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UNFPA – Country programmes and related matters

DRAFT

United Nations Population Fund

Country programme document for Mozambique

Proposed indicative UNFPA assistance:	\$90.0 million: \$16.0 million from regular resources and \$74.0 million through co-financing modalities or other resources
Programme period:	Five years (2022-2026)
Cycle of assistance:	Tenth
Category:	Tier I
Alignment with the UNSDCF cycle	United Nations Sustainable Development Cooperation Framework, 2022-2026

I. Programme rationale

1. The persistently high fertility (5.2 children per woman) and declining child mortality rates in Mozambique have resulted in peak population growth (more than 35 per cent in censuses from 2007 to 2017) and a very youthful population (79 per cent below 35 years old). Currently estimated at 30.8 million, the population size is projected to reach 60 million by 2050. However, the rapid expansion of child and youth populations has outstripped modest improvements in the rates of school attendance and employment, leaving increasing numbers out of school and unemployed (2017 census).

2. Significant economic growth between 2000 and 2015 (with real gross domestic product growth rates averaging 7 per cent), driven by large gas industry investments, has only partly improved living standards. As revealed in the common country assessment, poverty remains high, with 46.1 per cent of the population living below the national poverty line, and reflected by the country's low global human development index ranking (181 out of 189 countries). Increasing inequality – from 45.6 to 52.0 (Gini index), among the highest in Sub-Saharan Africa – has exacerbated the marginalization of the most vulnerable populations. Poverty is concentrated in the centre and north of the country, with a rural/urban divide impacting women and girls who continue to be left behind.

3. Since 2019, Mozambique has experienced multiple climate and health emergencies, including the devastating cyclones Idai and Kenneth and endemic malaria and cholera. Ranked the ninth most risk-prone country worldwide for humanitarian crises and disasters (INFORM index), one major challenge for Mozambique is to develop resilience strategies that mitigate the impacts of climate change. The country's vulnerability is further compounded by four years of escalating violence in the Cabo Delgado province, of which one-third of the provincial population of 2.5 million people, mainly women and children, is displaced and in dire need of access to services.

4. Although women's participation in political and administrative executive positions is high, widespread gender inequality prevents them from earning within the formal employment sector since unpaid labour is disproportionately carried out by women. Socioeconomic disadvantages, harmful patriarchal social norms, and increased vulnerabilities due to successive crises negatively impact women and girls in Mozambique. In rural areas, 62 per cent of women are illiterate and 45 per cent of school-age girls have never attended school. One in two girls marry before age 18 and are five times more likely than boys to do so. One in four women have experienced physical or sexual violence and 45 per cent suffer in silence, compounded by limited access to integrated essential services (health, police, justice, social protection) that prevent and respond to gender-based violence. While the acceptability of gender-based violence is declining among women and men, cultural attitudes remain intertwined with socioeconomic status, with men with no education being six times more likely to justify wife-beating than men with higher education.

5. Increasing numbers of pregnant women delivering in the country's health facilities have only partly translated into reduced maternal mortality, which remains one of the 20 highest worldwide, and impacts 1 in 41 Mozambican women. Almost 40 per cent of adolescent girls have given birth, with both mother and child risking increased adverse outcomes. Amid poor quality of services and an underfunded health system, social inequities linked to wealth, geography and class undermine women's abilities to prevent pregnancy and avoid labour complications, including obstetric fistula, and the ability to access life-saving sexual and reproductive health interventions. Health service access was further limited in 2020 by the closure of health facilities in eight northern conflict-affected districts, affecting more than half a million people.

6. The demand for modern contraception methods – estimated at 59 per cent of women of reproductive age – has improved, yet the unmet need remains high at 23 per cent, with an even higher prevalence among rural adolescent girls and young women with low education and lower household income. Availability of family planning services in health facilities is high (94 per cent), yet a significant proportion lack quality services, including counselling

and a mix of complete modern contraceptive methods. Social norms and limited access to comprehensive sexual and reproductive health services result in some of the highest teenage pregnancy, child marriage, and growing HIV prevalence rates in Sub-Saharan Africa. Access to information is also a factor, as shown in the statistic that only one in four rural boys and girls has comprehensive correct knowledge about AIDS.

7. The common country assessment showed that the COVID-19 pandemic aggravated existing vulnerabilities, including poverty, access to health and social services, school attendance and food, and increased exposure to gender-based violence and discrimination by women and girls.

8. The country's youthful population holds significant potential for economic and social transformation and has prompted the Government to increase its focus on youth development, empowerment and participation in the national development agenda. However, national capacity to mobilize resources, plan, deliver and monitor cross-sectoral interventions to capture demographic, gender, human capital and climate dividends has not yet been fully harnessed. Scarce data availability, including lack of up-to-date national representative surveys, affects the capacity of the Government and partners to make informed decisions. This is underpinned by incomplete statistical information and the capacity to analyse and apply data for evidence-based decision-making.

9. The design of the new country programme was informed by lessons from the ninth country programme evaluation, which highlighted key achievements, including UNFPA contributions to improvements in family planning uptake, institutional deliveries, and availability of skilled human resources; successful mentorship-based approaches that the Government and partners have scaled up to empower adolescent and young women, resulting in reductions in child marriage and teenage pregnancy; key contributions to creating an enabling legal and policy environment; effective sexual and reproductive health and gender-based violence humanitarian response interventions and capacity development; and successful mobilization of financing and technical assistance to support the 2017 census.

10. Lessons learned underscore the need to focus on the protection of the most vulnerable and hard-to-reach people. This includes persons with disabilities, albinism, pregnant women, older women, out-of-school adolescent girls, lesbian, gay, bisexual, transgender, queer (LGBTQ+) persons, sex workers, persons living with HIV, and internally displaced persons, following human rights treaties and commitments assessed and ratified by Mozambique. These include the Universal Periodic Review, the Convention of the Elimination of All Forms of Discrimination against Women (CEDAW), and the Convention on the Rights of Persons with Disabilities. Also identified is the need to focus on the human rights-based approach, strengthen supply chain management, enhance partnerships and multisectoral coordination to position the International Conference on Population and Development (ICPD) Programme of Action in national development and Sustainable Development Goals agendas, and promote knowledge generation and a results-based management culture.

11. UNFPA contributes to the United Nations Sustainable Development Cooperation Framework (UNSDCF) and the humanitarian response plan. It does so through its leadership in sexual and reproductive health and rights and gender-based violence prevention and response, according to its mandated gender-based violence area of responsibility under the Inter-agency Standing Committee cluster approach and support for integrated sexual and reproductive health, HIV and gender-based violence services across the humanitarian-development-peace continuum. This includes its support to civil society-led HIV, sexually transmitted disease, and gender-based violence interventions by and for key populations; its unique position to convene and advise the Government and partners to harness youth potential through rights-based, gender-transformative, intersectional approaches to policy-making; its direct support to the Government to scale up proven mentorship approaches and incorporate innovative solutions; and its technical expertise in generating disaggregated, granular-level demographic data and cutting-edge practices to monitor progress.

II. Programme priorities and partnerships

12. Guided by the UNFPA Strategic Plan, 2022-2025, and the goals of achieving universal access to sexual and reproductive health and reproductive rights for all and accelerating the implementation of the ICPD Programme of Action, the tenth country programme will galvanize efforts to end preventable maternal deaths, unmet need for family planning, and gender-based violence and harmful practices across the humanitarian-development-peace continuum.

13. In coordination with United Nations organizations and inspired by the vision of a Mozambique where ‘every girl, woman and youth enjoys full sexual and reproductive health and rights, gender equality and fully contributes to sustainable socio-economic development and peace’, the country programme will contribute to the UNSDCF and national progress towards Goals 1, 3, 5, 10, 13, 16 and 17. Specifically, by 2026, the programme will contribute to (a) reducing the maternal mortality ratio to 190 per 100,000 live births, averting 2,997 maternal deaths annually; (b) increasing the modern contraceptive prevalence rate among married women from 36.4 to 46 per cent, resulting in 464,105 additional users; and (c) reducing the proportion of ever-partnered women and girls aged 15 years and older subjected to physical or intimate partner sexual violence in the last 12 months, from 16 to 10 per cent, resulting in 430,000 fewer women subjected to violence annually.

14. The new country programme will provide tailored support responding to the Government Five-year Plan, 2020-2024 (particularly priority 1, developing human capital and social justice) and other sectoral strategies,¹ and will support the acceleration of ICPD+25 voluntary commitments. The programme’s four interconnected outputs – quality of care and services; gender and social norms; data policy and advocacy; and humanitarian action – will frame the three transformative results.

15. The country programme will utilize five accelerators to scale up the four outputs and drive progress towards the three transformative results: (a) human rights-based and gender-transformative approaches that improve access to services while challenging social norms and practices that perpetuate inequalities, targeting the most vulnerable and hard-to-reach people; (b) convene partnerships with civil society, academia, private sector, financial institutions, the United Nations, coalitions and multisectoral platforms to promote rights, influence policy-making and financial streams, ensure accountability, and monitor implementation of policies that address stigma and discrimination; (c) facilitate South-South and triangular cooperation through knowledge, skills and experience exchange; (d) promote innovative and digital solutions, data and evidence to scale up tried and cost-effective interventions; and (e) establish new modalities to ensure cross-cutting humanitarian, development, and peace-responsive efforts while building forward better.

16. To effectively address national challenges, the country programme will adopt country-tailored, integrated approaches across four interconnected outputs, ultimately contributing to the three transformative results. Interventions at the subnational level will be prioritized based on demographic data, indicators against the three transformative results, disaster risk vulnerability, and synergies with existing programmes.

¹ National strategy to accelerate HIV prevention; National action plan to prevent and combat gender-based violence; Domestic Violence Act 29/2009; Law to Prevent and Combat Premature Marriage; Family planning national strategy; Law for Protection of People living with HIV and AIDS, Workers and Job Seekers against Stigma and Discrimination; Law on Civil Registration and Vital Statistics; Regulation on Abortion; National gender policy and implementation strategy; National action plan on violence against women and girls; National action plan on women, peace and security; National strategy for the prevention and fight against child marriage; National action plan for the implementation of the Universal Periodic Review recommendations; National plan of action of the health sector to prevent and fight gender-based violence; National strategy of school health and adolescent health; National plan to prevent and respond to HIV/AIDS; Regulation on Integrated Assistance Centres Multisectoral Mechanism to respond to violence against women and girls; National strategy for the condom; national commitments to the ICPD+25; National health policy.

A. Unmet need for family planning

17. Accelerating progress on this goal contributes to UNSDCF outcome 1 (human development), where objectives align with Goals 3 and 5 and facilitate achievement of UNSDCF outcomes 2 (inclusive economic growth) and 3 (climate resilience).

18. Pathways toward this outcome cut across the four programme outputs by (a) integrating family planning as a core element of reproductive, maternal, newborn, child and adolescent health services, including tailored approaches to reach the most vulnerable and marginalized groups, such as LGBTQ+, sex workers and persons with disabilities; (b) expanding demand by addressing socio-cultural barriers and promoting youth and adolescent agency based on informed choice; (c) generating evidence on the determinants of unmet need for family planning, including at subnational level; (d) strengthening resilient supply chains to expand outreach to those furthest behind and those affected by crises, and positioning family planning as a life-saving intervention; and (e) mobilizing domestic resources and leveraging partners' support for innovative finance mechanisms.

B. Preventable maternal deaths

19. This goal contributes to UNSDCF outcome 1 (human development) and facilitates achievement of outcomes 3 (climate resilience) and 4 (peacebuilding and human rights) by enhancing preparedness and response to humanitarian and public health emergencies and mixed migration challenges for women and adolescent girls, taking into account lessons learned from the COVID-19 pandemic, violence-related insecurity, and climate change-related disasters.

20. To tackle determinants of maternal mortality and accelerate reduction in preventable maternal deaths, the country programme will prioritize the following pathways across the four outputs: (a) providing technical advice and continued advocacy for the inclusion of comprehensive sexual and reproductive health and rights in primary health care and universal health coverage; (b) improving readiness and functionality of primary health care systems, and scaling up operationalization of the comprehensive sexual and reproductive health and rights information package, including HIV interventions and emergency obstetric and newborn care; (c) developing the capacity of a well-qualified midwifery workforce through competency-based, gender-sensitive education and training, with full integration into reproductive, maternal, newborn, child and adolescent health services teams; (d) underscoring that social norm-change interventions preventing child marriage and teenage pregnancies are cost-effective programme strategies to prevent maternal death, particularly among the marginalized and furthest behind; (e) strengthening health data systems, with reference to subnational data on maternal mortality prevalence in health facilities and communities at large; (f) ensuring uninterrupted provision of the minimum initial service package for reproductive health in emergencies, while building health system resilience to reduce the impacts of climatic hazards on women's and girls' sexual and reproductive health.

C. Gender-based violence and harmful practices

21. The country programme will contribute to UNSDCF outcome 1 (human development) and facilitate achievement of output 4 (peace-building and human rights), including scaling up availability of integrated sexual and reproductive health, HIV and gender-based violence services and prevention and response to gender-based violence and harmful practices in development and humanitarian settings. The programme will contribute to achieving gender-responsive outputs mainstreamed throughout the UNSDCF across the humanitarian-development-peace continuum.

22. To achieve outcome 3, UNFPA will prioritize: (a) strengthening accessibility and uptake of high-quality multisectoral, integrated gender-based violence services (health, police, justice, social services) for women and girls, human-centred inclusive services focused on reaching the most marginalized in partnership with local civil society organizations targeting the LGBTQ+ community, sex workers and persons with disabilities; (b) tackling gender-

biased social norms and adverse power relations underpinning harmful practices while promoting positive masculinities; (c) engaging human rights mechanisms to create an enabling rights-based legal and policy environment and strengthening skills and capabilities of vulnerable young women and girls to exercise their agency, bodily autonomy, leadership and self-determination; (d) strengthening information systems to capture and analyse real-time data on gender-based violence and harmful practices in development and humanitarian contexts, including gender-based violence case-load management systems and civil registration systems for tracking child marriage; and (e) scaling up provision of life-saving inclusive support for gender-based violence survivors in humanitarian contexts, including by providing psychosocial support and mental health services.

Output 1. By 2026, strengthened capacities of institutions, systems and communities to provide inclusive, effective, innovative, people-centred, high-quality integrated sexual and reproductive health and rights, HIV and gender-based violence services to ensure universal health coverage

23. The country programme will achieve this output by providing technical support to the Government and other stakeholders to position sexual and reproductive health and rights in the development agenda, including universal health care, and reinforce other national policies and programmes, and develop and implement service policy, planning and delivery guidelines, protocols and programmes, based on global standards. It will do so in coordination with relevant line ministries to improve access to people-centred integrated sexual and reproductive health and rights care and gender-based violence quality essential services that leave no one behind.

24. Strengthening service delivery systems will be achieved by: (a) developing capacity, including midwifery education and practice, and improving the readiness and functionality of primary health care delivery systems, such as comprehensive emergency obstetric and neonatal care and obstetric fistula surgical treatment at secondary and tertiary health care levels; (b) integrating family planning, adolescent sexual and reproductive health and gender-based violence services and information, including mental health and psychological support; (c) expanding rights-based, inclusive, gender-based violence service provision following the one-stop model and ensuring adequate gender-based violence referral mechanisms are in place; (d) improving domestic financing to address unmet sexual and reproductive needs; and (e) adapting and adopting innovations to expand access to services to reach those furthest behind, including by strengthening national partners' skills to tailor services to the needs of persons with disabilities subjected to gender-based violence, enhance capacity development, use statistics for decision-making, and scale up proven innovative pilot approaches, including digitalization and data-driven prioritization for improved supply chain management to reach 'the last mile'.

Output 2. By 2026, women, adolescents, youth and the most marginalized populations are empowered to exercise their full sexual and reproductive rights in a safe and enabling environment free from gender-based violence and harmful practices through gender-transformative, intersectional approaches

25. The country programme will build on normative work in gender-transformative policy and programming strategies to implement human rights-based, integrated, context-specific, evidence-based, innovative approaches to address social norms, discrimination and other causes of marginalization. This will address gender-based violence and harmful practices, through prevention, quality integrated services, and inclusive data, focused on vulnerable and disadvantaged population groups, including persons with disabilities.

26. The country programme will empower youth and adolescents to exercise their agency, bodily autonomy, including menstrual health, and social participation. It will do so by (a) expanding community-wide, comprehensive adolescent sexual and reproductive health and rights information and life-skills education, including mainstreaming comprehensive sexuality education in primary and secondary national curricula in harmony with the 2020-2029 national education sector strategic plan, and through grassroot-level engagement of out-of-school adolescents; (b) providing technical assistance to adapt the flagship Geracao Biz

national youth strategy and scaling up the consolidated mentorship approach in collaboration with relevant partners, including by fostering economic empowerment programming for the most marginalized women and adolescent girls; (c) conducting targeted campaigns to challenge harmful social norms and stigma around HIV and family planning among furthest behind populations; (d) using innovation, social media and inclusive participation to reach wider youth audiences; (e) engaging youth and women-led organizations, religious and traditional leaders to foster gender-equitable attitudes and support for girls' rights; and (f) increasing knowledge and capacity among government stakeholders to implement, monitor and review (when appropriate) existing laws, policies, prevention and response programmes related to access to adolescent sexual and reproductive health and rights services, gender-based violence, harmful practices and social norms, especially implementation of legislation criminalizing child marriage, for accountable governance.

27. Key accelerators to achieve this output include leveraging multi-stakeholder partnerships to co-create and share knowledge, technical expertise and innovations and to increase investments. Collaboration will include partnerships, with initiatives such as the Coalition of the Willing, which facilitates high-level political dialogue and action between partners and the Government. It will also include developing investment cases to strengthen the focus and increase domestic resources and partner support for key challenges, such as child marriage; leading platforms such as the Youth Partners Group to enhance partners' support to youth and policy-making for the demographic dividend agenda; and scaling up current United Nations joint programming such as the Spotlight Initiative, the flagship Rapariga Biz, and the Global Programme to End Child Marriage.

Output 3. By 2026, national policy-makers and other stakeholders are enabled to produce, analyse and use quality population data and research to design, implement and monitor policies, strategies and initiatives that are inclusive and gender-transformative

28. High-quality disaggregated data and analysis will enhance national capacity for policy-making, planning and monitoring, and will strengthen advocacy and stakeholder engagement in policy dialogues to position population dynamics as a core development issue. The tenth country programme will support the production and dissemination of comprehensive statistical and geospatial data relevant to youth, climate change, gender equality, sexual and reproductive health and demographic dividend agendas, focused on left-behind populations through the national statistical system, including data analysis to inform national recovery plans. Evidence and research will be generated on emerging issues such as the impact of COVID-19 on sexual and reproductive health, gender and demographic dynamics, and linkages between climate change and other megatrends. South-South and triangular cooperation will be leveraged to promote best practices to modernize data systems, with emphasis on preparing an electronic geo-referenced 2027 census.

29. In partnership with the Ministry of Economy and Finance, UNFPA will provide technical support and build stakeholder capacity to increase the use of data in decision-making at national and subnational levels. In doing so, UNFPA will promote the incorporation of key sustainable development issues linked to sexual and reproductive health, population dynamics and a life-cycle, gender-transformative, rights-based approach in medium and long-term planning, financing and monitoring instruments, and data-backed, evidence-based implementation of the ICPD+25 national voluntary commitments.

Output 4. By 2026, strengthened humanitarian capabilities of national actors and systems in the prevention, preparedness, timely, gender-transformative and responsive, life-saving responses and resilience building for populations vulnerable to shocks, building on the humanitarian-development-peace continuum, and the women, peace and security, and the youth, peace and security agendas

30. The resilience-building of key systems – including adolescents, youth and women's health and protection systems – is essential to reduce the impact of climate hazards on women and girls and those furthest left behind. UNFPA will focus on preparedness and system-strengthening to reduce vulnerabilities and build resilience to disasters; anticipating shocks and identifying increased vulnerabilities; and protecting development gains by ensuring

availability and continuity of essential and life-saving, survivor-centred family planning, sexual and reproductive health and gender-based violence response services, including for vulnerable youth, persons living with HIV/AIDS, and persons with disabilities. UNFPA will scale up access beyond the implementation of the minimum initial service package for sexual and reproductive health and essential service package. It will focus on the needs of internally displaced persons, recognizing the adverse effects of insecurity on physical and mental health outcomes for women, adolescent girls and young people.

31. Guided by a United Nations system-wide approach to resilience-building, and in collaboration with other United Nations humanitarian organizations, civil society organizations and national institutions, the country programme will build institutional and community-strengthening by: (a) training partners in prevention and preparedness, including preventing sexual exploitation and abuse, sexual harassment and gender-based violence; (b) enhancing the functionality of national humanitarian sexual and reproductive health and rights and gender-based violence response coordination mechanisms in line with UNFPA leadership of the gender-based violence area of responsibility sub-cluster; (c) supporting health authorities in the integration of early warning, pre-positioning, preparedness and anticipatory interventions and response; (d) enhancing the engagement of local actors, such as women and youth-led organizations and networks, to amplify their representation across the humanitarian-development-peace continuum, including climate-sensitive actions; and (e) supporting information management, with reference to the generation of updated disaggregated data on affected populations, including by strengthening the link between gender-based violence information management systems in humanitarian settings and national reporting mechanisms (such as Info-Violencia).

III. Programme and risk management

32. UNFPA, with the United Nations and the Government, under the overall coordination of the Ministry of Foreign Affairs and Cooperation, will implement, monitor and evaluate the programme, following UNFPA guidelines and procedures. Partnerships with key line ministries will be established or strengthened to implement the programme and ensure government ownership and sustainability of interventions.

33. Systematic, structured and timely risk identification and analysis from the design stage, and updating suitable response plans, will enable and sustain the value of programme investments. UNFPA will ensure a harmonized approach to cash transfers together with United Nations organizations, whereby partners will be assessed for risk and selected based on relevance and results capabilities.

34. Risks to programme implementation include: (a) changes in national regulatory, policy and institutional frameworks that may limit the advancement of sexual and reproductive health; (b) reduction in resources due to changes in the funding landscape; (c) exacerbation of conflict, violence and insecurity in the prioritized provinces; and (d) vulnerability to natural disasters, climate change, epidemics and pandemics. In implementing mitigation strategies, as per assumptions, and to overcome COVID-19 and other identified risks, UNFPA will minimize programme disruptions by maintaining flexibility and agility as well as operationalizing contingency planning and business continuity plans.

35. Risk mitigation strategies include: (a) expanding partnerships with civil society organizations, the media, and parliamentary committees to enhance advocacy and policy dialogue and align partners to support the ICPD Programme of Action and develop the capacity of implementing partners, especially local organizations with the potential to reach most vulnerable groups; and (b) strengthening partnerships for resource mobilization, including with the private sector, and coordinating with United Nations organizations; and (c) employing virtual strategies to deal with mobility restrictions. UNFPA will continue its regular political scanning and pursue opportunities through multi-stakeholder partnerships to influence social-behaviour norms change.

36. Adapting to the country context and funding trends, UNFPA will explore results-based innovative blended financing modalities and diversify its strategic partnership base to deliver

sustainable development outcomes at a larger scale. This approach will align with East and Southern Africa's regional Innovative Finance for Development (IF4D) strategy, focused on positioning, partnerships and performance.

37. UNFPA will leverage its comparative advantages across the humanitarian-development-peace continuum, aligned with its social and environmental standards, and explore reprogramming in case of climate-induced disasters or pandemics, in consultation with the Government. It will incorporate lessons learned and innovations from the COVID-19 response, for example, through virtual and digital delivery modalities to disseminate targeted information and provide gender-based violence and sexual and reproductive health services to lessen the impact of crises.

38. UNFPA will play an active role in coordinating the UNSDCF through leadership and contributions to results groups and inter-agency monitoring and evaluation, particularly sexual and reproductive health and rights and gender-based violence-related strategies in the UNSDCF. Strategic alliances will be brokered with United Nations organizations, including through phase II of the flagship Spotlight initiative and Rapariga Biz programmes, and with academia and research institutions to respond to growing demands for technical assistance.

39. The technical and programmatic structure of the country office will be calibrated to ensure adequate human resource capacity and skills requirements to deliver programme results effectively, including through catalytic and enhanced upstream work. The country office will solicit technical support from the regional office and UNFPA headquarters, as necessary, and will leverage South-South and triangular cooperation and harness the power of innovation and digitalization to accelerate the impact of UNFPA interventions to reach furthest behind populations.

40. This country programme outlines UNFPA contributions to achieving national objectives and serves as the primary unit of accountability to the Executive Board for results alignment and resource management at the country level. Accountabilities at the country, regional and headquarters levels concerning country programmes are prescribed in the UNFPA programme and operations policies and procedures and secured through the internal control framework.

IV. Monitoring and evaluation

41. The country programme will have a robust monitoring plan delineating roles and responsibilities for monitoring results and resource framework indicators. The plan will be based on a context-specific, results-based management approach that ensures the programme includes data collection, real-time and longitudinal monitoring, analysis, course correction, and evaluations. Sources and frequency of data collection, quality assurance processes, and reporting guidelines will be included.

42. Real-time monitoring, including remote monitoring and reviews, and third-party monitoring, will be conducted to address the evolving operational programme delivery environment due to the COVID-19 pandemic and humanitarian crisis.

43. Building on its evaluation plan, the country office will undertake programme assessments and project evaluations to provide evidence for medium and long-term planning and management of the country programme, using theory-based and participatory approaches.

44. UNFPA and the Government, under the overall coordination of the Ministry of Foreign Affairs and Cooperation, will build the capacities of national partners and institutions to enhance their results-based management capacity, including for monitoring and reporting on the country's commitments to the 2030 Agenda (voluntary national reports) and ICPD+25.

45. UNFPA will contribute to United Nations delivering-as-one through active participation in joint programming, monitoring, reporting and evaluation of the UNSDCF, 2022-2026. The UNinfo platform will be used to report on and consolidate information through the alignment of the country programme results framework with the UNSDCF results framework. Joint

work plans will include agency-specific activities and outputs, aligned with government priorities, with roles and responsibilities clearly articulated.

46. UNFPA is the chair of the monitoring and evaluation and results group, co-convenes the strategic priority one (human development) working group of the UNSDCF, and participates in other relevant working groups.

47. The UNFPA monitoring and evaluation plan will include joint monitoring approaches with implementing partners; joint field monitoring visits; periodic reviews; evaluations of joint projects, risk assessments, and adjustment to work plans, if necessary; and the use of UNFPA platforms for monitoring budget implementation, progress reports and achievement of results. Quarterly and annual results reporting, monitored data, and evidence from evaluations will be used through adaptive learning to strategically shape policy and inform programme adaptation.

48. A midterm assessment of the country programme will be carried out to analyse progress, reorient strategies, and align the country programme with the next national development plan in 2024. A final country programme report will be presented at the end of the implementation period.

RESULTS AND RESOURCES FRAMEWORK FOR MOZAMBIQUE (2022-2026)

NATIONAL PRIORITY: The Government Five-year Plan priority 1: Developing human capital and social justice.				
UNSDCF OUTCOME: By 2026, more people, particularly the most vulnerable and marginalized, have more equitable access to and utilization of quality, inclusive, resilient, gender and shock-responsive social protection and essential social services.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): By 2025, reduction in unmet need for family planning has accelerated; By 2025, reduction of preventable maternal deaths has accelerated; By 2025, reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> • Maternal mortality ratio <i>Baseline: 451.6 (2021) ; Target: 190.0 (2026)</i> • Proportion of total government spending on essential services (education, health and social protection) <i>Baseline: (a) 17.7%; (b) 10.2%; (c) 3.9% (2021)</i> <i>Target: (a) 20%; (b) 15%; (c) 4.5% (2026)</i> <p><u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> • Proportion of women of reproductive age (aged 15 to 49 years) who have their need for family planning satisfied with modern methods <i>Baseline: 58.7% (2021); Target: 67.7% (2026)</i> • Proportion of births attended by skilled health personnel <i>Baseline: 73% (2021); Target: 85% (2026)</i> 	<p>Output 1. By 2026, strengthened capacities of institutions, systems and communities to provide inclusive, effective, innovative, people-centred, high quality integrated sexual and reproductive health and rights, HIV and gender-based-violence services to ensure universal health coverage.</p>	<ul style="list-style-type: none"> • Percentage of health facilities with no stock-out of contraceptives at any given time <i>Baseline: 44% Target: 55%</i> • Percentage of institutional maternal deaths with causes reported and corrective action taken <i>Baseline: 50%; Target: 80%</i> • Number of adolescent girls and young women (15 to 24 years old) who received quality gender-based violence-related services (health, justice, police, social action) <i>Baseline: 86,566; Target: 250,000</i> • Percentage of integrated assistance centres for gender-based violence, which provide quality gender-based violence services according to national protocols <i>Baseline: 77%; Target: 90%</i> • Percentage of budget needed to purchase contraceptives met by the State budget <i>Baseline: 5%; Target: 12%</i> • The country has a functional accreditation of midwife education and training institutions and their programmes are in line with the International Confederation of Midwifery <i>Baseline: No; Target: Yes</i> 	<p>Ministry of Health, Ministry of Gender, Child and Social Action, Ministry of Justice, Ministry of Interior, National Statistics Office, provincial health directorates from selected provinces, provincial gender, child and social action directorates of selected provinces, UNICEF, WHO, national and international CSOs (such as Fundação Para o Desenvolvimento da Comunidade and Forum das Associações dos Deficientes de Moçambique)</p>	<p>\$41.0 million (\$5.0 million from regular resources and \$36.0 million from other resources)</p>
NATIONAL PRIORITY: The Government Five-year Plan priority I: Developing human capital and social justice; priority 2: Propel economic growth, productivity, and employment generation.				
UNSDCF OUTCOME: By 2026, more people, particularly the most vulnerable and marginalized, have more equitable access to and utilization of quality, inclusive, resilient, gender and shock-responsive social protection and essential social services. By 2026, more people, particularly women and youths, participate in and benefit from a more diversified, inclusive, and sustainable economic growth based on increased production, productivity, and greater value-added chains.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): By 2025, reduction in the unmet need for family planning has accelerated; By 2025, reduction of preventable maternal deaths has accelerated; By 2025, reduction in gender-based violence and harmful practices has accelerated.				

UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence in the previous 12 months <i>Baseline: 16 %; Target: 10%</i> Number of new HIV infections per 1,000 uninfected populations <i>Baseline: 3.5 (2021); Target: 1.6 (2026)</i> <p><u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months <i>Baseline: physical violence (15-49): 14.7%; sexual violence (15-49): 3.3% Target: physical violence (15-49): <11%; sexual violence (15-49): <2%</i> 	<p>Output 1. By 2026, women, adolescents, youth and the most marginalized populations are empowered to exercise their full sexual and reproductive rights in a safe and enabling environment free from gender-based violence and harmful practices, through gender-transformative and intersectional approaches.</p>	<ul style="list-style-type: none"> Percentage of adolescent girls and young women (15 to 24 years) with improved knowledge on sexual and reproductive health and rights and gender-based violence prevention and response services in selected key provinces <i>Baseline: 40% (Nampula and Zambezia); 5% (Tete and Cabo Delgado); Target: 80% (Nampula and Zambezia); 40% (Tete and Cabo Delgado)</i> Couple years of protection <i>Baseline: 3,044,353; Target: 4,364,353</i> Number of functional multisectoral and integrated sexual and reproductive health and rights and gender-based violence coordination and response mechanisms at the provincial level <i>Baseline: 2 (2020); Target: 7 (2026)</i> Number of adolescent girls and boys and young women and men (15 to 24 years old) who have benefited from programmes within and out of schools promoting gender equality, HIV, sexual and reproductive health and rights, and transformative masculinities <i>Baseline: 699,066; Target: 1,250,000</i> Number of local leaders and influential people contributing to gender social norms change and the exercising of sexual and reproductive health and rights and prevention of gender-based violence in communities <i>Baseline: 402; Target: 1,800</i> 	<p>Ministry of Health, Ministry of Gender, Child and Social Action, provincial health directorates from selected provinces, provincial gender, child and social action directorates of selected provinces, UNICEF, WHO, the United Nations Entity for Gender Equality and Women’s Empowerment, UNDP, National AIDS /HIV Council, Secretary of State for Youth and Employment</p>	<p>\$25.0 million (\$3.0 million from regular resources and \$22.0 million from other resources)</p>
<p>NATIONAL PRIORITY: The Government Five-year Plan priority I: Developing human capital and social justice; priority 2: Propel economic growth, productivity, and employment generation.</p>				
<p>UNSDCF OUTCOME: By 2026, more people, particularly the most vulnerable and marginalized, have more equitable access to and utilization of quality, inclusive, resilient, gender and shock-responsive social protection and essential social services. By 2026, more people, particularly women and youths, participate in and benefit from a more diversified, inclusive, and sustainable economic growth based on increased production, productivity, and greater value-added chains.</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME(S): By 2025, reduction in the unmet need for family planning has accelerated; By 2025, reduction of preventable maternal deaths has accelerated; By 2025, reduction in gender-based violence and harmful practices has accelerated.</p>				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> Unemployment rate, by sex, and age <i>Baseline: 20.7% (2021); Target: TBC</i> 	<p>Output 1. Data and policy. By 2026, national policy-makers, and other stakeholders are enabled to produce,</p>	<ul style="list-style-type: none"> Number of UNFPA-prioritized Sustainable Development Goal indicators with district-level data <i>Baseline: 2 (2020); Target: 6 (2026)</i> Monitoring and evaluation framework of the national adolescent and youth strategy established and 	<p>National Statistics Institute, Ministry of Finance, National Health Institute, Secretary of State for Youth and Employment</p>	<p>\$12.0 million (\$3.5 million from regular resources and \$8.5 million</p>

<ul style="list-style-type: none"> Annual growth rate of real gross domestic product per capita <i>Baseline: 2.2%; Target: 5.5%</i> 	analyse and use quality population data and research to design, implement and monitor policies, strategies and initiatives that are inclusive and gender-transformative.	implemented <i>Baseline: No (2020); Target: Yes (2026)</i> <ul style="list-style-type: none"> Population situation analysis assessing the impact of mega-trends on ICPD implementation conducted <i>Baseline: No (2020); Target: Yes (2026)</i> 		from other resources)
NATIONAL PRIORITY: The Government Five-year Plan priority 3: Strengthen sustainable management of natural and environmental resources. Government Five-year Plan pillar 1: Reinforce democracy and preserve national unity.				
UNSDCF OUTCOME: By 2026, more people, especially the most vulnerable, are resilient to climate change and disasters and benefit from more sustainable management of the environment and natural resources and resilient infrastructures and human settlements, with positive effects on national gross domestic product. By 2026, more people, especially the most vulnerable and marginalized, are protected, enjoy their rights, and benefit from a secure, peaceful environment, enabled by inclusive governance systems, and independent and accountable institutions abiding by the rule of law.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): By 2025, reduction in the unmet need for family planning has accelerated; By 2025, reduction of preventable maternal deaths has accelerated; By 2025, reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF outcome indicators:</u> <ul style="list-style-type: none"> Proportion of women aged 20 to 24 years who were married or in union before age 15 and before age 18 <i>Baseline: 48% Target: 41.1%</i> Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation <i>Baseline: 0,01194 (victims/100,000); Target: 0</i> <u>Related UNFPA Strategic Plan outcome indicator(s):</u> <ul style="list-style-type: none"> Number of countries that adopt and implement national disaster risk reduction strategies in line with the Sendai Framework for Disaster Risk Reduction 2015-2030 <i>Baseline: No (2021); Target: Yes (2026)</i> 	Output 1. By 2026, strengthened humanitarian capabilities of national actors and systems in prevention, preparedness, timely, gender-sensitive and life-saving response, and resilience-building for populations vulnerable to shocks, building on the humanitarian-development-peace continuum; the women, peace and security agenda; and the youth, peace and security agenda.	<ul style="list-style-type: none"> Number of women, adolescents and youth benefited from life-saving sexual and reproductive health and gender-based violence interventions in humanitarian settings <i>Baseline: 78,800; Target: 350,000</i> Percentage of rapid needs assessments supported by UNFPA, including safe audits, of affected populations at the onset of the crises, with disaggregated information by vulnerable group (adolescents, pregnant women and girls, older persons, people with disabilities) <i>Baseline: 41% (2020); Target: 90% (2026)</i> Number of readiness assessments to provide minimum initial service package for sexual and reproductive health in crises conducted within the past 12 months <i>Baseline: 0 (2020); Target: 4 (2026)</i> Integration of minimum initial service package for sexual and reproductive health and sexual violence in national and regional emergency preparedness and response plans <i>Baseline: 0 (2020); Target: 3 (one national, two provincial) (2026)</i> 	National Institute of Disaster Management, Secretariat for Youth and Employment (SEJE), provincial services of health, provincial health directorates from selected provinces, Provincial Directorate of Gender, Child, and Social Action of selected provinces, national CSOs (such as Wiwanana)	\$12.0 million (\$3.5 million from regular resources and \$8.5 million from other resources)