has supported the Reference Groups to improve their coordination and to ensure rapid follow-up of reported abuse cases. At the community level, we work with **Child Protection Community Committees** (CPCC). In 2010, we partnered with MGCAS and fellow NGOs to produce a *Reference Guide for the Establishment and Management of the Community Committees for Child Protection*.



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In 2016, we started a programme to protect **children on the move** from violence, abuse, and exploitation that are often associated with irregular migration. Most of our activities focus on children in the trans-border provinces of Maputo, Manica and Tete, while capacity building and advocacy efforts take place at a national level. As a part of this project, we supported the establishment of the **cross-border coordination working group** which brings together child protection actors from Mozambique, South Africa, Zimbabwe, and Zambia. The group has strengthened bilateral cooperation, and has addressed 84 protection cases of children on the move as of December 2017. In the same timeframe, our teams equipped 4,233 children with the knowledge and access to protection information to ensure safe migration and return. Finally, we work with IOM to assist voluntary return according to approved guidelines. In 2017, 128 children were repatriated from Zimbabwe, 331 from South Africa, and 24 children from Zambia.

In June 2018, we published a research case-study documenting our decade-long, Norwegian-funded effort to generate the political will to protect children affected by **human trafficking**. The study shows how our investments have led to sustainable system change, and have had a direct impact on the lives of the children assisted. Our capacity building and advocacy has led to a significant increase in **anti-trafficking prosecutions**. Government-initiated investigations rose from 0 in 2008 to 95 in 2015. Two **reintegration centres** that were originally established by SCIMOZ are now operated and funded by the governments of Mozambique and South Africa respectively. The total capacity to counter human trafficking has increased, and voices are stronger—which has led to an improved ability to protect children from human trafficking.





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CHILD RIGHTS GOVERNANCE (CRG)

CRG plays a key role in realising our learning, survival and protection breakthroughs. Our CRG work combines service delivery to promote the realization of child rights and child participation, and advocacy activities to hold duty bearers to account. In 2017, our CRG-work directly reached 12,495 children and 3,157 adults. At the national level, we for example organized a face-to-face meeting between children and **National Association of Municipalities**, which resulted in 22 recommendations on how municipalities should invest in children. We also supported the drafting of a civil society report on the child rights situation in Mozambique.

In August 2017, SCIMOZ supported the sixth National Session of the Mozambican **Child Parliament**. This session was attended by 250 children (150 girls and 100 boys) from eleven provinces. In its final recommendations, the Child Parliament requested the government to reinforce actions that prevent child labour. Subsequently, the Young Members of Parliament (Young MPs) successfully advocated for the government to take up this request. In October 2017, the Council of Ministers approved a List of Dangerous Work for Children in Mozambique.

At the provincial and district level, our CRG work aims to boost child participation and promote birth registration—as illustrated by these two examples:

Supporting children to influence decision-makers: As a part of our NORAD-funded work in Manica Province, we joined our partners to strengthen exchanges between children and decision makers. With our support, Young MPs of the districts of Tambara and Guro **met all district government departments** twice in 2017 to express their concerns. They also participated in the district planning process. As a result of their interactions, the District Government provided parents and children with detailed information about school budgets, and the District Education Services improved the provision of school material as demanded by children. Meanwhile, in Machaze District, the project supported Young MPs to organize eight **public radio debates** on child rights, which directly reached 11,992 children over the course of 2017. Following the debates, children and community organizations have started to increasingly report child rights violations to the relevant authorities.

Birth registration: To monitor children's rights and to give children the possibility to demand the realization of their rights, it is essential that all children are registered at birth. Birth-registration is key for performing basic public and private functions such as obtaining an identity card or accessing social services. In May 2017, SCIMOZ started implementing a project called **Sensitization for adherence to the Electronic Civil Registry and Vital Statistics in Mozambique (eCRVS)** with funding from Global Affairs Canada and support from UNICEF. The project aims to increase public awareness of the importance of birth registration in five provinces (Maputo City, Maputo Province, Gaza, Nampula, Zambezia). To start with, SCIMOZ conducted a detailed study to understand the obstacles that stop parents from registering their children. Currently, we are disseminating messages about registration using

a wide range of tools such as theatres, marches, home-visits, and roadshows. As of June 2018, eCRVS has supported the registration of 17,859 children (8,279 boys and 9,580 girls).

In 2018, our CRG work is focusing on the following areas:

- Ensure that children have their birth registered, and that children are engaged in public planning as well as decision-making processes at the national, provincial, district and community level.
- Promote the development of child-centered social accountability to improve equitable access to good quality education, health and protection services (see Common Approaches section below).
- Advocate for the government to implement the Action Plan that accompanied the List of Dangerous Work for Children, and to sign the Third Optional Protocol of the UN Conventions on the Rights of the Child; continue our campaigns for the increased availability and accessibility of essential social services delivering child rights.



CHILD POVERTY

Our child poverty work involves building **assets**, **skills** and **resilience**, improving **risk management**, and strengthening **social protection**. Where **social protection** interventions are deemed the most appropriate strategy and are not provided by the government, we build the capacity of partners to implement social protection, and engage the private sector for support. We focus on supporting households headed by women, elderly or children as these are typically the most vulnerable. Most of our child poverty interventions are implemented in collaboration with COSACA.

In 2017, we implemented four projects with stand-alone child poverty components. These projects reached 75,047 children (44,615 girls and 30,432 boys) and 56,832 adults. Here are three examples of ongoing projects that integrate child poverty activities:



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- **Linking Agribusiness and Nutrition (LAN):** a nutrition project aiming to break the vicious cycle of child poverty by supporting 150,000 women of reproductive age, adolescent girls, and children aged 0-59 months to improve their nutritional status. It combines nutrition, WASH, social and behavior change communication, nutrition-sensitive agriculture, and gender transformative dialogues.
- **Successful Transition and Advancement of Rights for Girls (STAR-G):** an education project that tackles child poverty by equipping marginalized girls with the skills to improve their lives. Since April 2017, our STAR-G teams and partners in Gaza, Manica and Tete have been equipping girls with functional literacy and numeracy skills, and supported them in transitioning to secondary school.
- **Lean Season Recovery** is the second phase of our emergency response to the El-Nino-induced drought. It supports 27,556 households across five provinces, and is an example of our child poverty work implemented in collaboration with COSACA.

By 2030, we have committed ourselves to achieving the following child poverty goals in Mozambique:

- Support partners to scale-up **Village Saving and Loans Associations** and **Labor Support Groups**. This will help grow the assets of vulnerable families, thus improving health, nutrition and education outcomes, and reducing risks of child labor, exploitation and abuse.
- Develop and test a **youth savings model** to build the financial management skills of adolescent girls and boys, in combination with the development of **life-skills** and career mentorship. For this, we build on Save the Children's global experience with the MasterCard-funded [YouthSave approach](#).
- Advocate to make sure that twelve **district development plans** include appropriate targets and strategies for addressing child poverty and for building the resilience of vulnerable households.



OUR COMMON APPROACHES AND TOOLKITS:

Over the years, Save the Children has developed common approaches to address problems that children face around the world. Each common approach represents our best understanding of what works and results in lasting change for children, and provides tools to guide our activities. We regularly share lessons learnt from these common approaches with the government, and organize trainings for our staff and partners. Here are some examples of approaches that have been adopted or are being piloted by SCIMOZ:



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Safe Schools combines education, child protection, and DRR. It integrates interventions that address different threats into a single approach that aims to keep children safe in and around schools:

- **Schools as Zones of Peace** supports children facing disruptions in education due to attacks on schools, arrests, forced recruitment or the use of classrooms for military purposes.
- **Violence Free Schools** supports schools to prevent and respond to physical, psychological or sexual violence involving teachers and students. We for example strengthen the capacity of children, teachers, community leaders, school councils and CPCCs to provide protection, and to identify or refer abuse cases. Our goal is that by 2030, girls and boys at all SCIMOZ-supported schools have access to child-friendly complaint and response mechanisms, and are protected from physical punishment.
- **Comprehensive School Safety (CSS)** provides an approach to reduce risks from all hazards, including disasters. To operationalize the CSS, SCIMOZ teamed up with MINEDH, UN-Habitat and UNICEF to produce a guide about risk-reduction in a school context. The guide explains the structure and functions of school-based risk-reduction clubs. It outlines activities and infrastructural measures to make schools safe together with children, and summarizes the basics of first aid. We are currently testing the guide as a part of our ECHO-funded DRR project in Gaza Province.

Literacy Boost (LB) helps primary school children learn to read and write by training teachers, parents and community members to support them in and out of the classroom. It promotes six core skills: alphabet, vocabulary, phonological awareness, writing, fluency, and comprehension. In Mozambique, we started rolling out LB to combat the chronic problem of low learning quality in primary education. Between 2008-2011, 78 teachers, 10 school boards, and 4800 children benefited from our first LB-intervention in Gaza Province. The program provided teacher training, community mobilization, reading promotion and support for the creation of learning materials. Comparisons of LB-schools and other schools in Gaza found that LB had a school-wide impact on improving the attendance/retention of boys and especially girls. LB-students in all grades performed better than non-LB peers when tested for letters, and when asked to rhyme eight words on demand, to read 40 words per minute, and to write a dictated sentence. These findings encouraged us to bring LB to all of our project areas.

Us and Our First Baby: To meet the **reproductive, maternal and neonatal health (RMNH)** needs of FT/YP, SCIMOZ has developed an approach called *Nos e Nosso Primeiro Bebe – Us and Our First Baby* as a part of an USAID-funded Maternal Child Survival Programme. *Us and Our First Baby* is a small group, couples-based approach to improve maternal and neonatal outcomes of pregnant and parenting adolescents. As a part of *Us and Our First Baby*, we train Community Health Workers and equip them to deliver three different counselling modules. The first module looks at pre-delivery milestones such as HIV testing and healthy baby growth, and encourages fathers' active involvement. The second module covers the delivery itself and looks at how to take care of a newborn baby. The third module addresses family planning, sexually-transmitted diseases, and gender-based violence. All sessions look at first-time parenting with a gender-lens to address gender norms, increase male involvement and encourage couples communication. Since the launch in 2017, **344 adolescents**—229 girls and 115 boys—have benefited from the approach and attended nine or more accompanying counselling sessions in Nampula and Sofala.



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Child Rights Reporting (CRR) is a common approach that promotes child-informed reporting and advocacy. To operationalize CRR in Mozambique, we closely work with children and partners such as Rede da Criança, ROSC, and Linha Fala Criança. Together, we document and report violations of children's rights when Mozambique is reviewed in three international reporting systems: the UN Convention of the Rights of the Child (UNCRC), the Universal Periodic Review (UPR), and the African Charter of the Rights and Welfare of the Child (ACRWC). We raise awareness of the review, discuss children's issues, and shape the national child rights advocacy agenda. We support children to collect data, and create child-informed supplements to the state reports. Thus, we ensure that children's voices heard. CRR has repeatedly served as a catalyst for strengthening local child rights coalitions.

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