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UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Final country programme document for Mozambique

Proposed indicative UNFPA assistance: \$44 million: \$16 million from regular resources and \$28 million through co-financing modalities and/or other, including regular, resources

Programme period: Four years (2012–2015)

Cycle of assistance: Eight

Category per decision 2007/42: A

Proposed indicative assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health and rights	7.8	25.5	33.3
Population and development	4.1	1.0	5.1
Gender equality	3.5	1.5	5.0
Programme coordination and assistance	0.6	–	0.6
Total	16.0	28.0	44.0

I. Situation analysis

1. The UNFPA draft country programme document is one component of the United Nations programme of support to the Government of Mozambique, which seeks to achieve the Millennium Development Goals by 2015. The population was 22.4 million in 2010. The annual population growth rate was 2.7 per cent. Seventy per cent of the population lives in rural areas. The poverty rate was 54 per cent in 2008. Economic growth in the period 2005-2010 averaged 7.5 per cent per year. Nevertheless, economic and social disparities have increased. Natural disasters, disease and low agricultural productivity have contributed to the persistence of poverty.

2. The total fertility rate was 5.7 children per woman in 2007 (4.3 in urban areas and 6.4 in rural areas). Approximately 50 per cent of the population is younger than 18. In 2003, 41 per cent of women aged 15-19 had already given birth to at least one child.

3. Women experience lower social and economic status, higher illiteracy rates, and poorer health than men, especially in rural areas, where 87 per cent of women are informally employed, mostly in subsistence agriculture. The illiteracy rate for rural women was 77 per cent in 2007. In 2008, 37 per cent of women believed that the use of violence by husbands was justifiable. Thirty-nine per cent of parliamentarians are women.

4. The maternal mortality ratio was 500 maternal deaths per 100,000 live births in 2007, an increase from 408 in 2003. The prevalence of modern contraceptive methods was 12 per cent in 2008.

5. A needs assessment in 2007-2008 on maternal and newborn health revealed a need for increased coverage and quality of services. Twenty-three per cent of health facilities offered emergency obstetric care, representing 38 per cent of the recommended number for the

size of the population. A shortage of trained health personnel and basic medical supplies affected the quality of services.

6. The HIV epidemic continues to expand. A 2009 survey on HIV/AIDS reported a prevalence rate of 11.5 per cent (13.1 per cent for women and 9.2 per cent for men), with significant geographical variations and disparities by sex and age. Young women are four times more likely to be HIV positive than young men.

7. The Government is committed to addressing maternal mortality, high fertility and gender inequality, and to investing in youth. It has improved the legal environment as well as existing programmes in an effort to achieve national coverage of health-care services. However, the exponential growth of the young population, along with cultural, economic and infrastructural obstacles to accessing health services, hinders efforts to improve the health system.

II. Past cooperation and lessons learned

8. The seventh country programme, 2007-2009, was extended to 2011. The final programme evaluation reported the following achievements: (a) improved availability of population data for planning at national and provincial levels through support for the 2007 population and housing census; (b) the approval of policies to improve the quality of and access to sexual and reproductive health services, such as the national integrated plan to achieve Millennium Development Goals 4 and 5 in 2008, and the national strategy for family planning in 2010; (c) increased availability of condoms through the implementation of the UNFPA-supported national accelerated HIV prevention strategy; and (d) the approval of a law against domestic violence, and the implementation of a multi-faceted response to gender-based violence.

9. The evaluation linked UNFPA contributions to: (a) an increase in deliveries attended by skilled health personnel, from 48 per cent in 2003 to 55 per cent in 2008; (b) an increase in the coverage of institutional births, from 53.8 per cent in 2007 to 62 per cent in 2010; and (c) an increase in the percentage of new acceptors of modern contraceptives, from 11 per cent in 2007 to 23 per cent in 2010. These results were due to in-service training in basic and emergency obstetric care, community involvement in the construction and renovation of maternity waiting homes, and the use of 'baby kits' as incentives in low-coverage areas.

10. The evaluation found that integrating contraceptive counselling into national health week campaigns was effective. However, weak logistics management hampered the continuity of contraceptive use. A lesson learned was the need to involve men in family planning, since social norms limit women's involvement in decision-making.

11. The evaluation confirmed an increase in the capacity of the Government and civil society to implement an intersectoral approach to preventing HIV among youth, using community, school and health-service outreach strategies. In the period 2007-2009, UNFPA supported the national adolescent sexual reproductive health and HIV/AIDS prevention programme to increase its coverage from 37 to 63 per cent of young people. This programme was the most-used source of information on HIV among youth in 2009. During this period, the number of community-based peer educators increased by 25 per cent, the number of health providers trained to deliver youth-friendly services tripled, and the number of students reached through school outreach efforts was 1.4 million. The intersectoral programme approach contributed to a drop in the average number of adolescent pregnancies in participating schools, from 4.66 in 2006 to 0.55 in 2010.

12. Lessons learned in the area of youth are: (a) the weak economic status of youth is an obstacle to HIV-prevention efforts; (b) the

involvement of youth associations improves national development programmes for youth; (c) without specific strategies to address the gender concerns of adolescents and young women, the feminization of the HIV epidemic will continue; and (d) strategies to ensure the sustainability of sexual and reproductive health programming need to be strengthened, especially by incorporating them in public budgets.

II. Proposed programme

13. Mozambique is a pilot country for the United Nations 'delivering as one' initiative. The proposed UNFPA programme is part of the United Nations Development Assistance Framework (UNDAF), 2012-2015. The United Nations system and the Government developed the UNDAF with the assistance of civil society and development partners, and aligned it with the national poverty reduction strategy. The UNDAF, which is aligned with United Nations conventions, seeks to achieve the Millennium Development Goals. For the first time, 21 organizations developed a single action plan, to contribute to commonly defined outcomes, replacing individual action plans for each organization.

14. These outcomes form the basis for the UNFPA draft country programme document and the structure of the results and resources framework. The goal is to reduce poverty and disparities to improve the lives of the most disadvantaged people. The outcomes are in three focus areas in which the United Nations has a comparative advantage: (a) governance; (b) social area; and (c) economic area. UNFPA will contribute, in line with its mandate and in full coordination with other development partners, to specific results in each focus area.

15. In keeping with 'delivering as one', UNFPA will link its programme to the mandates of other United Nations organizations to strengthen the impact of programmes. For example, UNFPA will participate in the economic area of the UNDAF, complementing

other partners' interventions to economically empower youth and women, focusing on preventing HIV, unwanted pregnancies and gender-based violence.

16. The UNFPA programme will contribute to the UNDAF outcomes. UNFPA outputs reflect a three-pronged, rights-based strategy, supporting: (a) the development of national and decentralized capacity to ensure rights; (b) the ability of populations to demand and access services; and (c) a national framework of legislation and policies to support these actions.

17. In the area of governance, UNFPA has three outputs that provide integrated support in the three programmatic areas of UNFPA: (a) reproductive health and rights; (b) population and development; and (c) gender equality.

18. Output 1: Increased political support for legislation and policies to realize the human rights of youth and women. UNFPA will strengthen the capacity of parliamentary groups to address issues related to sexual and reproductive rights, HIV/AIDS and youth. UNFPA will also strengthen the capacity of the media and civil society groups to promote human rights-based approaches to sexual and reproductive health and gender-equality issues among the general public.

19. Output 2: Increased effectiveness of national systems to mainstream gender issues. UNFPA will strengthen national institutions to mainstream gender in policies and programmes and support mechanisms to respond to gender-based violence, by providing technical assistance training to various stakeholders.

20. Output 3: Improved availability, analysis and use of disaggregated data for development planning, particularly to reduce disparities at the district level. UNFPA will strengthen the availability of demographic data through the integrated management of statistical information and by supporting thematic population and development studies. These

strategies will seek to reduce disparities and strengthen cross-cutting programme interventions, including on HIV, at provincial and district levels.

21. UNFPA has four outputs in the social area. They are aligned with national plans and strategies, the national integrated plan to achieve Millennium Development Goals 4 and 5, the family planning strategy and the national HIV-prevention strategy. Two outputs are related to access to services (outputs 1 and 2), and two are related to the demand for services (3 and 4).

22. Output 1: An enhanced political and social environment for sexual and reproductive health, including HIV prevention. UNFPA will: (a) support policy dialogue, civil society engagement, and partnerships; (b) advocate sustainable health financing; (c) support the collection of data on sexual and reproductive health, especially on contraceptive prevalence, adolescent pregnancy and maternal mortality, and support quality assurance; and (d) contribute to developing the family planning communications strategy and the national fistula programme.

23. Output 2: Increased access to high-quality, integrated and gender-sensitive sexual and reproductive health services, from the primary health-care level to referral-level health facilities. UNFPA will help to improve sexual and reproductive health services by: (a) supporting reproductive health commodity security, focusing on the logistics system to ensure the availability of supplies and the provision of contraceptives; (b) training health personnel in essential and emergency obstetric care and in the provision of family planning services; (c) reinforcing linkages to HIV; (d) improving the quality of supervision, monitoring and evaluation; and (e) supporting integrated services for victims of gender-based violence.

24. Output 3: Increased demand for, and utilization of, high-quality sexual and

reproductive health services, focusing on family planning at the community level. UNFPA will contribute to increased institutional delivery by supporting community health councils to strengthen the linkages between health facilities and communities. UNFPA will also help to increase contraceptive prevalence, by targeting young women, involving men and community leaders, and strengthening women's organizations and youth organizations at provincial and district levels.

25. Output 4: Reduced risk of and vulnerability to HIV infection among girls and youth. UNFPA will support community-led sociocultural change and health-promoting behaviour. It will support the expansion of a pilot intervention in community rights-based planning. This participatory approach addresses sensitive issues such as condom use, early marriage and gender-based violence.

26. UNFPA has three outputs in the economic area that provide integrated support in the three programmatic areas: (a) reproductive health and rights; (b) population and development; and (c) gender equality.

27. Output 1: Increased empowerment of women in rural areas. UNFPA will complement the work of other United Nations organizations and women's organizations by increasing support for the human rights of women in rural communities and by fostering linkages to initiatives to strengthen the organizational skills of rural associations that contribute to women's land ownership and access to micro-finance.

28. Output 2: Income generation is included in the multisectoral approach to youth. Within the context of UNFPA support to strengthen the national adolescent sexual reproductive health and HIV/AIDS prevention programme, UNFPA will expand the package of services related to life skills (health knowledge, communication skills and leadership skills) to include an income-generation component. The programme will link youth associations to national initiatives to improve the access of youth to the

labour market. These efforts will be led by the International Labour Organization and the United Nations Industrial Development Organization.

29. Output 3: Gender-sensitive contingency plans for emergencies are developed. UNFPA will: (a) contribute to the design and implementation of a national disaster strategy; (b) strengthen disaster management committees to address gender-specific needs; and (c) support the continuity of sexual and reproductive health services in emergencies and the availability of dignity kits and safe delivery kits.

IV. Programme management, monitoring and evaluation

30. Joint review mechanisms, including a comprehensive annual review process with government partners, under the leadership of the Ministry of Cooperation and International Affairs, will monitor common outcomes of the UNDAF. Development results groups chaired by the heads of organizations of the United Nations system will serve as the operational mechanism for coordination, management and monitoring.

31. Periodic field visits planned in conjunction with United Nations organizations, government partners and donor entities will provide qualitative monitoring data. The United Nations and the Government will jointly plan and manage the evaluations. They will also conduct a midterm evaluation of the UNDAF action plan in 2014 to assess its contributions to reducing poverty and disparities, as outlined in the national poverty reduction strategy.

32. The country office in Mozambique consists of a representative, a deputy representative, an assistant representative, an international operations manager, a technical adviser, national programme officers, and administrative staff. National institutions, the UNFPA regional and subregional offices in

Africa, and South-South cooperation will provide technical assistance.

RESULTS AND RESOURCES FRAMEWORK FOR MOZAMBIQUE

National priorities (governance): (a) improve access to and the quality of public services for citizens in the national territory; (b) strengthen the participation of citizens in governance; and (c) ensure access to justice for all citizens, especially the economically disadvantaged				
UNDAF	United Nations development outcomes, indicators, baselines and targets	UNFPA outputs, indicators, baselines and targets	Partners	Indicative resources for UNFPA results
Governance	<p>Outcome: Strengthened democratic governance systems and processes guarantee equity, the rule of law and respect for human rights at all levels</p> <p>Outcome indicator: Number of people assisted through the Women and Children Victims of Violence programme. Baseline: 19,965 (2009); 13,583 women; 3,590 children; 2,792 men; Target: 30,000 annually (2014)</p> <p>Outcome: People in Mozambique participate in shaping and monitoring a transparent and equitable national development agenda</p> <p>Outcome indicator: Percentage of women in leadership positions Baseline: Parliament: 39.2%; ministers 28.5%; deputy ministers 19%; governors 27.2% (2010); ministerial permanent secretaries 24%; district administrators 20.4%; head of administrative post 11%; provincial director 20.7%; Target: 50% for all levels (2015)</p> <p>Outcome: Government and civil society provide coordinated, equitable and integrated services at the decentralized level</p> <p>Outcome indicator: Percentage of districts with social and economic plan review reports including cross-cutting issues (culture, gender, human rights, HIV/AIDS and de-mining) Baseline: 0% (2010); Target: 70%</p>	<p>Output 1: Increased political support for legislation and policies to realize the human rights of youth and women</p> <p>Output indicator: Percentage of the budget for the national youth programme that is funded by the national budget common fund Baseline: 5% (2010); Target: 30% (2014)</p> <p>Output 2: Increased effectiveness of national systems to mainstream gender issues</p> <p>Output indicator: Number of networks of services for survivors of gender-based violence that use a common registration system Baseline: 0; Target: 5</p> <p>Output 3: Improved availability, analysis and use of disaggregated data for development planning, particularly to reduce disparities at the district level</p> <p>Output indicators: Number of provinces and districts with a functional integrated management information system Baseline: provinces 0; districts 0; Target: integrated management information system in 11 provinces and 22 districts</p> <p>Number of provincial and district plans that allocate funds for gender and HIV and AIDS Baseline: 0 (2010); Target: 11 provinces; 22 districts</p>	<p>Ministries of: Education; Health; Interior; Planning; Women and Social Action; and Youth and Sports; National Institute for Statistics; National Youth Council; Parliament; women's parliamentary cabinet</p> <p>United Nations Capital Development Fund (UNCDF); UNDP; United Nations Children's Fund (UNICEF); UN-Women</p> <p>Eduardo Mondlane University; national and provincial women's networks; national association of journalists; Women and Law in Southern Africa; youth associations</p>	<p>Reproductive health and rights: \$1.3 million (\$0.4 million regular resources and \$0.9 million other resources)</p> <p>Population and development \$4.9 million (\$4 million from regular resources and \$0.9 million other resources)</p> <p>Gender equality: \$3.7 million (\$2.8 million regular resources and \$0.9 million other resources)</p> <p>Total: \$9.9 million</p>
National priorities (social services): (a) promote equity in access to health care, giving priority to the health and nutrition of women and children and other vulnerable groups; and (b) develop and implement mechanisms to promote access of the most vulnerable to the educational and health systems through social action in education and in health				
Social area	<p>Outcome: Equitable provision of high-quality, essential social services ensure improved well-being for all vulnerable groups</p> <p>Outcome indicator: Number of institutional births, disaggregated by province and rural/urban area Baseline: total 55%; Target: total 66% (2015)</p>	<p>Output 1: An enhanced political and social environment for sexual and reproductive health, including HIV prevention</p> <p>Output indicator: Percentage of contraceptive needs financed by national budget common fund Baseline: 0% (2010); Target: 10% (2015)</p> <p>Output 2: Increased access to high-quality, integrated and gender-sensitive sexual and reproductive health services, from the primary health-care level to referral-level health facilities</p>	<p>Ministries of: Education; Health; Finance; and Youth and Sport; National Health Institute</p> <p>Joint United Nations Programme on HIV/AIDS; United Nations Educational, Scientific and Cultural Organization (UNESCO); UNICEF</p>	<p>Reproductive health and rights: \$20 million (\$4 million from regular resources and \$16 million from other resources)</p>

National priorities (production and employment): (a) design and operationalization of a national programme for social action in the area of production in response to chronic food insecurity, vulnerability to climatic shocks, instability of prices and seasonal variations in agricultural production; (b) facilitate access to financial services in rural areas, securing increased access for women; and (c) focus on the entry of youth and women into the productive workforce				
UNDAF	United Nations development outcomes, indicators, baselines and targets	UNFPA outputs, indicators, baselines and targets	Partners	Indicative resources for UNFPA results
Social area	<p>Outcome 2: Vulnerable groups demand, access and use high-quality, equitably delivered social services</p> <p>Outcome indicator: Percentage of adolescents and youths aged 15-24 who have had more than one sexual partner in the last 12 months reporting the use of condoms during their last relationship, disaggregated by sex and rural/urban area Baseline: women 33.1%; men 37.2% (2008); women rural: 14.9%; women urban: 35.7%; men rural: 7.7%; men urban: 43% Target: total 60% for men and women (2015)</p>	<p>Output indicator: Number of health facilities that offer basic emergency obstetric and neonatal care Baseline: 1.13 per 500,000 inhabitants (2007); Target: 4 per 500,000 inhabitants (2015)</p> <p>Output 3: Increased demand for, and utilization of, high-quality sexual and reproductive health services, focusing on family planning at the community level</p> <p>Output indicator: Percentage of new users of modern family planning methods Baseline: 12% (2008); Target: 25% (2015)</p> <p>Output 4: Reduced risk of and vulnerability to HIV infection among girls and youth</p> <p>Output indicator: Percentage of adolescent boys and girls tested for HIV in youth health centres Baseline: 22% (2010); Target: boys 40%, girls 40% (2015)</p>	<p>Disabled people's associations; International Planned Parenthood Federation; national and provincial women's networks; Women and Law in Southern Africa; youth associations</p> <p>World Health Organization</p>	<p>Reproductive health and rights: \$11.4 million (\$3.2 million from regular resources and \$8.2 million from others resources)</p> <p>Total: \$31.4 million</p>
Economic area	<p>Outcome 1: Vulnerable groups, particularly women's groups, demand and ensure production and productivity in the primary sector in order to increase their own food security</p> <p>Outcome indicator: Proportion of rural men to rural women assisted by public extension services, including subcontracted services Baseline: 1:0.44; Target: 1:0.52 (2015)</p> <p>Outcome 2: Vulnerable groups access new opportunities for improved incomes and livelihoods, with a focus on decent employment</p> <p>Outcome indicator: Number of youths and women with access to employment after professional training. Baseline: 101,726 (2009); Target: 100,000 per year</p> <p>Outcome 3: Sustainable and effective management of natural resources and disaster-risk reduction benefit all people in Mozambique, particularly the most vulnerable</p> <p>Outcome indicator: Percentage of sectors with specific responses to the needs of women, girls, men and boys in their contingency plans Baseline: 25%; Target: 80%</p>	<p>Output 1: Increased empowerment of women in rural areas</p> <p>Output indicator: Number of women smallholders who obtained land registration through the support of women's organizations Baseline: 52 (2010); Target: 800 (2015)</p> <p>Output 2: Income generation is included in the multisectoral approach to youth</p> <p>Output indicator: Percentage of youth associations implementing the youth programme that have access to vocational training Baseline: 0 (2012); Target: 50% (2015)</p> <p>Output 3: Gender-sensitive contingency plans for emergencies are developed</p> <p>Indicator: Number of national sector contingency plans that integrate gender Baseline: 2 (health; women and social action); Target: 5 (agriculture, education, public administration)</p>	<p>Ministry of Women and Social Action; National Institute for Disaster Management; National Institute for Vocational Training</p> <p>UNCDF; UNDP; UNESCO; International Labour Organization; United Nations Industrial Development Organization; UN-Women; World Food Programme</p> <p>Disabled people's associations; national and provincial women's networks; youth associations</p>	<p>Reproductive health and rights: \$0.6 million (\$0.2 million regular resources and \$0.4 million other resources)</p> <p>Population and development: \$0.2 million (\$0.1 million regular resources and \$0.1 million other resources)</p> <p>Gender equality: \$1.3 million (\$0.7 million regular resources and \$0.6 million other resources)</p> <p>Total: \$2.1 million</p>