

## Format for the Country Programme Performance Summary

This format is mandatory to be submitted to the Executive Board (EB) alongside the Country Programme Documents (CPDs). The summary format should factor in all evaluative evidence, such as the latest country programme evaluation, and will be posted together with other mandatory documents for access by the Executive Board.

A. Country Information		
Country name: Mozambique		
Category per decision 2013/31:	Current programme period: 2017-2020 (extended to 2021)	Cycle of assistance: 9th

B. Country Programme Outputs Achievement <i>(please complete for all your CP outputs)</i>			
<b>Outcome 1. Output 1: Demand for high-quality integrated sexual reproductive and newborn health services is increased</b>			
Indicators	Baseline (2016)	Target (2021)	End-line data (2020)
Percentage of health facilities in 4 selected provinces with the capacity to provide basic emergency obstetric care services.	21	60	50
Number of obstetric fistula repairs supported by UNFPA	1,737	3,200	2,205
Percentage of new users in modern contraceptive methods in selected provinces.	34	44	42,6
Percentage of pregnant women being tested for HIV during antenatal care in selected provinces	90	94	98,9

**Key Achievements** *(input also from the last CP evaluation)*

Throughout the ninth country programme (9th CP), UNFPA provided technical support for the development and implementation of national policies and guidelines on SRH, including supporting the acquisition of commodities, the implementation of flagship SRH projects addressing maternal mortality and aiming to reduce unmet need of family planning, and co-chairing with the Ministry of Health both SRH and the neonatal and adolescent subgroups under the sector-wide approach.

UNFPA has supported the Ministry of Health (MoH) to implement EmONC (Emergency Obstetric and Neonatal Care) services extensively, including initial training and in-service training of health professionals (maternal health nurses and doctors), and acquiring equipment and ambulances. Financing and supporting the implementation of mobile brigades has been a key intervention to addressing SRH needs in humanitarian situations.

UNFPA advocacy and financial and technical support for MoH to treat obstetric fistula is highly valued by MoH and partners.

UNFPA has procured almost fifty percent of national contraceptive needs, and supported extensive community delivery of modern contraceptives, in line with the national strategy and international commitments. Community contraceptive distribution was efficient, reaching people in hard-to-reach areas and displaced populations. The Country Programme Evaluation (CPE) concluded that experiences and lessons learned of UNFPA family planning related interventions, such

as community contraceptive distribution, can assist the country to achieve greater coverage and higher uptake of family planning nationwide.

**Outcome 1. Output 2: Health and financing policies, data generation and use, community and midwifery workforce, and commodities security of the health system are strengthened**

Indicators	Baseline (2016)	Target (2021)	End-line data
Percentage of health facilities with no stock-out of contraceptives at any given time	23	60	35
<input type="checkbox"/> Percentage of institutional maternal deaths with causes reported.	5	90	50

**Key Achievements** (input also from the last CP evaluation)

During the 9th CP UNFPA, along with partners, supported the efforts of the MoH to develop the Neonatal and Adolescent Sexual and Reproductive Health Investment Case. UNFPA also participated actively in the implementation of the investment case through financing of training of maternal and child health nurses in districts that were poorly covered.

To increase availability of contraceptives and other SRH products, UNFPA also supported the implementation of the electronic Logistic Management Information System (e-LMIS) and in 2020, a total of 1,114 facilities were reported to be using the e-LMIS (COAR).

To strengthen the maternal death surveillance and response system, UNFPA supported the functioning of the National Maternal Death Committee, as well as the process of analyzing maternal mortality data.

**Outcome 1. Output 3: Capacity of communities, government, and civil society to build resilience is strengthened**

Indicators	Baseline (2016)	Target (2021)	End-line data
<input type="checkbox"/> Number of districts with gender-sensitive contingency plans in place	0	20	30

**Key Achievements** (input also from the last CP evaluation)

The Government's 2018 National Contingency Plan has integrated SRH and GBV, an important step to prioritise these concerns in the humanitarian response, as result of UNFPA and partners advocacy efforts. .

At community level, UNFPA engaged with local community-based organisations. Their involvement was key to providing assistance to internally displaced persons (IDPs) in resettlement centers, where they collaborated with the health sector in community organising and providing care.

**Outcome 2. Output 1: Adolescent and youths' capacity strengthened to actively participate in economic, social, cultural, and political development**

Indicators	Baseline (2016)	Target (2021)	End-line data
Number of adolescents and youth organizations actively engaged on premature marriage and sexual abuse prevention at national level.	4	20	10

Implementation rate of the first Action Plan of United Nations Inter-Agency Network for Youth Development.	0	75	19
<input type="checkbox"/> Implementation rate of the annual Action Plans for the Universal Periodic Review recommendations on adolescent and reproductive health issues.	0	50	100

**Key Achievements** (input also from the last CP evaluation)

UNFPA has built the capacity of multiple youth organizations around SRHR and GBV, and strengthened SRHR services for adolescents. UNFPA's role in engaging with and strengthening youth capacity, and expanding their networking and integration into different platforms, was reported to have been seen as good practice.

Extensive programming is underway through several programmes relating to adolescent girls and young women, regarding SRH and GBV. The 2020 Youth Partner Group, which UNFPA convenes, has been a strategic mechanism to support the government in planning and implementing more coherent and coordinated programming on all youth initiatives, utilizing a youth programme mapping that has been undertaken. It exemplifies a multisectoral and One UN/new way of working approach to strengthen coordination and effectiveness of diverse youth-related programmes to address the demographic dividend.

**Outcome 2. Output 2: Increased demand for access to quality adolescent sexual and reproductive health and HIV-prevention services**

Indicators	Baseline (2016)	Target (2021)	End-line data
<input type="checkbox"/> Percentage of young people aged 15-24 who have comprehensive knowledge about sexual and reproductive health and HIV-AIDS prevention.	70	85	84

**Key Achievements** (input also from the last CP evaluation)

The mentorship approach, implemented mainly through the flagship programme Rapariga Biz, has reached large numbers of adolescent girls and young women, demonstrably increasing SRH and HIV prevention knowledge and service uptake, and contributing to reducing child marriage in the areas of operation.

UNFPA advocated for and provided both technical and financial support to the development of the National School and Adolescent Health strategy, which was promulgated in 2019. It enshrines the rights of adolescents to full sexual and reproductive health and rights, including HIV, among wider legal and political commitments.

**Outcome 3. Output 1: Multisectoral integrated assistance to women and girls affected by gender-based violence enhanced**

Indicators	Baseline (2016)	Target (2021)	End-line data
<input type="checkbox"/> Number of Integrated Assistance Centres with all four functions operational.	2	7	4
<input type="checkbox"/> Percentage of reported cases of gender-based violence that are followed up through the multisectoral mechanism 'ficha única'	10	100	77

**Key Achievements** (input also from the last CP evaluation)

UNFPA supported service providers of CAIs, health workers, social workers, justice and police, greatly improving their capacity to deliver quality services under the integrated mechanism, and their understanding of the law.

UNFPA support to strengthen CAIs to enable survivors to receive several services in the same place has greatly improved service provider capacity to provide quality services under the integrated mechanism.

UNFPA supported the use in the CAI of the single form *ficha única*, which enables reporting of cases of violence on the same form, regardless of entry point, through training 60 service providers. *Ficha única* was piloted in Gaza/ Xai-Xai and Nampula.

**Outcome 4. Output 1: National capabilities to collect, analyse and use high-quality data on poverty, deprivation and inequalities to inform economic policy is strengthened**

Indicators	Baseline	Target	End-line data
<input type="checkbox"/> Number of gender-sensitive social and economic plans at national ministry level available	15	21	23
<input type="checkbox"/> 90 per cent of nationally selected SDG indicators are regularly updated.	No	Yes	50%
Number of thematic analyses that reflect key population dynamics for policy development	1	3	6

**Key Achievements** (*input also from the last CP evaluation*)

UNFPA support to strengthen national capacity to collect, analyze and use population data has reinforced INE capacity to produce and disseminate official statistics and promote statistical culture.

A key contribution was the UNFPA mobilization of funds that made the 2017 census possible. UNFPA also supported online platforms for data dissemination and monitoring of GBV, youth and fistula information, and the adoption of a gender mainstreaming approach for production of gender statistics.

The National Statistics Office Strategic Plan for 2020-2024 highlights the need to increase availability of official statistics for development and planning, being most of the results achieved so far supported by UNFPA.

**Outcome 4. Output 2: National capacity to implement evidence-based policies and strategies to harness the demographic dividend reinforced**

Indicators	Baseline (2016)	Target (2021)	End-line data
<input type="checkbox"/> Implementation rate of the National Demographic Dividend Roadmap	0	70	50

**Key Achievements** (*input also from the last CP evaluation*)

UNFPA has helped to raise awareness on population dynamics through promoting and funding policy dialogues with government and a wide range of stakeholders, and contributed to the production of relevant policy documents such as the roadmap for the demographic dividend and the inclusion of population issues in the National Development Strategy.

C. National Progress on Strategic Plan Outcomes <sup>1</sup>	Start value	Year	End value	Year	Comments
<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>					
Percentage in which at least 95% of service delivery points in the country have seven life-saving maternal/reproductive health medicines from the WHO priority list	84%	2015	87%	2019	This indicator is collected through the “Commodity survey” <sup>2</sup> supported by UNFPA
Contraceptive prevalence rate (total)	30%	2017	36.4%	2021	FP2020 estimates of modern contraceptive prevalence rate (mCPR AW)
Proportion of demand for contraception satisfied (total)	31.4%	2012	58.7%	2021	FP2020 estimates of demand satisfied for modern contraception (MW)
Percentage in which at least 60% of service delivery points in the country have no stock-out of contraceptives in the last six months	40%	2015	88%	2019	Data corresponds to the percentage of service delivery points (SDP) with ‘no stockout’ of five modern contraceptive methods offered in the last 3 months. <sup>3</sup>
Percentage in which at least 80% of live births in the country are attended by skilled health personnel	54%	2011	73%	2016	Data correspond to the latest National Demographic Health Surveys (DHS, 2011, and IMASIDA, 2015)

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

<sup>2</sup> Source: “Availability of modern contraceptives and essential life saving maternal/reproductive health medicines in health facilities of Mozambique”, 2019

<sup>3</sup> Source: Availability of modern contraceptives and essential life saving maternal/reproductive health medicines in health facilities of Mozambique”, 2019

Number of adapted and implemented protocols for family planning services in the country that meet human rights standards including freedom from discrimination, coercion and violence	0	2017	5	2020	This includes five protocols and SOPs: guide to expand Sayana Press. Post partum IUD, Implant insertion and removal; and Post abortion contraception national SOP)
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)	8% (women) 16% (men) <sup>4</sup>	2015	Data not available at the moment of reporting	2021	Demographic Health Survey was postponed due to COVID-19, and data will be only available in 2022
Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?	N/A	N/A	14,0 m USD	2021	No expenditure data available at the moment of reporting <sup>5</sup>

### **Summary of National Progress**

The total fertility rate (TFR) remained high at 5.4 children per woman in 2018, 3.9 percent in urban areas and 6.2 percent rural. This is a slight decline from the 2007 census which estimated TFR at 5.7.

Mozambique's efforts to address the country's family planning needs have produced positive outcomes. Government as well as partners have committed towards the 2030 Agenda, including accelerating progress towards universal access to sexual and reproductive health and rights. Also, since 2020 Mozambique is committed to the global FP2020 partnership. This strong political will has resulted in significant progress.

Since 2012, family planning users have almost doubled and the modern contraceptive prevalence rate (mCPR) among all women has increased from 14% to more than 35%. Unmet need for family planning has also been reduced from 31.3% to 25%. In addition, Mozambique has focused its efforts to ensure that 30% of all public health facilities use electronic logistic management information systems to facilitate family planning distribution.

Mozambique passed legislation that decriminalizes abortion services for women in the first 12 weeks of pregnancy, and in 2017 the Ministry of Health approved clinical and legal guidelines to implement the new legislation on abortion.

**UNFPA's Contributions** *Please provide contributions to those outcomes only to which the CP contributed. Not all outcome areas are expected to be covered under UNFPA contributions.*

UNFPA supported, jointly with UN partners, the strengthening of institutional capacity of the health sector including technical support to develop key strategic documents including the National Health Policy 2020-2030, the extension of the

<sup>4</sup> IMASIDA 2015 measured percentage of women and men age 15-49 who had sexual intercourse in the past 12 months who used a condom at last sex

<sup>5</sup> No baseline available. Data reported corresponds to the planned budget (2021) for school and adolescent health, maternal and child health, and human resources for the fiscal year 2021, at the central level (Economic and Social Plan, 2021)

Health Strategic Plan 2020-2024, the COVID-19 National Response Plan, and the national school and adolescent health strategy.

UNFPA also supported the implementation in different programmatic areas including the Every Newborn Action 2019-2023 (ENAP, 2019-2023) for the prevention of newborn deaths, and the national obstetric fistula strategy.

During the 9<sup>th</sup> CPD, UNFPA has supported health system strengthening by reinforcing the capacity of nurses to provide maternal and child health (MCH) services, including supporting the graduation of maternal health nurses. Only in 2020, eight provincial meetings on maternal perinatal death surveillance committees took place in five UNFPA-supported provinces.

UNFPA was a pioneer in conducting the national and provincial virtual training for MCH nurses and medical doctors for integrated MCH service provision in the context of COVID-19, with more than 800 health providers trained through this modality.

**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)	70%	2015	Data not available at the moment of reporting	2021	No new data. Demographic Health Survey was postponed due to COVID-19, and data will be only available in 2022
Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?	No	2017	Yes	2021	The National Health Policy was approved in 2020. The national school and adolescent health strategy was approved in 2020.

**Summary of National Progress**

The National Strategy on School, Adolescent and Youth Health was launched in 2019.

As per the Global AIDS monitoring report 2019, Mozambique is making slow but steady progress towards finding and treating PLHIV (people living with HIV), from 2.1 million to 2.2 million PLHIV. New infections in adults were on a steady decline until 2018, where Mozambique saw a slight increase.

In 2019, 97 percent of 115,947 pregnant women attending antenatal care who tested HIV positive received ARVs to prevent mother to child HIV transmission (PMTCT), 82 and UNAIDS estimates a mother to child transmission rate of 15 percent

**UNFPA's Contributions**

UNFPA has contributed technically and financially to the development of the National Strategy on School, Adolescent and Youth Health, which focuses on increasing access of adolescents to SRH services, including contraceptives.

Additionally, UNFPA has supported extensively mentorship approaches for girls 15-24 years old, reaching 699,006 Adolescent Girls and Young Women (AGYW) since 2016. UNFPA and its partners have 4,890 Mentors active in leading mentoring continuity in their communities.

Across the 5 years of implementation 2016-2020, the rates of child marriage/premature unions among girls aged 10-19 enrolled in the mentorship programme were 1.1% , and the rates for early/adolescent pregnancy were 0.6%.

A Mentorship manual/guide targeting boys and young men on SRHR/HIV/GBV, life skills and positive masculinities developed and piloted in selected districts. UNFPA supported the reproduction and distribution of new Youth Friendly Service registration tools.

UNFPA and partners developed a Risk Communication and Community Engagement strategy for girls in the context of the response to COVID-19.

**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?	No	2017	Yes	2021	The gender strategy 2018-2022 was developed in 2018. Government develops annual budget plans
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	0%	2016	25% fully implemented , 75% partially implemented	2021	2016 was the beginning of the 2nd UPR cycle.
Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances	14%	2015	14%	N/A	No new data. DHS is due in 2021/2022

**Summary of National Progress**

Mozambique has developed and started to operationalize the National Strategy Against Child Marriage, and has passed the Chil Marraige Act, both considered as landmark events by Civil Society Organizations and Government.

The National Plan for Prevention of and Response to Gender Based Violence 2018-2021 was approved in 2021.

Mozambique has also reviewed discriminatory regulations implemented by public actors, such as the Ministerial Order 39 that banished pregnant girls from attending school day shifts

**UNFPA’s Contributions**

UNFPA has been working directly with the Ministry of Gender, providing technical and financial support on adoption of the Gender Startegy 2018-2024, the National Plan for Prevention of and Response to Gender Based Violence 2018-2021, and the National Stryegy Against Child Marriage.

UNFPA supported the provision of integrated assistance to women and girls affected by GBV, including capacity strengthening of officials from the health, police, social action, and justice sectors.

The advocacy efforts by national CSOs on revocation of discriminatory regulations had technical and financial support from UNFPA, including the promotion of common advocacy approaches by CSOs.



<b>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</b>					
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)?	No	2016	Yes	2017	Census was conducted in 2017 and main results disseminated
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	2015	No	2021	DHS was postponed due to COVID-19. Data collection is expected to start in Q4 2021
Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?	No	2016	Yes	2021	Evaluation reports <sup>6</sup>
Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets	0	2016	100%	2020	5-years Government Plan (“Plano Quinquenal do Governo”) 2020-2024
<p><b><u>Summary of National Progress</u></b></p> <p>Mozambique’s 2017 Population and Housing Census was successfully enumerated between 1-15 August 2017. Official results were disseminated at national and subnational level through different media and data products.</p> <p>The DHS planning and listing phases have been completed and the field operations are expected to commence in November 2021.</p> <p>The Government's 2020-24 National Development Plan was based on the 2017 Population Census data. The census data have also been widely used for SDG monitoring and to inform the Government response to the multiple humanitarian crises that have affected Mozambique since 2019.</p> <p><b><u>UNFPA’s Contributions</u></b></p> <p>The conduct of the 2017 census was only possible thanks to UNFPA resource mobilization, which supported 34% of the total census costs. Capacity in data processing, gender statistics and geospatial data was built at INE, with technical support provided by UNFPA and in partnership with the GRID 3 team.</p> <p>UNFPA mobilized resources for the upcoming DHS, and technically supported the survey design and integration of SRH and GBV indicators.</p>					

<sup>6</sup> Evaluations conducted during the 9th CPD included the United Nations Partnership Development Framework (UNPDF) Evaluation (2020); the Country Programme Evaluation (CPE) of the 9th Country Programme; the evaluation of the joint programme addressing young girls needs “Rapariga Bizz”; and the Formative evaluation of UNFPA approach to South-South and triangular cooperation in 2020, among other evaluations including sexual and reproductive health and adolescent and youth aspects.

Capacity for demographic data analysis and utilization within the Ministry of Economy and Finance was accrued as a result of UNFPA technical assistance and interventions.

UNFPA contributed to the on-going efforts to improve availability of GBV data to inform policy making, supporting the development of “Infoviolencia”, a digital platform to register and manage reported GBV cases. The capacity of technical staff from government institutions to report on GBV also improved thanks to UNFPA efforts.

<b>D. Country Programme Resources</b>						
<b>SP Outcome</b>	<b>Regular Resource (Planned and Final Expenditure)</b>		<b>Others (Planned and Final Expenditure)</b>		<b>Total (Planned and Final Expenditure)</b>	
<b>Choose only those relevant to your CP</b>						
Increased availability and use of integrated sexual and reproductive health services	6.0	6.0	8.5	47.2	14.5	53.2
Youth policies and programmes, and increased availability of comprehensive sexuality education	2.8	2.8	7.2	8.9	10.0	11.7
Advanced gender equality, women’s and girls’ empowerment, and reproductive rights	1.4	1.4	3.0	7.7	4.4	9.1
Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics	4.0	4.0	6.0	6.5	10.0	10.5
Programme coordination and assistance	<b>1.2</b>	<b>1.2</b>	<b>0</b>	<b>0</b>	<b>1.2</b>	<b>1.2</b>
<b>Total</b>	<b>15.4</b>	<b>15.4</b>	<b>24.7</b>	<b>70.3<sup>7</sup></b>	<b>40.1</b>	<b>85.7<sup>8</sup></b>

Note these figures correspond to the CPD 2017-2020 (planned resources). The CPD was extended to 2021.

<sup>7</sup> These figures correspond to non-core resources mobilized (planned vs mobilized)

<sup>8</sup> These figure corresponds to actual funds mobilized during the 9th CPD (planned core and non-core vs mobilized)