

## Country Programme Performance Summary

A. Country Information		
Country name: Mozambique		
Category per decision 2013/31:	Current programme period: 2012-2016	Cycle of assistance: 8th

### B. Country Programme Outputs Achievement *(please complete for all your CP outputs)*

#### Output 1: Increased political support for legislation and policy for realization of human rights of youth and women

Indicators	Baseline	Target	End-line data
• % of budget for National Youth Programme funded by State budget/Common fund.	5% (2010)	40%	35% (2015)

#### Key Achievements

- The National Youth Policy conforming to the requirements of the 2006 African Youth Charter, was approved by the National Assembly in 2013 and was followed by the preparation and approval of the 2015-18 *Geração Biz* Programme Strategic Plan, the Adolescent and Youth National Sexual and Reproductive Health with technical advice from UNFPA to the Ministry of Youth and Sports. The consistent UNFPA support, over the last four years (2012-2016), resulted in an increase of State Budget allocation to National Youth Programme by 35%, an increment of adolescent boys and girls tested for HIV in youth friendly services by 41%.
- Additionally, the Penal Code, which grants equal rights to men and women and right for abortion, was revised in 2014, for the first time since the independence. It also established the minimum age for legal union at 18 years old, addresses gender based violence, and female mutilation. Discriminative provisions against rights of LGBT have been removed, as well.
- A costed National Strategy to Prevent and Eliminate Early Marriage was approved in 2015 and a National Action Plan was developed. According to the 2011 DHS, 56% of women aged 20-24 were married by the age of 18 in rural areas, 36% in the cities.
- A gender strategy for emergency response to provide guidance and orientation in emergency settings was approved.
- With support of UNFPA, the Comprehensive Sexuality Education curriculum for primary schools was developed and its roll-out at national and provincial levels is in progress.
- The first Universal Periodic Review assessed the Republic of Mozambique in February 2011, the government accepted 161 recommendations out of 169 in total and developed a national action plan for the implementation of such recommendations. In 2013, the mid-term review reported that Mozambique has been implementing 50% of activities in the action plan for UPR recommendations. Currently, over 90% of the national action plan has been implemented, with the remaining in progress. UNFPA has provided training and advocacy on the UPR process with youth associations and the Parliament

#### Output 2: Increased effectiveness of the national systems to mainstream gender

Indicators	Baseline	Target	End-line data
• Number of networks of services for survivors of gender-based violence using common registration system.	0 (2011)	5	5

### **Key Achievements**

- Increase in the number of Gender Focal Points at central and provincial levels and 57% of the Sectors having integrated Gender, Sexual Reproductive Health, and Human Rights into their sectoral Economic and Social Plans have improved the national gender frameworks.
- A Strategy for the implementation of an Integrated Multisectoral Mechanism to assist women's victims of violence was developed and 12 integrated service centers were established with technical support of UNFPA. It is estimated that over 500 women have received integrated services till now. The Minimum Initial Package for SRH, was also used to train the health providers in target provinces. Male and female community leaders trained on GBV prevention in resettlement centers are expected to social mobilization within the community.
- The National Strategy to Prevent and Eliminate Early Marriage with an Action Plan was approved as a result of UNFPA's contributions to advocacy and technical assistance. The National Strategy for Fistula Treatment and Prevention was also approved and its action plan addressing re-integration of the number of women survivors through "income generation" follow up program was developed with UNFPA support.

### **Output 3: Improved availability, analysis and use of disaggregated data for development planning, particularly for reducing disparities**

<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>End-line data</b>
• Number of provinces and districts with functional Integrated Management Information System	<i>0; 0 (2012)</i>	<i>11;22</i>	<i>3; 0</i>

### **Key Achievements**

- Improved user access through establishment of 2 web-based data platforms - Integrated Management Information System (IMIS) and Territorial statistics.
- A series of thematic analyses based on Census 2007 on population dynamics, gender, employment and youth ,such as the gender statistics annual brochure "Women and Men" Statistics and Social Indicators (2013); Social and demographic atlas (2015) and Employment report (2015), has improved data availability.
- In line with the national plan on the Census 2017, UNFPA supported development of a national project document for Census 2017 , has supported on-going cartography update, including training of 240 census cartographers and encoders.
- Data management system of the National Statistics Instruction was enhanced through increased use of statistics software, such as STATA, and SPSS, by 15 demographers, statistics technicians and geographers. These have improved the quality of the design, data collection and analysis of DHS 2011, Malaria and HIV survey 2015, and Household Expenditure Survey in 2014.

**Output 4: Enhanced political and social environment for sexual and reproductive health including HIV prevention**

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> <li>% of contraceptive needs financed by State Budget/Common Fund. Baseline: 0% (2010);Target: 5% (2016)</li> </ul>	0% (2010)	5%	0%

**Key Achievements**

UNFPA has positioned itself as a critical partner in creating an enabling environment for SRH and rights with a particular focus on FP:

- SRH has been defined as a top priority in the Health PESS 2014-2019 and it is well addressed in the UNDAF 2017-2020
- Government FP 2020 commitments to adopt the community based family planning and to allocate state budget for procurement of contraceptives were recognized as key achievements owing to UNFPA advocacy. These commitments were reaffirmed in the Health Sector Strategic Plan 2014-2019.
- The range of method mix for family planning is increased by the introduction of new methods, Sayana Press and emergency contraception, in Mozambique.
- The Postpartum Hemorrhage Prevention Strategy has been rolled out at community level with technical support of UNFPA. Post partum hemorrhage is the leading cause of maternal deaths in Mozambique and therefore, this intervention will save many women' lives.
- UNFPA had introduced the misoprostol in Mozambique and 570 Traditional Birth Attendants (TBAs) have been trained in the provision of misoprostol in the context of the Post- Partum Hemorrhage prevention and safe delivery.
- Approval of the integrated approach in SRH services by the Ministry of Health
- UNFPA has generated critical data and in-depth analyses that contribute to evidence-based policy making: six consecutive RHCS annual surveys, 2012 national Emergency Obstetric Care Assessment, Cost and Benefit analyses of increasing contraceptive prevalence rate, midwifery workforce assessment, generation of evidence for demand creation on institutional deliveries (non-monetary incentives and waiting homes for pregnant women)
- MDSR system was developed with UNFPA technical assistance
- Approval of Acceleration Plan for HIV Response 2013 – 2015
- UNFPA has facilitated number of discussions and events to advocate for increase uptake of family planning, reduce adolescents pregnancies etc. : 1) National Workshop Family Planning under the theme “Pregnancy by choice not by change” with the participation of key line ministries, national partnership to promote mother and child health, religious leaders, etc., 2) Youth seminar in “Life and Family planning”, 3)a series of sensitization meetings with national organizations to promote civil society engagement and prevention of obstetric fistula as well as public awareness building ; 4) a number of media trainings on human rights based coverage of sexual and reproductive health 5) trainings of parliamentary members on MDG 5 and ICPD

**Output 5: Increased access to quality, integrated and gender sensitive sexual reproductive health services from primary level to the referral health facilities**

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> <li>Institutional delivery coverage</li> </ul>	63,8% (2012)	73%	74%

### **Key Achievements**

- More than 300 MCH nurses trained in emergency obstetric and newborn care and 57 maternal and child health nurses (medium level) graduated thanks to UNFPA support
- Since 2012, 1737 patients have been treated in Mozambique which shows a positive trend in fistula treatment. Key equipment for the provision of quality SRH services was procured including fistula kits and ambulances to improve the referral system. Since the approval of the first national fistula prevention and treatment strategy in 2012, UNFPA has supported Mozambique in implementing all four pillars of the National Strategy by providing holistic support to the National Obstetric Fistula Programme, through policy advice and procurement of fistula kits. UNFPA invested in capacity building of civil society partners to promote public awareness and social-reintegration of the fistula survivors.
- 34,113 sex workers reached through community events and face to face peer education sessions and 1,913 sex workers have been attended at night clinics supported by UNFPA.
- New Maternal Child Health registers (Antenatal care, Postnatal, Family Planning and Child at Risk Care) is in place with technical assistance of UNFPA.

**Output 6: Increased demand for, and, utilization of quality sexual and reproductive health services, focusing on family planning, at the community level**

Indicators	Baseline	Target	End-line data
• % of new users for modern family planning methods	12% (2008)	29%	34%

**Key Achievements**

- 3,242,272 of new users in family planning methods were reported between 2012-2015. Training of health providers to meet the demand for long acting methods was expanded: at least 756 health providers were trained in FP techniques focusing on long acting methods through UNFPA direct support. More than 200 activists were trained in community based family planning.
- The family planning 2020 indicator estimates a 24.2 percent contraceptive prevalence rate in 2015 for all women from 12.1 per cent in 2011: Mozambique shows a trend of continued growth (average annual percentage increase of 1.3% growth)
- UNFPA provided substantive technical support to the RHCS Task-Force in terms of capacity development, planning, procurement and distribution of commodities, mainly contraceptives (including condoms) but also other commodities such as misoprostol.
- Improved availability of contraceptives at the health facilities from 2011 to 2015: % of health facilities with no stock outs by method at the time of the survey: male condoms from 92% to 88% , female condoms from 49% to 54%, oral contraceptives from 88% to 95%, injectables from 85% to 92%, IUD from 64% to 82% and implant from 0% (was introduced in 2012) to 81%.
- UNFPA has procured between 2012-2015, about 58.4% of the needs: almost 5 million female condoms, more than 100 million male condoms, 7.6 million of oral cycles, 80,000 IUDs and 60,000 implants, 4.5 million of injectable and 201,600 of emergency contraception
- The community health workers curricula was revised and incorporates the family planning provision component as a result of UNFPA’s advocacy, south-south collaboration and technical support.
- Development of Option B+ Communication Strategy by collaborating in the development of messages, communication tools related to the importance of sexual and reproductive health for HIV positive women in ART age sensitive
- Development of a Social and Behavioral Change Communication Strategy and Plan in Cabo Delgado province.

**Output 7: Reduced vulnerability and risk of girls and youth to HIV-infection**

Indicators	Baseline	Target	End-line data
• % of adolescent boys and girls tested for HIV in youth health centers. Baseline: 22% (2010) Target: boys 60%, girls 60% (2016).	22% (2010)	60%	63%

**Key Achievements**

Results from 2012 to 2015 show a positive trend of girls and boys accessing youth friendly services as below

- Number of HIV testing of girls and boys from 87,854 in 2012 to 1,196,707 in 2015 (of which 68,6% were girls) has been greatly increased.
- Participation of girls in first time family planning consultation has increased from 136,301 in 2012 up to 279,619 in 2015.
- National Guidelines on Integration of Family Planning in other services, including HIV services was approved in 2015 with advocacy of UNFPA.
- Guidelines for Implementation of Youth Friendly Service was developed in 2015
- SAAJ (Servicos Amigaveis do Adolescente e Jovem – Youth Friendly Service Center ) was reactivated as a strategy for ASRH .
- AIDS Strategic Plan 2015 – 2019 was approved in 2015
- The 1<sup>a</sup> phase of Condom Operational Action Plan was developed.

<b>Output 8: Increased empowerment of women in rural areas</b>					
<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>End-line data</b>		
<ul style="list-style-type: none"> <li>Number of women smallholders obtained land registration through support of women's organizations</li> </ul>	<i>52 (2010)</i>	<i>800</i>	<i>2000</i>		
<p><b>Key Achievements</b>  UNFPA initially directly supported the NGO for this activity. The alignment with the 2014-2017 UNFPA Strategic Plan has led the CO to reallocate from 2014 resources to other activities. Nevertheless, the NGO in charge, through other funding sources, kept on advocating for the issue and achieve the good results reflected by the indicator at community level, exceeding the target by 150%.</p>					
<b>Output 9: Income generation included in multi-sectoral approach to youth</b>					
<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>End-line data</b>		
<ul style="list-style-type: none"> <li>% of youth associations implementing Youth Program with access to vocational training</li> </ul>	<i>0% (2011)</i>	<i>50%</i>	<i>100%</i>		
<p><b>Key Achievements</b>  Approximately 448 Youth Associations and Community Based Organizations, under the Coalizão network, have access to vocational training through the Government system (Investment Fund for Youth Development and National Institute for Vocational and Professional Training) and Civil Society initiatives.</p>					
<b>Output 10: Gender-sensitive contingency plans for emergencies developed</b>					
<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>End-line data</b>		
<ul style="list-style-type: none"> <li>Number of national sector contingency plans that integrate gender</li> </ul>	<i>2</i>	<i>5</i>	<i>5</i>		
<p><b>Key Achievements</b>  UNFPA technically supported number of key ministries, such as health, Gender &amp; Social Protection, Agriculture &amp; Food, Environment and Disaster Management, to develop <b>gender sensitive prevention and preparedness plans</b> based upon annual climate forecasts and scenario building.</p> <p>In partnership with the government and civil society organizations, during the floods in Zambezia province in 2015, UNFPA provided a) gender based violence prevention and victim support services; b) dignity kits and reproductive health kits to 15,000 people who were displaced; c) HIV prevention services targeting youth and adolescents at the camp sites; and d) SRH training of community leaders in affected areas.</p>					
<b>C. National Progress on Strategic Plan Outcomes<sup>1</sup></b>	<b>Start value</b>	<b>Year</b>	<b>End value</b>	<b>Year</b>	<b>Comments</b>
<p><b>Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access</b></p>					

<sup>1</sup> The format is aligned to the UNFPA Strategic Plan outcomes, 2014-2017.

Percentage of service delivery points in the country have seven life-saving maternal/reproductive health medicines from the WHO priority list	84	2012	84	2015	The levels of availability have not improved and more efforts should be made to reach a level of 100%
Contraceptive prevalence rate (total)	11.3 (married women or in union)	2011	24.2	2015	2015 are FP2020 estimates and show that Mozambique reports a continued growth with an average annual percentage point growth of 1.3%. however, to reach the 2020 (34%) target an 2% annual percentage growth would be required.
Proportion of demand for contraception satisfied (total)	29	2011	44.2	2015	As a result of the demand creation interventions, the demand has increased but for several reasons women still do not have their needs satisfied
Percentage of service delivery points in the country have no stock-out of contraceptives in the last six months	22	2013	31	2014	
Percentage of live births in the country are attended by skilled health personnel	47.7	2003	54.3	2011	Gradual improvement has been reported although regional disparity of distribution of skilled birth attendants should be addressed

Number of adopted and implemented protocols for family planning services in the country that meet human rights standards including freedom from discrimination, coercion and violence	N/A	2010	3	2015	The FP acceleration plan, the FP consultation norms, emergency contraception norms meeting human rights standards have been developed during 2012-2015 period
Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male)	23,3 % Men 30,6% Women	2011	Next DHS is planned in 2018; IMASIDA 2015 results should be available before end 2016		
Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?	0%	2012	0%	2015	Revenue budget was allocated in 2015 but was not executed during the financial year.

## **Summary of National Progress**

*Mozambique is facing a critical challenge in the health sector because of a high burden of disease and a weak health system. In the Health Sector Strategic Plan, challenges include: accelerating progress in the reduction of maternal and neonatal mortality and morbidity, reducing the burden of endemic diseases, namely, malaria, HIV, TB and NTDs, and containing or reducing the progressing trend in NCDs and injuries. Access to antenatal care, low contraception use and access, and gender power dynamics influencing a woman's health seeking behavior are also of concern. Communicable diseases such as HIV, TB, malaria, and cholera are significant challenges for the health system and occur at some of the highest rates in the world (HIV and TB). Many of the challenges faced in health are due to lack of human resources, weak health system that does not have a strong link with the community, health financing which is overwhelmingly supported by international donors, as well as social-cultural factors such as health knowledge, poverty, and inequalities such as gender.*

*The high rates of maternal mortality and morbidity appear to be associated with the low demand for and use of maternal and sexual and reproductive health services. Access to health services is one of the major problems women face: 52.5% of women referred to the distance to the nearest health facility as the major contributing factor to poor access to health services (DHS, 2011). Insufficient and unequal distribution of the midwifery workforce as well as limited number of human resources competent and enabled to provide quality care limits the health systems capacity to provide quality SRH services. According to the 2014 State of the World's Midwifery Report 2014, the available workforce to cover reproductive, maternal and newborn needs is 17% (workforce available/workforce time needed for the 46 essential interventions for RMNH) among the lowest in the region. In fact, there is a shortage of health staff in general with an estimated doctor-patient ratio of 1:12,80012. The government has been responding to these health challenges by focusing on the creation of strategic plans that at times include a multi-sectorial approach along with initiatives such as task-shifting and scale-up of proven interventions. For the future, addressing the health infrastructure including human resources and availability and quality of services as well as the social determinates of health are key areas to address to strengthen the Mozambican health system and ensure adequate access to life saving interventions.*

### **UNFPA's Contributions**

**See detailed outputs in sections 4, 5 and 6**

### **Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health**

Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male)	50.1 (women) 77.2 (men)	2011	50.1 (women) 77.2 (men)	2016	Next DHS is planned in 2018; IMASIDA 2015 results should be available before end 2016
--	-------------------------------	------	----------------------------------	------	---

Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?					National policy framework - the National Health strategy, the national strategy for family planning, and the National Youth policy –is conducive to adolescents’ access to sexual and reproductive health services. The Adolescent Health Strategy is being developed in 2016
	Accelerated Plan for HIV	2011	PEN IV (HIV) Accelerated Operational Plan of FP	2015 2014	
	Family Planning Strategy	2010	National Youth Policy	2013	
			Child Marriage Strategy	2015	

### **Summary of National Progress**

*Government of Mozambique (GoM) has developed several programs and policy platforms to foster youth participation in local and national politics. Already mentioned the **Youth National Policy (NYP)**, with the main goal to increase youth participation in the process of economic, social, cultural and sports development. It also aimed at creating government and civil society capacity to address the issues of youth development; the **Adolescent and Youth National Sexual and Reproductive Health, a Costed National Strategy for Prevention and Elimination of Early Marriage** and the **Comprehensive Sexuality Education** curriculum under development have been accompanied by other specific instruments and structures to promote policy and strategic implementation, that include the following: The **Youth Integral Development Strategy (YIDS)** to facilitate youth participation in decision-making processes and socio-economic development programs at all levels, with an emphasis on female youth; the **National Youth Council (Conselho Nacional da Juventude, CNJ)** coordinates various youth organizations and serves as an intermediary between youth and government and as part of the civil society, non-governmental organizations (NGOs) also invest in youth capacity in local and national political processes, the **Youth Parliament (Parlamento Juvenil, PJ)** an independent and inclusive youth platform to champion the rights and priorities of youth, including space in decision-making processes and opportunities to contribute directly to the priorities of national political, economic and social development without having to be part of any political party structure; the **Child Parliament**, for adolescents and youth up to 18 years dialogue to promote participation in the national development process by raising awareness of members of the Government, the Parliament, the organs of administration of justice and civil society. In parallel other platforms also combined SRHR efforts (Coalizão). Although there are youth platforms such as CNJ and PJ, youth participation in political processes is generally weak and still occurs largely through political parties. Yet, youth are still not part of the core agenda of most political parties, and most youth reported that youth affairs are dependent on the processes and interests within the political parties. Furthermore, young people are engaged and communicate with a strong sense of social responsibility. Youth participate and hold leadership roles in religious, political, artistic, and social organizations. They want to make positive contributions to society. Harsh economic constraints limit the number of young people that are willing to volunteer, although many of them aspire to work in sectors such as public health and education to positively impact their communities. Youth is eager to see tangible results from their participation. There are increasing signs that young people are getting involved and taking responsibility for the development of their communities; most young people think that people have a responsibility to volunteer and contribute to their communities. In Mozambique, despite the legal framework prohibiting under age marriage, the country has the 10th highest early marriage in the world; 48,2% of young women aged 20-24 years were married before turning 18, and 14,3% before turning 15 (DHS, 2011). Approximately 37,5% of girls between 15-19 years are already mothers or pregnant for the first time (DHS, 2011), showing little progress in comparison to 41% in 2003."*

### **UNFPA's Contributions**

*UNFPA contributes to address the above mentioned issues by supporting policies and programmes for adolescents and youth empowerment, with a particular focus on adolescent girls. In particular UNFPA provides technical and financial support to the following initiatives implemented by the Government of Mozambique and national civil society organizations: **Geração Biz Programme** The **Geração Biz Programme (PGB)** started in 1999 and is implemented in all provinces (22 districts) of the country. It aims to improve adolescents and youth **Sexual and Reproductive Health (SRH)** and promotes volunteerism among them. It builds on a peer-to-peer approach, aiming to equip young peer educators – girls and boys - with evidence-based SRH information, for them to reach and inform their adolescent and youth peers. In parallel, the programme aims to strengthen sexual and reproductive health services for adolescents and young people, to respond to their specific needs. PGB is an inter-sectorial programme, with three complementary intervention levels/approaches: 1. **Health-based:** implemented by the Ministry of Health, provides youth-friendly services and counselling within the public health system and other appropriate locations. 2. **School-based:** implemented by the Ministry of Education, reaches in-school youth with information on SRH and refers them to the Adolescent Friendly Services at the health facilities for further assistance. 3. **Community-based:** implemented by the Ministry of*

*Youth and Sport, reaches out-of-school youth with information on SRH and refers them to the health system for further assistance. Action for Girls Initiative (ARA) A girls' mentorship programme targeting vulnerable adolescent girls. The programme, which started in 2013, creates safe spaces and community platforms for girls to gain life skills, expand their social networks, have access to mentors and role models, and access local resources and health services, including sexual and reproductive health, and become connected to education and safe livelihoods opportunities. It is implemented in Maputo city and Nampula, Zambezia and Maputo Provinces and is enlarging to Cabo Delgado. MoBiz A mobile-phone-based programme that helps adolescent and young people (aged 10-24) accessing sexual and reproductive health information and services. The programme started in 2014. It intervenes in 3 provinces: Maputo, Sofala and Zambezia. Achieved Results • Increased political support for legislation and policy for realization of human rights of youth: the budget for National Youth Programme funded by State budget/Common fund increased from 5% in 2010 to 30% in 2015 • The PGB since 2010 was included as part of the FiveYear Plan of the Government of Mozambique as the guideline for standardization of actions on SRH and HIV prevention for adolescents and youth. • In two years, ARA strengthened the life skills and capacities of 4.740 vulnerable girls and young women to make informed decisions for their life and demand for Sexual and Reproductive Health (SRH) services. • 103,069 adolescents and young people were reached through MoBiz with information about SRH and HIV prevention and free condoms (in less than 2 years).*

**Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth**

Does the country have the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?	yes	National Plan of Advancement of Women 2010-2014	yes	2014	Currently UNFPA is providing technical assistance to the government for development of a new National Plan for Advancement of Women 2016-2019
--	-----	---	-----	------	---

<p>Proportion of taken actions by the country on all of the Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle</p>	<p>N/A</p>	<p>2011</p>	<p>20%</p>	<p>2015</p>	<p>The government accepted 161 recommendations but only parts of the recommendations on SRH were included in the action plan.</p> <p>One of UPR recommendations was to include in the revised Penal Code the criminalization of sexual abuse against children as recommended by the Youth Parliament</p>
<p>Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances</p>	<p>36%</p>	<p>2008 (MICS)</p>	<p>38% rural 30.7 urban</p>	<p>2011 (DHS)</p>	<p>Gini: 0.658 and 144th in world rank</p>

### **Summary of National Progress**

*The existence of a sound legal environment, institutions, policies and national plans resulted in notable advances in the areas of women's participation in politics which is symbolized by the current 37% representation of women in the Parliament, increased girls' access to education with a net enrolment rate of 95% (MINED 2013) and the reduction of maternal mortality rates which stands at 408/100,000 live births against 1,000 recorded in the 1990s<sup>2</sup>. Government and Civil Society have been working on the elaboration of laws, strategies and plans regarding gender and sexual Reproductive Health and Rights to reduce the gender disparities at all levels. While progress has been registered in some areas, as the country holds a notable position in key international ranks - 27th position in 142 countries by the World Economic Forum's Gender Gap Report and low ranked in others - 146th among 152 UN Member States in the Gender Inequality Index (HDR 2014), challenges to gender equality and the fulfilment of the right of women and girls persist, particularly in the following areas: with the eighth highest HIV prevalence in the world estimated at 11.5% for the total population with significant age, sex and geographical imbalances. HIV prevalence among women stands at 13.1% compared to 9.2% among men in the age group of 15 to 49 years old (INSIDA 2009). Young women are three times more likely to be infected by the virus than young boys (11.1 per cent compared to 3.7 per cent). HIV is one of main causes of death among adolescent and young women between 15–24 years old (INCAM, 2009) and HIV prevalence has been increasing among young people, in particular girls (INSIDA, 2009). The trend of the feminization of HIV is linked, among others, to changing socio-economic patterns, including temporary labor migration, high indices of violence against women and girls and social norms that perpetrate unequal power relations between women and men. In 2004, the Ministry of Women and Social Action estimated that 54%<sup>3</sup> of Mozambican women had experienced violence in their lifetime. The patriarchal nature of the gender relations in Mozambique contributes to the widespread acceptance of violence against women and girls. According to the 2011 DHS, a third of Mozambican girls and young women had been victims of physical violence since the age of 15 (22.4% between 15-19 years, 37.7% between 20-24 years). Around 30.7% of urban women and 38.7% of rural women considered wife/female partner beating by husbands/male partners as a justifiable act (MICS, INE 2008). Violence against women also has high economic costs. Mozambique has the 10<sup>th</sup> highest rate of early in the world. It affects approximately half of the girls before they reach 18 years old and one tenth before the age of 15. The marriage before 18 years is prohibited by law but accepted as a traditional practice. Up to 35% of adolescent girls are bearing children before 18<sup>4</sup>. It is estimated that 43.4% of girls aged 15-19 years are in civil union or marriage, against 5.2% of boys<sup>5</sup>. The average age for first union in the 20-49 year age group of women is 17.5 years as opposed to 21.8 years for men<sup>6</sup>. The high rates of early marriages among girls have a strong correlation with early pregnancy and maternal morbidity and mortality. Contraceptive use in Mozambique is low. In 2011, only 11.3 percent of married women were using modern methods of contraception, having declined slightly from 11.7 percent in 2003. Limited access and information on family planning and contraception as well as power relations and social norms prevent better access of girls to sexual and reproductive rights, exposing them to HIV and other STIs as well as accounting for high rates of early pregnancies, unsafe abortions and pregnancy/delivery related complications. Early marriage and pregnancy further hinder girls' access to education and decent work, limiting their aspirations and denying opportunities to develop their potential and ability to break the poverty cycle and contribute to national development.*

*Additionally, Mozambique has one of the highest rates of maternal mortality worldwide and it is largely acknowledged as a public health challenge. As per the Demographic Health Survey of 2011, the Maternal Mortality Ratio (MMR) remained at 408 per 100,000 live births, with 450 per 100,000 live births occurring among girls and young women between 15-24 years. According to the post census mortality survey, the average age of death for women who died of maternal causes was 27 years with approximately 20 % of maternal deaths occurring in girls who did not complete their twentieth year of age. The rate significantly increases to 36.8% for women aged 15-24<sup>7</sup>. In addition to limited information and social norms, insufficient financial and human resources account for women and girls' limited enjoyment of their sexual and reproductive rights.*

### **UNFPA's Contributions**

*UNFPA has supported the Government and Civil Society through the training of Gender, Sexual Reproductive Health for National Council for advancement of Women composed by the Gender Focal Points. Also has reinforced the Capacity building of the Ministry of Gender, Child and Social Action to Coordination action regarding gender and Sexual Reproductive Health. Also UNFPA has contributed significantly the operationalization of the Integrated Mechanism Multisectoral for assistant women's victims of violence through the training to the Police. Justice. Social and Health staff to deal better with case of Gender Based Violence.*

**Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality**

Has the country had at least one census of good quality that was processed, analyzed and disseminated following internationally agreed recommendations (during the last 10 years)?	YES	2007	98% of total population was covered. 14 thematic studies were published.		
Has the country collected, analyzed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years)?	YES	Census, 2007	Yes	DHS, 2011; IOF 2014	Results of DHS were available in 2013, IOF in 2015
Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?	NO		YES	2013-2015	Evaluation of UNFPA global and regional support to Family Planning, Adolescent and Youth, Population & Development
Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets	2	2014	6	2020	

<sup>2</sup> Beijing+20 National Review Report 2014

<sup>3</sup> MMAS, Survey on VAW 2004

<sup>4</sup> [http://www.unfpa.org/sites/default/files/resource-pdf/ChildMarriage\\_8\\_annex1\\_indicator-definition.pdf](http://www.unfpa.org/sites/default/files/resource-pdf/ChildMarriage_8_annex1_indicator-definition.pdf)

<sup>5</sup> Idem

<sup>6</sup> DHS 2003

<sup>7</sup> Census, 2007

### **Summary of National Progress:**

The last Census have taken place in 2007. Meanwhile several other surveys have been regularly undertaken, observing international standards Demographic and Health survey, Multiple Indicator Cluster Surveys, Household Budget Survey, programme-based surveys, etc. complementing the census data, and including SRH data. While key indicators are mostly identified, data remain very scarce at national level in some sectors (industry, human rights, gender) and almost inexistent at lower administrative levels. Routine data is collected nationwide through various information systems (EMIS, HMIS) for other ones, and new technologies being adopted to accelerate the pace of survey data collection across all sectors and fill some of the data gaps<sup>8</sup>. Emerging priorities influence National Statistical System requested outputs: more use of national data is requested (employment, education); disaggregation of existing data (measuring poverty, inequality and gender gap); new indicators in new areas (governance, environment, sustainable development)<sup>9</sup>. The Mozambican government acknowledges the need for a reliable, integrated national statistics system (NSS) and the necessity to supply quality data with required level of aggregation<sup>10</sup>. These will be conducive to an improved systemic performance monitoring, providing policymakers and managers the information they need.

The Youth Policy and the National Development Strategy 2015-2030 both approved in 2014, represent progress in terms of integration of population issues in the policy development. These two documents clearly recognize the negative impact of high fertility in the provision of education and health services and the challenges of growing young population in labor market. The targets of NDS 2015-2030 were defined taking into consideration the population projections and analysis developed by Minister of Population and Development and local academia. Additionally, last year was approved the Government Five Year Plan 2015-2019, that also has the maternal mortality as a priority and clear recognizes its linkage with high fertility, particularly in the adolescent and girls and the need to invest in Sexual Reproductive Health.

### **UNFPA's Contributions:**

Supporting the National Statistics Office, UNFPA contributed to the undertaking of Census 2007, population projection and its 14 Census thematic analysis. The Department of Population Studies in the Ministry of Planning and Development also conducted an important study on Population Growth and Socioeconomic Development and recommended the revision and implementation of population policy to address fertility, child and maternal mortality, migration and urbanization. The study also refers to the necessary investments to respond to the high population growth. In this context, UNFPA supported the availability of data and analysis (e.g. demographic dividend) that were (or are to be) used as evidence to the policy development. It supported the reporting on progress to ICPD and MDGs.

In addition to that, UNFPA also support capacity development of Ministry of Planning and National Statistics Office staff in data analysis, elaboration of population situation analysis and integration of population dynamics. As part of the team, these technicians contributed to advocate and ensured the integration of population in the plans.

### **D. Country Programme Resources (Years 2012 – 2016)**

SP Outcome Choose only those relevant to your CP	Regular Resource (Planned and Final Expenditure *) (figures in US\$ millions)		Others (Planned and Final Expenditure *) (figures in US\$ millions)		Total (Planned and Final Expenditure *) (figures in US\$ millions)	
Increased availability and use of integrated sexual and reproductive health services	4.88	7.58	21.18	14.34	26.05	21.92

Youth policies and programmes, and increased availability of comprehensive sexuality education	5.52	7.97	11.04	7.78	16.55	15.74
Advanced gender equality, women's and girls' empowerment, and reproductive rights	3.92	2.59	1.7	0.69	5.62	3.28
Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics	4.79	4.03	1.38	0.40	6.17	4.43
Programme coordination and assistance	0.75	0.40	0.00	0.00	0.75	0.40
<b>Total</b>	<b>19.86</b>	<b>22.57</b>	<b>35.30</b>	<b>23.21</b>	<b>55.16</b>	<b>45.78</b>