



**Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund**

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UNITED NATIONS POPULATION FUND

Country programme for Mozambique

Proposed UNFPA assistance: \$21.35 million: \$10.35 million from regular resources and \$11 million through co-financing modalities and/or other, including regular, resources

Programme period: 3 years (2007-2009)

Cycle of assistance: Seventh

Category per decision 2005/13: A

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

	Regular resources	Other	Total
Reproductive health	5.00	9.40	14.40
Population and development	2.90	1.00	3.90
Gender	2.00	0.60	2.60
Programme coordination and assistance	0.45	-	0.45
Total	10.35	11.00	21.35

I. Situation analysis

1. Poverty in Mozambique has declined from 69.4 per cent in 1997 to 54.1 per cent in 2003. However, this achievement masks regional variations. Based on projections from the 1997 census, the population is approximately 18.9 million, 77 per cent of whom live in rural areas. The annual population growth rate is 2.7 per cent. Fifty-three per cent of the population are women. The total fertility rate is 5.5 children per woman, and 60 per cent of women below the age of 20 are mothers. Forty-four per cent of the population is under the age of 15.

2. The maternal mortality ratio dropped from 1,600 deaths per 100,000 live births in 1990 to 408 deaths in 2003. During the last five years, 20,000 women suffered from obstetric fistula, but only 700 women had access to treatment. The limited number of health professionals, coupled with constraints in decentralized planning, hampers the ability of the Government to provide access to high-quality health services.

3. HIV and AIDS pose threats to development. The epidemic has reduced life expectancy from 41 years in 1999 to 38.1 years in 2004. The HIV prevalence rate among those aged 15 to 49 has increased from 8.2 per cent in 1998 to 16.2 per cent in 2005. Approximately 1.6 million Mozambicans are living with HIV or AIDS, and the majority, 58 per cent, are women. The gender difference is acute among the age groups 15-19 and 20-24, where prevalence among women is more than three times higher than among men. Youth (aged 15-24) account for 60 per cent of new infections.

4. Gender inequality persists, despite progress in women's political representation. Girls and women have lower social and economic status, lower levels of education, higher illiteracy rates (68 per cent for women versus 37 per cent for men), and poorer health and nutritional status than men. They are also at a higher risk for sexual exploitation, legal

discrimination, violence and HIV infection. The institutional and technical capacity within the Government and civil society must be strengthened to respond to these challenges.

II. Past cooperation and lessons learned

5. In the area of reproductive health, UNFPA helped to: (a) integrate adolescent sexual and reproductive health and HIV/AIDS services into the annual planning processes at central and provincial levels; (b) improve training for health-service providers, which helped to increase the number of births with skilled attendants; and (c) strengthen collaboration between the Government and civil society to implement Geração Biz (the national adolescent sexual and reproductive health and HIV/AIDS programme) and to decrease the vulnerability of young people to HIV/AIDS.

6. In the area of population and development, the programme helped to strengthen the institutional capacity of the National Institute of Statistics for the 2007 population and housing census. UNFPA provided support to advocacy, cartography and resource mobilization.

7. In the area of gender, UNFPA helped to: (a) develop and implement the national gender policy; (b) develop and approve the family law; (c) develop a law against domestic violence; and (d) increase the focus on gender issues in national strategies and plans.

8. Lessons learned include the need to: (a) adopt a national, multisectoral and comprehensive programme approach as opposed to a vertical project approach. A sector-wide approach and direct budget support enhance national ownership and sustain development efforts; (b) focus on poverty-reduction efforts that address gender disparities, particularly where gender inequality fuels the spread of HIV/AIDS; (c) strengthen reproductive health commodity security to provide high-quality sexual and reproductive health and family planning services, including

those for adolescents; and (d) address the transition costs of changes in aid-delivery mechanisms.

III. Proposed programme

9. The proposed programme is based on the national poverty reduction strategy (2006-2009) and on the results matrix of the United Nations Development Assistance Framework (UNDAF). It focuses on human capital; governance; and HIV/AIDS. The Government, civil society, the United Nations country team and development partners played key roles in defining the programme outcomes and implementation strategies. The programme is aligned with national priorities, the Millennium Development Goals, the Programme of Action of the International Conference on Population and Development, and the Convention on the Elimination of All Forms of Discrimination against Women.

10. The goal of the programme is to contribute to improved quality of life by: (a) making high-quality sexual and reproductive health services available to women, men, adolescents and youth; (b) preventing HIV/AIDS, especially among young people; (c) improving data collection for planning, monitoring and evaluation; (d) integrating gender into development processes to improve the status of women; (e) accelerating the dissemination and enforcement of laws and policies on gender, adolescent sexual and reproductive health, and HIV/AIDS; (f) supporting youth-friendly service delivery; and (g) documenting and disseminating lessons learned and best practices. The programme will support evidence-based advocacy to influence policy dialogue and strengthen partnerships to leverage resources and scale up interventions.

Reproductive health component

11. UNFPA will continue to participate actively in the sector-wide approach, contributing to the sexual and reproductive health policy dialogue

and providing technical assistance within the context of the sector-wide approach. Outcomes for this component are: (a) access to and use of high-quality reproductive health services are increased, especially for the most disadvantaged populations; (b) a comprehensive HIV-prevention package that addresses the vulnerability of adolescents, especially out-of-school youth, girls and young women, is developed, implemented and scaled up; and (c) a unified national monitoring and evaluation system that collects and disseminates high-quality, disaggregated data is strengthened to inform, support and evaluate the national HIV/AIDS response.

12. Output 1: National reproductive health policy and the national child health policy are approved and implemented. This output will be achieved by providing technical support at the central level to review sexual and reproductive health policies, norms, standards and guidelines. This will enable the Government to formulate and implement a comprehensive national reproductive health policy, guidelines and protocols. UNFPA will undertake a joint programme with the World Health Organization (WHO) and with the United Nations Children's Fund (UNICEF), using the parallel funding modality, with WHO as the lead agency.

13. Output 2: Increased access to high-quality sexual and reproductive health services, including emergency obstetric care, for 50 per cent of women and 10 per cent of men of reproductive age in all provinces. This will be achieved by: (a) developing a road map for maternal health; (b) strengthening institutions by providing emergency obstetric care and fistula training for health-service providers; and (c) strengthening reproductive health commodity security. This output will be achieved jointly with WHO, with UNFPA as the lead agency, using the pooled funding modality.

14. Output 3: A health information system that provides high-quality disaggregated data on key health indicators is designed and implemented

nationally. UNFPA will support the inclusion of reproductive health indicators in the health information system and the dissemination and use of the results of the national maternal health needs assessment to ensure effective programming. This will strengthen the national health information system and the logistics system for material, equipment, drugs and sexual and reproductive health commodities. UNFPA, UNICEF and WHO will develop a joint programme that uses the pooled funding modality, with WHO as the lead agency.

15. Output 4: A national policy framework, strategy and coordination mechanism for HIV prevention among adolescents and young people is formulated and approved by the end of 2007. UNFPA will support institutional capacity-building in the line ministries to develop an HIV-prevention policy, strategy and coordination mechanisms. The programme will support youth participation through civil society organizations and national youth networks.

16. Output 5: The national HIV/AIDS prevention programme, which is rights-based and promotes gender equality, is scaled up to reach at least 60 per cent of the target population of adolescents and young people by the end of 2009. UNFPA will expand support to the Geração Biz programme, which will, by the end of the country programme, cover all provinces in Mozambique. This programme addresses sexual and reproductive health, including HIV/AIDS, for the 10-24 age group and is an integral part of the sexual and reproductive health agenda. Through Geração Biz, UNFPA will help to increase the number of youth-friendly health services; school-based 'youth corners'; and community-based youth centres for out-of school youth. The programme will also increase outreach efforts to youth associations, and will train peer educators and teachers in adolescent and sexual health. The programme will: (a) support policy formulation; (b) build the capacity of national institutions;

(c) involve programme beneficiaries in programme design, monitoring and evaluation; (d) enhance the quality of services and information; (e) support curriculum development; and (f) support information and communication technology for youth, including behaviour change communication. This output will be achieved in partnership with the United Nations Educational, Scientific and Cultural Organization (UNESCO), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and UNICEF, with UNFPA as the lead agency, using the parallel funding modality.

17. Output 6: Key prevention information is regularly collected, analysed and used to determine the appropriate mix of HIV prevention measures, and the gaps and barriers in policy and programme implementation. UNFPA will support operational and sociocultural studies in order to integrate cultural and social issues into HIV-prevention strategies, mainly for out-of-school youth. UNFPA, UNICEF, UNESCO, UNDP, the World Food Programme, the Food and Agriculture Organization of the United Nations, and UNAIDS will develop a joint monitoring and evaluation programme. UNFPA will serve as lead agency.

Population and development component

18. The expected outcomes for this component are: (a) decentralized government capacity is strengthened in all provinces and districts for participatory planning, monitoring and evaluation, gender-sensitive needs assessment, coordination and partnership-building; (b) national-level policy management, harmonization and alignment capacities are strengthened with effective planning, monitoring and evaluation.

19. Output 1: National capacities are strengthened to integrate, in a participatory manner, gender and HIV/AIDS into development plans, monitoring and evaluation. This will be achieved by strengthening the

national capacity to integrate population issues, including gender and HIV/AIDS, into policies and to effectively implement related results-oriented action plans at sectoral and provincial levels.

20. Output 2: The population and housing census is conducted in 2007 and updated socio-demographic, gender- and age-disaggregated data for development are available in all provinces and selected districts. UNFPA will support the National Institute of Statistics in carrying out the 2007 census and in analysing and disseminating census data. As a follow-up to the census, UNFPA will support the development of information systems that provide disaggregated data for planning, monitoring and evaluation. UNFPA will support the Centre for Population Studies in research and advocacy for reproductive health, HIV/AIDS, gender and other population issues.

Gender component

21. Expected outcomes for this component are: (a) democratic governance and legislative reforms enhance human rights-based approaches at all levels; (b) civil society organizations and structures (including traditional authorities) are strengthened and are involved in the development agenda at national and decentralized levels; and (c) pro-poor, gender-sensitive and sustainable local economic development is achieved. Implementation strategies will include advocacy, lobbying, networking and capacity-building.

22. Output 1: National capacity is enhanced to formulate, advocate and implement gender-sensitive legislation. This output will be achieved by: (a) strengthening national capacity to promote women's rights through legislative reforms, emphasizing the feminization of the HIV/AIDS epidemic; and (b) supporting the development of a national policy on gender-based violence that highlights women's rights.

23. Output 2: National capacity is strengthened to effectively mainstream HIV/AIDS, gender and other issues affecting vulnerable groups into governance processes at all levels. This output will address: (a) the cycle of poverty, HIV/AIDS and gender inequity and its impact on sustainable development; and (b) women's social and economic rights, by providing support to women's networks and organizations and by promoting women's literacy and access to microcredit and income-generating activities.

IV. Programme management, monitoring and evaluation

24. The programme will use the national execution and the cash-transfer modalities. The Ministry of Foreign Affairs will serve as the coordinating authority. The Ministries of Planning and Development; Health; Education; Women and Social Action; Youth and Sports; the National Institute of Statistics; and the Centre for Population Studies will manage the programme components. Other implementing partners will include NGOs and community-based organizations. The programme will follow the monitoring and evaluation plan for the Millennium Development Goals and the UNDAF, and will be harmonized with national monitoring and evaluation systems. Monitoring and evaluation will use a results-based management approach. The programme will conduct a baseline survey and needs assessment in 2006 to provide benchmark indicators for effective monitoring and evaluation. UNFPA and the Government will conduct a final evaluation of the programme in 2009.

25. The UNFPA country office in Mozambique consists of a representative; a deputy representative; an assistant representative, an operations manager, two national programme officers and administrative support staff. Programme funds are earmarked for one national programme post and several administrative support posts. National project personnel may also be recruited to strengthen programme implementation. The UNFPA

Country Technical Services Team in Harare, Zimbabwe, will provide technical support.

RESULTS AND RESOURCES FRAMEWORK FOR MOZAMBIQUE

<p>National priorities: (a) equitable distribution of resources to reach the most disadvantaged populations with basic social services (health, education, water, sanitation, HIV/AIDS prevention and care, housing and nutrition); and (b) to reduce the number of new infections from the current level of 500 a day among adults to 350 a day in five years and 150 a day in 10 years</p> <p>UNDAF outcome: by 2009, (a) increased access to and use of quality basic reproductive health services and social protection for the most disadvantaged populations, particularly children, youth and women, to reduce their vulnerability; and (b) individuals, civil society, national and local institutions, and public and private institutions, are empowered to halt the spread of HIV/AIDS among high-risk populations and to mitigate its impact</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p><u>Outcome 1:</u> Access to and use of high-quality reproductive health services are increased, especially for the most disadvantaged populations</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> ▪ Percentage of women with access to health services by province, area of residence and wealth index quintile ▪ Percentage of people using health services when necessary, by province, area of residence and wealth index quintile ▪ Maternal and child health clinic attendance <p><u>Outcome 2:</u> A comprehensive HIV-prevention package that addresses the vulnerability of adolescents, especially out-of-school youth, girls and young women, is developed, implemented and scaled up</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> ▪ National AIDS Council indicators <p><u>Outcome 3:</u> A unified national monitoring and evaluation system that collects and disseminates high-quality, disaggregated data is strengthened to inform, support and evaluate the national HIV/AIDS response</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> ▪ High-quality disaggregated data is available for planning and policy formulation 	<p><u>Output 1:</u> National reproductive health policy and the national child health policy are approved and implemented</p> <p><u>Output indicator:</u> National reproductive health policy is approved and implemented</p> <p><u>Output 2:</u> Increased access to high-quality sexual and reproductive health services, including emergency obstetric care, for 50 per cent of women and 10 per cent of men of reproductive age in all provinces</p> <p><u>Output indicator:</u> Improved reproductive health service indicators for maternal health, family planning and contraceptives in target districts</p> <p><u>Output 3:</u> A health information system that provides high-quality disaggregated data on key health indicators is designed and implemented nationally</p> <p><u>Output indicator:</u> Health information systems providing data</p> <p><u>Baseline:</u> High-quality disaggregated data, including by age and gender, provided by the health information system</p> <p><u>Output 4:</u> A national policy framework, strategy and coordination mechanism for HIV prevention among adolescents and young people is formulated and approved by the end of 2007</p> <p><u>Output indicator:</u> HIV prevention policy developed</p> <p><u>Output 5:</u> The national HIV/AIDS prevention programme, which is rights-based and promotes gender equality, is scaled up to reach at least 60 per cent of the target population of adolescents and young people by the end of 2009</p> <p><u>Output indicator:</u> Percentage of the target population reached</p> <p><u>Baseline:</u> Geração Biz database</p> <p><u>Output 6:</u> Key prevention information is regularly collected, analysed and used to determine the appropriate mix of HIV prevention measures, and the gaps and barriers in policy and programme implementation</p> <p><u>Output indicator:</u> HIV prevention measures, gaps and barriers in policy and programmes are evidence-based</p>	<p>Ministry of Health; UNICEF; WHO</p> <p>Ministry of Health; WHO</p> <p>Ministry of Health; UNICEF, WHO</p> <p>Ministries of: Health; Education and Culture; Youth and Sports; Pathfinder International</p> <p>Ministries of: Health; Education and Culture; Youth and Sports UNESCO; UNAIDS; UNICEF; Pathfinder International</p> <p>UNICEF; UNESCO UNDP; ILO; WFP; FAO; UNAIDS</p>	<p>\$14.4 million (\$5 million from regular resources and \$9.4 million from other resources)</p>

National priorities: the Government is restructured and decentralized to promote efficiency and efficacy in the delivery of basic services UNDAF outcome: by 2009, accountability for effective governance at all levels and effective local development through sustainable decentralization				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p>Outcome 1: Decentralized government capacity is strengthened in all provinces and districts for participatory planning, monitoring and evaluation, gender-sensitive needs assessment, coordination and partnership-building</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> ▪ All provinces, selected districts and municipalities have gender-sensitive, MDG-based plans that integrate HIV/AIDS <p>Baseline: 18 districts have prepared plans in a participatory manner</p> <p>Outcome 2: National-level policy management, harmonization and alignment capacities are strengthened with effective planning, monitoring and evaluation</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> ▪ Public-sector institutional development strengthened <p>Baseline: Poverty reduction strategy implemented</p>	<p>Output 1: National capacities are strengthened to integrate, in a participatory manner, gender and HIV/AIDS into development plans, monitoring and evaluation</p> <p>Output indicator:</p> <ul style="list-style-type: none"> ▪ Public servants and members of civil society trained in using disaggregated data for effective mainstreaming of HIV/AIDS and gender <p>Output 2: The population and housing census is conducted in 2007 and updated socio-demographic, disaggregated data for development are available in all provinces and selected districts</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ▪ The census cartography mapping exercise is completed by February 2007 ▪ Census enumeration undertaken in August 2007 <p>Baseline: 2007 census</p>	<p>Ministry of Planning and Development; National Institute of Statistics</p> <p>UNICEF</p>	<p>\$3.9 million (\$2.9 million from regular resources and \$1 million from other resources)</p>
UNDAF outcomes: improved access to sustainable employment and income-generating opportunities and improved food security for vulnerable populations				
Gender	<p>Outcome 1: Democratic governance and legislative reforms enhance human rights-based approaches at all levels</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> ▪ Number of districts with courts, prosecution offices and defence services in place ▪ Legislation on gender-based violence approved by the end of 2007 <p>Outcome 2: Civil society organizations and structures (including traditional authorities) are strengthened and are involved in the development agenda at national and decentralized levels</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> ▪ Civil society organizations and structures recognized by the Government and development partners at national and decentralized levels <p>Outcome 3: Pro-poor, gender-sensitive and sustainable local economic development is achieved</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> ▪ Improved livelihoods and security of the poor and other vulnerable populations 	<p>Output 1: National capacity is enhanced to formulate, advocate and implement gender-sensitive legislation</p> <p>Output indicator:</p> <ul style="list-style-type: none"> ▪ New legislation on gender-based violence drafted and submitted for approval <p>Output 2: National capacity is strengthened to effectively mainstream HIV/AIDS, gender and other issues affecting vulnerable groups into governance processes at all levels</p> <p>Output indicator:</p> <ul style="list-style-type: none"> ▪ The most vulnerable women in selected districts are accessing the microcredit facility and are advocates for HIV prevention and women's empowerment 	<p>Ministry for Women and Social Action</p> <p>Forum Mulher</p> <p>UNESCO; UNAIDS; UNICEF</p>	<p>\$2.6 million (\$2 million from regular resources and \$0.6 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.45 million from regular resources</p>