

**ANNUAL PROGRAMME¹ NARRATIVE PROGRESS REPORT
REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2018**

<p align="center">Programme Title & Project Number</p> <ul style="list-style-type: none"> Programme Title: JP Mozambique Action for Girls Fund Programme Number (if applicable) MPTF Office Project Reference Number:³ 101069 	<p align="center">Country, Locality(s), Priority Area(s) / Strategic Results²</p> <p><i>Country/Region: Mozambique</i></p>								
<p align="center">Participating Organization(s)</p> <ul style="list-style-type: none"> Organizations that have received direct funding from the MPTF Office under this programme UNESCO UNFPA UNICEF UNWOMEN 	<p><i>Priority area/ strategic results</i></p>								
<p align="center">Programme/Project Cost (US\$)</p> <table border="0"> <tr> <td>Total approved budget as per project document: 13,970,447 MPTF /JP Contribution⁴:</td> <td>UNESCO 369,720</td> </tr> <tr> <td></td> <td>UNWOMEN 995,079</td> </tr> <tr> <td></td> <td>UNICEF 3,114,014</td> </tr> <tr> <td></td> <td>UNFPA 5,798,326</td> </tr> </table> <ul style="list-style-type: none"> by Agency (if applicable) <p>Agency Contribution</p> <ul style="list-style-type: none"> by Agency (if applicable) <p>Government Contribution (if applicable)</p> <p>Other Contributions (donors) (if applicable)</p> <p>TOTAL: USD 10, 277,139</p>	Total approved budget as per project document: 13,970,447 MPTF /JP Contribution ⁴ :	UNESCO 369,720		UNWOMEN 995,079		UNICEF 3,114,014		UNFPA 5,798,326	<p align="center">Implementing Partners</p> <ul style="list-style-type: none"> Government: Ministry of Youth and Sport, Ministry of Health, Ministry of Gender Children and Social Welfare, Ministry of Education and Human Development, Ministry of Justice and Constitutional Affairs NGOs: Coalizão, FDC, NAFEZA, HOPEM, COREM
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	UNWOMEN 995,079								
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<p align="center">Programme Assessment/Review/Mid-Term Eval.</p> <p>Assessment/Review -</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Mid-Term Evaluation Report</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p align="center">Programme Duration</p> <p>Overall Duration (months)</p> <p>Start Date⁵ (01.07.2016)</p> <p>Original End Date⁶ (31.12.2019)</p> <p>Current End date⁷(31.12.2019)</p>								
	<p align="center">Report Submitted By</p> <ul style="list-style-type: none"> Name: Andrea M. Wojnar Title: UNFPA Resident Representative Participating Organization (Lead): UNFPA Email address: adiaagne@unfpa.org 								

¹ The term “programme” is used for programmes, joint programmes and projects.

² Strategic Results, as formulated in the Strategic UN Planning Framework (e.g. UNDAF) or project document;

³ The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as “Project ID” on the project’s factsheet page the [MPTF Office GATEWAY](#)

⁴ The MPTF or JP Contribution, refers to the amount transferred to the Participating UN Organizations, which is available on the [MPTF Office GATEWAY](#)

⁵ The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the [MPTF Office GATEWAY](#)

⁶ As per approval of the original project document by the relevant decision-making body/Steering Committee.

⁷ If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities.

Key achievements of the Programme during the reporting period:

- 330,245 adolescent girls and young women were empowered with SRHR in Nampula and Zambézia in 4,099 safe spaces led by girl mentors.
- 264,252 girls and young women have accessed family planning and counseling at a Youth Friendly Health Service Centre (SAAJs). The 19 Programme districts accounted for 65% of girls reached in Nampula (64,115) and 71% (118,919) in Zambézia at the 69 SAAJ and 230 health facilities.
- Overall, 48% (127,520) of girls and young women between 10-24 years that visited a SAAJ or health facility adopted at least one modern method of family planning in Nampula and Zambézia.
- 2,482 girls in the safe spaces were reintegrated back into school with the assistance of the program, representing 35% of all out-of-school girls that entered the safe spaces.
- 23,134 adolescent girls had their citizenship rights enhanced by obtaining civil registration (birth certificates and Identity Document).
- 3,022 girls and young women were economically empowered through vocational training and small business set up.

Elements of the main report to be included in the MPTF Office Consolidated Annual Report:

- Significant reduction in prevalence of early pregnancy among The Programme girls. The programme documented a 0.5% early pregnancy prevalence rate among girls aged 10 – 19 years participating in mentorship in the 19 Programme Districts. This rate is significantly lower than the DHS 2011 which documented the national rate at 46%.
- Significant reduction in prevalence of early marriage among The Programme girls. The early marriage rate was recorded at 1.6% of the girls aged 10–19 years participating in the programme. This rate is significantly lower than the national rate from DHS 2011 which found a national rate of 37.5%.

I. Purpose

The main objective of the Programme is to ensure that the *“sexual and reproductive health and rights of girls and young women between 10-24 years in two provinces in Mozambique are fully realized through improved capacities to make informed choices and improved access to Sexual and Reproductive Health services”*.

The Programme is aligned with Mozambique government policies and strategies, and reflects the attention by the United Nations to the equality agenda in the Agenda 2030 as reflected under Goals 3 (Good Health), 4 (Quality Education), 5 (Gender Equality) and 10 (Reduced Inequalities).

II. Results

Outcome 1: Girls and young women’s knowledge, voice and capacities strengthened to make informed decisions on their Sexual Reproductive Health, demand for and uptake of essential Sexual Reproductive Health services.

The Programme Theory of Change is centred on the increased knowledge and agency of the girls and young women to make informed decisions about their Sexual and Reproductive Health Rights as a way of building agency. The strategy of delivering this is through Mentorship approach. *In order to reach this level, the Programme is planned to deliver 3 deliverable outputs:*

- Increased knowledge, skills and voice for girls' Sexual Reproductive and Health Rights, including HIV/AIDS and GBV prevention.
- Enhanced Citizenship rights of girls and young women.
- Increased demand for SRHR services.

The position of a trained Mentor is key to the mentorship approach. It is the mentor who leads the capacity building sessions of the girls. During the reporting period 70% (4,099) of the planned Mentors were trained and working. The remaining 30% (1,700) would be trained in 2019.

The trained mentors built capacities of 330,245 girls, representing 76% of the planned output (436,900). The variation is due to the fact that not all planned mentors were in place.

As a result of the capacity building through mentorship, immediate impacts of the Programme among the girls and young women were registered with respect to child marriage and early pregnancy:

- Significant reduction in prevalence of early pregnancy among the girls in the Programme. The programme documented a 0.5% early pregnancy prevalence rate among girls aged 10 – 19 years participating in mentorship in the 19 Programme Districts. This rate is significantly lower than the DHS 2011 which documented the national rate at 46%.
- Significant reduction in prevalence of early marriage among the girls in the Programme. The early marriage rate was recorded at 1.6% of the girls aged 10–19 years participating in the programme. This rate is significantly lower than the national rate from DHS 2011 which found a national rate of 37.5%.

Outcome 2: Availability of quality integrated Adolescent Sexual Reproductive Health services for girls and young women increased.

For the full realization of the Programme Theory Change, it is paramount that there should be availability of quality integrated adolescent sexual and reproductive health services. Whereas in Output the Programme is creating the agency and the demand, in Outcome 2, the Programme is creating the supply to respond to the created demand.

This is delivered through 5 deliverable outputs:

- Teachers implement the comprehensive sexuality and sexual health and rights education package.
- Mobile clinics and community health workers (APEs) in priority districts provide integrated Sexual and Reproductive Health services at Community level.
- Integrated Adolescent Sexual Reproductive Health services provided by health professionals available at Sexual and Reproductive Health corners in schools.
- Coordinated services to prevent and respond to GBV.
- Access to micro-finance, vocational training and SME creation for girls and young women.

As a result of the implementation of Outcome 2, quality adolescent sexual and reproductive health services were made available to the girls and young women in the Programme:

- 264,252 girls and young women have accessed family planning and counseling at Youth Friendly Health Facilities (SAAJs). The 19 Programme districts accounted for 65% of girls reached in Nampula (64,115) and 71% (118,919) in Zambézia at the 69 SAAJ and 230 health facilities.
- Overall, 48% (127,520) of girls and young women between 10-24 years that visited a SAAJ or health facility adopted at least one modern method of family planning in Nampula and Zambézia.

- 2,482 girls in the safe spaces were reintegrated back into school with the assistance of the program, representing 35% of all out-of-school girls that entered the safe spaces.
- 23,134 adolescent girls had their citizenship rights enhanced by obtaining civil registration (birth certificates & ID).
- 3,022 girls and young women were economically empowered through vocational training and small business set up.
- 600,160 Students (247,690 Zambezia & 352,470 Nampula) empowered with Comprehensive Sexuality Education.

Outcome 3: An Enabling, Free and Safe Environment for Increased Participation of Girls and Young Women and the Promotion of their Sexual Reproductive Health Rights Created.

The Programme Theory of Change underlines the correlation between empowered girls and young women's ability to freely and safely exercise their attained agency and the extent to which the environment is enabling fostered by the family, peers, community and society at large. To the extent to which the environment is free and safe for increased participation of girls and young women and the promotion of their Sexual and Reproductive Health rights, the overall objective of the programme can be fully achieved.

The Programme promoted the creation of an enabling environment through 4 deliverable outputs:

- Girls and young women voicing the issues concerning their lives at district, provincial and national level.
- Enhanced involvement of men and boys to strengthen their Sexual and Reproductive Health Rights.
- Religious leaders and religious youth groups mobilized to promote adolescent rights and Sexual and Reproductive Health.
- Communities participate in community dialogues on Sexual and Reproductive Health Rights related to girls and young women.

As a result of the implementation of Outcome 3 and its outputs, the following results were achieved:

- The 2018 Girls Conference was successfully implemented with the participation of a total of 676 girls and young women. Various advocacy positions were adopted including a demand for the revocation of a Ministry of Education decree prohibiting pregnant girls from studying during the day. The Ministry of Education has now revoked the Decree, thanks to the advocacy in which the Programme girls participated actively.
- 110 of the 150 adolescent boys and young men leaders, targeted in 2018, from nine Programme districts in Zambezia were empowered with Adolescent Sexual and Reproductive Health knowledge, solutions to combat gender based violence, early marriages and gender discrimination. The empowered leaders then replicate their newly required SRHR knowledge and life skills to other adolescent boys and young men in their respective communities.
- Trained religious leaders by the Programme, contributed to the empowerment of 815 adult members of their congregations to promote Sexual and Reproductive Health Rights of adolescents and young people in general, girls and young women in particular. Further the religious leaders empowered 592 adolescents of which 62% (368) were women and 38% (224) were men.
- 2,116 community stakeholders were empowered with SRHR through 74 community dialogues, of which 74% (1,582) were in Nampula and 26% (534) in Zambezia. The empowered community members support the mentors in mobilizing girls and young women to take part in the mentorship sessions and sensitize other community members, including the parents of the girls and young women, around issues of promoting girls' sexual reproductive health rights.

Outcome 4: Governance and coordination for integrated Sexual Reproductive Health programming at all levels strengthened.

The activities in the Programme take place at different levels involving UN Agencies; The Government at Central, Provincial and District Levels Ministries and; Civil Society Implementing partners. A strong coordination of all the actors is therefore crucial to the effective realization of the other outcomes targeted at the Programme Focus Group, that is, Girls and Young Women 10 – 24 years' age group.

The strengthening of governance and coordination is delivered through 5 outputs:

- Universal Peer Review process and report include Adolescent Sexual and Reproductive Health.
- Strengthened inter- ministerial coordination mechanisms on Adolescent Sexual and Reproductive Health issues at national level (CIADAJ)
- Strengthened coordination on Adolescent Sexual and Reproductive Health at provincial and district levels (through Programa Geração Biz, Mozambican Government National Youth Programme).
- Adolescent Sexual and Reproductive Health specific rights and needs of girls and young women included in existing policies and plans
- Situation at the program site and implementation progress.

As a result of the implementation of Outcome 4 and its outputs, the following results were achieved:

- The Government Annual Budget plan now includes a specific allocation for Adolescent Sexual and Reproductive Health. This came into effect following the successful advocacy undertaken by the Multi-Sector Ministerial Committee of the Programme, at the national level. By mainstreaming Adolescent Sexual and Reproductive Health Rights into the annual budget, the Government has taken a significant step to enable the realization of the Sexual and Reproductive Health Rights of girls and young women.
 - The advocacy efforts supported by The Programme contributed to the review of Decree 39 of the Mozambican Ministry of Education and Human Development mandating pregnant students to move to night shifts. In early 2019, as a result of the collective efforts and pressure by various development partners, the Decree was finally revoked.
 - With support from the Programme, the Universal Peer Review (UPR) Action Plan Mozambique document was validated by the Government and civil society in November 2017 and was approved by the Council of Ministers in 2018. The validation process included participation of adolescent and youth representatives of 18 national youth platforms and 24 justice officials/focal points on human rights. The new four-year UPR Action Plan has incorporated adolescent and youth sexual and reproductive rights. The support of UNFPA to ensure full engagement of adolescents and youth in the UPR process was considered as a good practice by the HQ and key stakeholders.
 - The Steering Committee Meeting in 2017 made recommendations on subsequent year programme implementation. In 2018, the Steering Committee reviewed 2017 progress and made further recommendations. The implementation rate of recommendations is 100%. The recommendation s included the entry of the United Kingdom's Department of International Development (DFID) into the programme, which started in October 2018.
- **Describe any delays in implementation, challenges, lessons learned & best practices:** If there were delays, explain the nature of the constraints and challenges, actions taken to mitigate future delays and lessons learned in the process. Provide an updated risk analysis (have any of the risks identified during the project design materialized or changed? Are there any new risks?). Were there

any programmatic revisions undertaken during the reporting period? Please also include experiences of failure, which often are the richest source of lessons learned.

The key challenges, lessons learned and best practices:

- While it is encouraging that the Programme has successfully recorded significantly lower rates of early pregnancies, early marriages and increased uptake of family planning in the Programme districts compared to the national level, the programme recognizes the need for a more detailed analysis of geographical selection recruitment processes to identify hot-spots areas and identify feasible approaches to ensure the inclusion of the most vulnerable and young people in the programme. There is also a need to invest in a strengthened learning component of the Monitoring and Evaluation system to improve primary data collection and enhanced investment in quality assurance and validation of data collected from the mentorship programme and health services.
- During the 3rd year of implementation it became obvious that the mentors constitute a force of change in the majority of the Programme communities, which continue to constitute an opportunity for their increased advocacy and participation as young female leaders within and beyond the programme.
- Lessons learnt from 2018 implementation underscores the high degree of acceptance of the gender transformative leadership training which contributed positively to the application of its learning outcomes in the mentorship sessions. From 2019 the gender transformative leadership training will be integrated into the mentors training and also be included in the training of district focal points.
- Taking note of the current limited scale of implementation of Comprehensive Sexuality Education (CSE) in schools, continued support is needed for development of CSE curricula for primary and secondary schools, identification of effective roll out models to ensure implementation at scale, opportunities for continuous professional development of teachers, and enhanced quality assurance mechanisms to assess the effect on knowledge, attitudes and practices.
- The Youth Friendly Health Services (SAAJ) centers and school corners are integral components of the Programme model that are significantly contributing to the increased uptake of family planning and HIV testing among girls and young women within and beyond the programme. However, the lessons learnt from 2018 highlight the need for further investment in SAAJ, school corners and mobile clinics through strengthening of competencies of service providers, intensified outreach to mobilize and reach the most vulnerable girls and young women, strengthening of referral links and improved collection of client information.
- A key challenges faced during 2018 implementation is the absence of a similar consistent and targeted approach towards the Sexual and Reproductive Health Rights of adolescent boys and young men in the Programme districts. These observations are made by the Programme team, external evaluators, mentors, girls and boys themselves. A key lessons learnt is therefore to equally tailor make a mentorship approach to build the knowledge and life skills related to SRHR among adolescent boys and young men.
- The Programme with its scale and reach constitutes a strategic platform for girls and young women's voice and advocacy, which continuously have been developed and strengthened across the first 3 years of implementation. The petition coming out of the girls' conference holds the potential to be strategically used as an advocacy tool across the Programme implementation in 2019 and beyond.
- The media programming produced by adolescents and young people has provided a breakthrough in intergenerational media debates. Whereas, the sociocultural environment oftentimes is not conducive

to adolescents and young people to have a voice or opinion vis-a-vis parents, the media programming supported by the Programme provides a more equal space of mutual respect and debate bringing the two generations closer, also on issues related to SRHR.

- Joint advocacy is the best way to push policy change. The achievement in getting the revocation of MINED Decree 10 obliging pregnant girls to study at night was a result of joint advocacy of partners. It is essential to build on this achievement and further strengthen the joint advocacy and partnership to ensure full integration of gender equality, protection, empowerment and rights of adolescent girls in the new education sector strategic plan, which will be developed this year.
- Continuing to strengthen the capacities and functioning of the multi-sector district committees is key to strengthen coordination and improve synergies across partners at the level of implementation.
- **Qualitative assessment:** Provide a qualitative assessment of the level of overall achievement of the Programme. Highlight key partnerships and explain how such relationships impacted on the achievement of results. Explain cross-cutting issues pertinent to the results being reported on. For Joint Programmes, highlight how UN coordination has been affected in support of achievement of results.
- The Programme is yielding a high return on investment. The indicators show that for every \$100 spent on the core mentorship approach, 4.2 girls visit a SAAJ, 1.7 girls gained identity documents, 2.3 girls were tested for HIV and 1.9 girls began modern contraception.
- The Programme is a one UN and a multi-sectoral programme, is a positive example of government collaboration with a strong commitment, ownership and an active and positive relationship with the involved government ministries at all levels. This demonstrates government recognition of the special needs of girls and their role in addressing the persistent social, health and economic barriers girls and young women face in the country and working actively to overcome them.
- The Programme is a Mozambican Government programme. At the governance level, the Programme is sustainable based on its holistic approach and the central role played by the Government of Mozambique, and its commitment to continue the programme beyond the donor funded period. Drawing on the experience of Programa Geração Biz for which the Government has continued implementation without donor funding highlights that such commitment is critical for sustainability of actions.
- At the policy level, high-level events supported by the Programme such as National Girls Conference, Inter-Ministerial Steering Committee Meeting and participation in national Forum to End Premature Marriages have provided good opportunities to reinforce and sustain momentum around the issues of adolescent sexual reproductive and health rights. The Government's commitment to scale-up the responses to the increased demand for reproductive sexual health services, legal protection mechanisms, intake of girls out of school (drop out) and rolling out comprehensive sexuality education in schools are evidence of such support.
- At the programme level, the mentorship programme and community-based initiatives aimed at empowering adolescent girls are yielding positive results by increasing girls' knowledge and skills, and empowerment to make informed and healthy choices. These gains, once acquired, are likely to be sustained among the target groups and their empowerment to further impact positively on their communities, families and their children. The support that the community members are providing to the mentors, usually women from the same or nearby communities, also offers continuous and consistent support to adolescent girls.

- Beyond the geographical scope of programme, the Programme has had a catalytic effect on issues around girls and young women empowerment in Mozambique. The Programme has been successful in garnering a broad stakeholder engagement around SRHR of girls and young women in the country.
- New donors, namely DFID and Canada, have come on board to complement the investments in the programme from Sweden which allows for expansion of the programme to new districts, strengthening of the learning, coordination and introduction of new evidence based approaches to the programme.
- Other programmes have taken the Programme Model to other provinces in Mozambique. Examples include Spotlight Initiative, funded by European Union, which will replicate several components of the Programme such as the mentorship model in Gaza and Manica Provinces as well as complementing in The Programme interventions in Nampula Province with focus on the essential package of GBV prevention and services; My Choice in Tete, funded by the Kingdom of the Netherlands also implements several components of the Programme safe space approach.

ii) Indicator Based Performance Assessment:

	<u>Achieved</u> Indicator Targets	Reasons for Variance with Planned Target (if any)	Source of Verification
<p>Outcome 1⁸: Girls and young women’s knowledge, agency and capacities strengthened to make informed decisions on their SRH, demand for and uptake of essential SRH services</p> <p>Indicator: Unmet need for family planning Baseline: 25.6%, 27.5% FP 2020 Planned Target: 20%</p> <p>Indicator: Couple Years of Protection (CYP) by method - PGB Baseline: 116 052 Planned Target:</p>	<p>26% (National)</p> <p>253,690 Zambezia, 366,529 Nampula</p>	<p>Achievement higher than target because of improved awareness and quality service delivery.</p>	<p>Ministry of Health (MISAU) Reports, Health and Malaria Information System (SISMA)</p>
<p>Output 1.1: Girls’ knowledge, capacities and agency for SRHR improved</p> <p>Indicator 1.1.1: Prevalence of adolescent –pregnancy Baseline: 46.4% (Nampula 60%, Zambezia 46.4%) Planned Target: National 30%; RB less 10%</p>	<p>0.35% of girls early pregnancy among girls between 10–19 years in Programme (453)</p>	<p>Achievement significantly higher than target because of the effectiveness of Mentorship resulting in real Behaviour Change.</p>	<p>Programme Reports</p>

⁸ Note: Outcomes, outputs, indicators and targets should be **as outlined in the Project Document** so that you report on your **actual achievements against planned targets**. Add rows as required for Outcome 2, 3 etc.

<p>Output 1.2: Citizenship of girls and young women Indicator 1.2.1: Up-to-date records in civil registers for all programme girls and young women Baseline: 83% Planned Target: 70%</p>	<p>52% (121,791 out of 233,350) girls and young women in the Programme have up-to-date their civil registration</p>	<p>Achievement lower than target because in most rural areas the Government Civil Registry offices are not functioning.</p>	<p>Programme Reports, District Justice Directorates (Nampula & Zambezia)</p>
<p>Output 1.3: Increased demand for SRH services Indicator 1.3.1: Percentage of women visited who did not use any contraceptive method Baseline: 72.9% Planned Target: 40%</p>	<p>34.2% (43,121 out of 125,953) of girls and young women 15-24 visiting a SAAJ or health facility did not adopt any family planning method other than condoms in Programme Districts</p>	<p>Achievement higher than target. Effective awareness building met with quality service delivery.</p>	<p>Programme Reports, Provincial Health Directorates (Nampula & Zambezia)</p>
<p>Output 1.4: Girls and young women are voicing the issues concerning their lives at district, provincial and national level Indicator 1.4.1: 1 national and 8 provincial girls' conferences attended by girls, young women, decision makers and media Baseline: 0 Planned Target: 1 National; 2 Provincial</p> <p>Indicator 1.4.2: Child Parliament active on ASRH (sessions) Baseline: 0 Planned Target: 2</p> <p>Indicator 1.4.3: White papers suggesting mechanisms to reduce child marriage and early pregnancies Baseline: 0 Planned Target: 1</p>	<p>1 (100%) National conference, 235 adolescent girls and young women and 80 adolescent boys and young men</p>		<p>Programme Reports, Conference minutes</p>
	<p>2 (100%) Pre-conferences held at Province and National Level.</p>		<p>Programme Reports, Conference minutes</p>
	<p>3 (150%) parliament sessions held in Nampula and Zambezia related to Prevention of Child Marriage, GBV, promotion of SRH and prevention of HIV provinces, with participation of 100 adolescents' parliamentarians, peer-to-peer media program producers and adolescents</p>	<p>By demand 1 more conference was held.</p>	<p>Programme Reports, Provincial Directorate for Gender, Children and Social Welfare (DPGCAS) reports</p>
	<p>1 (100%) positioning paper on ASRH with concrete actions was prepared by boys and young men participating in workshop prior to Girls National Conference</p>		<p>Programme Reports, Conference minutes</p>

<p>Outcome 2: Availability of quality integrated ASRH services for girls and young women increased</p> <p>Indicator: Continuation rate of new Family Planning (FP) acceptors Baseline: 20% Planned Target: 34%</p> <p>Indicator: % Pregnant women who attend 4 ANC Baseline: 55% Planned Target: 60%</p> <p>Indicator: % Institutional deliveries Baseline: 70% Planned Target: 80%</p>	<p>18% (12,822) Zambezia and 20% (11,014) Nampula new acceptors of FP at SAAJ continued</p> <p>46% Nampula and 33% Zambezia pregnant women attended to 4 ANC</p> <p>96% Nampula and 84% Zambezia 84% deliveries were done under conventional maternity/health Centre</p>	<p>Follow-up mechanisms need be strengthened in order to properly capture new acceptors of FP not properly recorded.</p> <p>Most pregnant women conduct their 1st and last ANC. More awareness is needed on the ground to change this.</p> <p>Large scale mobilisation at all levels and availability of institutional obstetric care has resulted in high usage by pregnant women.</p>	<p>MISAU reports, SISMA, Provincial Health Directorates (Nampula & Zambezia)</p>
<p>Output 2.1: Teachers implement the comprehensive sexuality and sexual health rights Education package</p> <p>Indicator 2.1.1: % Schools in areas of intervention where SE package was fully implemented Baseline: 0% Planned Target: 50%</p>	<p>46% Secondary Schools (42 out of a total of 90) in 20 Programme Districts are implementing comprehensive sexuality and sexual health rights Education package</p>	<p>Variance of 4% within acceptable limit. Transfers and ill health of some of the trained teachers affected the implementation of CSE in some schools.</p>	<p>Programme reports, MINED - Districts Education Directorates (Nampula & Zambezia)</p>
<p>Output 2.2: Mobile health clinics and Community Health Workers (CHWs) in 20 priority districts deliver integrated SRH services at the community level.</p> <p>Indicator 2.2.1: % Outreach ASRH services in communities Baseline: 30% Planned Target: 60%</p>	<p>52.6% Girls (4,535 girls out 8,556 people) were reached by Mobile clinics in 4 Districts</p>	<p>Most of the people do undergo for regular services as a result of the Programme mobilisation/awareness building. The Mobile teams consequently reached out to less people than planned.</p>	<p>Provincial Health Directorates (Nampula & Zambezia) reports</p>
<p>Output 2.3: Integrated ASRH services by health providers are available in #school</p>	<p>43% (17,208 Girls) sought family planning services in 17 secondary</p>	<p>Result of increased awareness among school</p>	<p>- Districts Health Directorates and</p>

<p>SRH corners Indicator: % Outreach ASRH services in school corners. Baseline: 25% Planned Target: 40%</p>	schools	children as a result of a holistic package of interventions.	(Nampula & Zambezia) - Districts Education Directorates reports (Nampula & Zambezia)
<p>Output: 2.4: Coordinated services to GBV survivors Indicator 2.4.1: Percentage of Districts where multi sectorial teams implement coordinated actions Baseline: 25% Planned Target: 80%</p>	80% (16 out of 20) Programme Districts have coordinated multisector actions to prevent and combat GBV, thus 259 events among workshops, lectures and community dialogues were held to combat premature marriages, the events attended by 12,500 people		-Provincial PGB reports (multisector committee) Nampula and Zambezia - DPGCAS reports
<p>Indicator 2.4.2: % of survivors of Fistula Obstetric cases empowered with anti-stigma and discrimination awareness building skills, conducting awareness sessions in their communities Baseline: 0% Planned Target: 40%</p>	37% 19 (7 in Nampula and 12 in Zambezia) out of 52 survivors with obstetric fistula are acting in their communities on anti-stigma and discrimination and SRHR	Variance of 3% within acceptable limit.	Programme reports
<p>Output 2.5: Access to microfinance, vocational training and SME development for girls and young women Indicator 2.5.1: # young women economically empowered (with income-generation) Baseline: 0 Planned Target: 5,000</p>	3,022 (60%) girls and young women from Programme have completed vocational and technical training.	Limited opportunities for dedicated vocational training places. To address this problem, the programme will expand outside the formal vocational training to include financial literacy and local trades.	Programme reports
<p>Outcome 3: An enabling, free and safe environment for increased participation of girls and young women and the promotion of their SRH rights created Indicator: Early marriage prevalence</p>	National data not available		DHS (?)

<p>Baseline: 48% Planned Target: National 30%; RB less 15%</p> <p>Indicator: % % Unintended pregnancies Baseline: 46.4%, Nampula 60%, Zambezia 46.4% Planned Target: National 30%; RB less 10%</p>	<p>1.6% among girls safe spaces get into early marriage</p> <p>No data available</p>	<p>Achievement significantly higher than target because of the effectiveness of Mentorship resulting in real Behaviour Change.</p>	<p>Programme reports</p> <p>Programme survey & reports</p>
<p>Output 3.1: Enhanced involvement of men and boys to strengthen their SRHR Indicator 3.1.1: Document with actions proposed exists Baseline:0 Planned Target: 1</p> <p>Indicator 3.1.2: % Boys and men participating in implementation of SRHR Baseline: 20% Planned Target: 50%</p>	<p>1 (100%) positioning paper on ASRH with concrete actions was prepared by boys and young men participating in workshop</p> <p>73% (110) boys and young men mobilized actively participated and advocated for ASRHR at Provincial and National workshops including Girls National Conference.</p>	<p>Achievement significantly higher than target because of the effectiveness of Mentorship resulting in real Behaviour Change.</p>	<p>Programme reports</p> <p>Programme reports</p>
<p>Output 3.2: Faith based leaders and youth groups mobilized and active to promote adolescent SRH and rights</p> <p>Indicator 3.2.1: % Religious leaders actively involved in implementation of SRHR (from total of 400 religious leaders) Baseline: 0% Planned target: 50%</p>	<p>58% religious leaders were involved in SRH in their segment and total reached 1407 people religious segments towards the promotion and protection girls and young women's SRHR</p>	<p>Achievement higher than target because of the effectiveness of Community Empowerment strategy.</p>	<p>Programme reports</p>
<p>Output 3.3. Communities participating in community dialogues on SRHR related to girls and young women. Indicator 3.3.1: % of community dialogues held on SRHR Baseline: 0% Planned Target: 100%</p>	<p>100% community dialogues conducted focusing on SRHR. 74 community dialogues (55 in Zambezia and 19 in Nampula)</p>		<p>Programme reports</p>
<p>Output 3.4: Strengthened awareness of</p>	<p>46.8% (58,996 out of 125,953) of girls</p>	<p>Achievement</p>	<p>- Districts Health</p>

<p>girls and young women SRHR including HIV/AIDS and GBV prevention. Indicator 3.4.1: % New acceptors of Family Planning Baseline: 24.4% Planned Target: 27%</p>	<p>and young women of 15-24 years adopted at least one family planning method other than condoms in Programme districts.</p>	<p>significantly higher than target because of the effectiveness of Mentorship resulting in real Behaviour Change, met with quality service.</p>	<p>Directorates and (Nampula & Zambezia), MISAU Reports, SISMA</p>
<p>Indicator 3.4.2: HIV/Aids incidence among girls aged 15-24 yrs Baseline: 11.1% Planned Target: 7%</p>	<p>Nampula 1.3%, Zambezia 4.5% HIV/Aids incidence among 69,195 Adolescent and Youth (Nampula 44,520 and Zambezia 24,675)</p>	<p>Achievement significantly higher than target because of the effectiveness of Mentorship resulting in real Behaviour Change, met with quality service.</p>	<p>- Districts Health Directorates and (Nampula & Zambezia), MISAU Reports, SISMA</p>
<p>Outcome 4: Strengthened governance and coordination for integrated SRH programming</p> <p>Indicator: % Implementation of coordination instruments Baseline: 30% Planned Target: 100%</p> <p>Indicator: National commitment on ASRH and GBV issues Baseline: National Planned Target: YES</p>	<p>100% of coordination instruments are implemented by CIADAJ</p> <p>National plans include ASRH and GBV issues</p>		<p>PGB National reports, MJD reports</p> <p>National plans</p>
<p>Output 4.1: UPR process and report include ASRH Indicator 4.1.1: Inclusion of SRH&R for girls and women in UPR report and next review cycles Baseline: 0% Planned Target:100%</p>	<p>100% SRH&R for girls and women in UPR report</p>		<p>Ministry Reports, URP report</p>
<p>Indicator 4.1.2: # senior police and justice officials trained to implement UPR recommendations</p>	<p>100% (115) senior professionals from police and justice trained to implement URP</p>		<p>Ministry Reports, URP report</p>

<p>Baseline: 0 Planned Target: 115</p> <p>Indicator 4.1.3: Inclusion of contribution from youth associations and women organizations in the UPR report. Baseline: NO Planned Target: YES</p>	<p>YES. Contributions from Youth association and women organization are included in URP report</p>		<p>Ministry Reports, Programme reports</p>
<p>Output 4.2: Strengthened inter-ministerial coordination mechanisms on ASRH issues at national level (CIADAJ) Indicator 4.2.1: % CIADAJ decisions implemented Baseline:0% Planned Target: 100%</p>	<p>100% of coordination instruments are implemented by CIADAJ</p>		<p>Ministry meetings minutes, programme reports</p>
<p>Output 4.3: Strengthened coordination on ASRH at provincial and district levels (through PGB). Indicator 4.3.1: More effective coordination of PGB implementation at provincial and district levels (revitalized committees with regular meetings) Baseline:3 Planned Target: 20</p>	<p>95% (19 out of 20) of PGB Districts Multisector Committees revitalized with regular meetings to support implementation of ASRH sectoral activities</p>	<p>Work schedule congestion did not permit reaching to last District (Morrumbala), planned for 2019.</p>	<p>Programme reports, PGB Multisector Committees Meeting</p>
<p>Output 4.4: Specific needs and rights in SRH of girls and young women included in current policies and plans.</p> <p>Indicator 4.4.1: Platform undertaken in the National Assembly SRHR Baseline: 0 Planned Target:1</p> <p>Indicator 4.4.2: ASRH and GBV integrated into district annual plans and budget Baseline: 0% Planned Target:</p>	<p>100% achievement.</p> <p>100% of sectoral plans include GBV issues.</p> <p>100% Primary; 51% Secondary level of implementation of Comprehensive Sexual education.</p>		<p>National polices</p> <p>National policies and Plans, Ministry Reports, PES</p> <p>MINED, Programme reports</p>

<p>Indicator 4.4.3: Capacity of ministry of education and stakeholders for effective implementation for comprehensive sexual education. Baseline: 0% Planned Target: 100%</p>			
<p>Output 4.5: Enhanced evidences for girls and young women’s SRHR.</p> <p>Indicator 4.5.1: Baseline survey available Baseline:0 Planned Target:0</p>	Completed in 2016		Baseline report
<p>Indicator 4.5.2: End-line survey available Baseline:0 Planned Target:o</p>	Scheduled for 2020		End line report
<p>Indicator 4.5.3: Key programme partners participated in inception phase workshop Baseline:0 Planned Target:0</p>	Completed in 2016		
<p>Indicator 4.5.4: Qualitative research on sociocultural norms are translated into programmatic adaptation, and evidence based learning. Baseline:0 Planned Target:1</p>	1 (100%) a reality check was conducted in programme sites		Research report
<p>Output 4.6: Situation on programme site and implementation progress monitored.</p> <p>Indicator 4.6.1: # of joint monitoring visits Baseline: 0 Planned Target: 28</p>	15 (54%) monitoring visits to programme sites of which (13 field visits and 2 joint UN visits)	Besides monitoring visits, capacity building of district teams was conducted, thus reducing the time available for monitoring visits.	Programme reports; mission reports
<p>Indicator 4.6.2: Knowledge and</p>	19 (95%) Programme districts are	1 District not yet reached	Programme reports

<p>understanding of attitude and behaviors at programme site regularly monitored and reported towards programme adaptation Baseline: 0 Planned Target: 20</p>	<p>regularly monitored and reported towards programme adaptation RTMs Kiribiz (19) and Infobiz (14)</p>	<p>(Morrumbala) due to congested work schedule. Planned for 2019.</p>	
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iii) A Specific Story

Problem / Challenge faced: Young Girls forced into child marriage

Maria Helena Jose, aged 28, is a survivor of child marriage. She had been forced into child marriage when she was only 16 years old. She stayed in that marriage relationship and suffered physical and emotional abuse from her husband. She has 4 children from the marriage. After the birth of the 4th child, she took a decision to divorce her husband. This was not accepted by her family and the community. Nevertheless, she proceeded with the divorce.



She started living alone as a single mother taking care of her 4 children. She did not have any source of income, and to make things worse she did not have any professional or technical training to enable her enter the job market. She lived life in abject poverty.

Programme Interventions:

In 2016 she joined the Programme becoming a mentor for young women in her community. She received training as a mentor on Sexual and Reproductive Health Rights. In 2017 she participated in the gender transformative leadership training, vocational training and internship placement as part of the Programme's economic empowerment component for vulnerable girls and young women. She did a technical vocational training on Hotel and Tourism. As part of the course she did internship at one of the leading hotels in Nacala Porto (one of the 20 Districts of the Programme).

At the end of her internship, she was offered a permanent job as a Junior Chef at the same hotel.

Result:

According to Maria Helena, now she is able to support her 4 children and keep them in school. She has further started small business of making and selling sweets and confectionary. She is working on building her own house from the savings she is able to make from her income.

Maria Helena is now a role model in her community. Many girls with her experience of child marriage, are coming out and be part of the Programme.

To the wider community, they are able to see that once given a chance, girls can excel just as good as boys.

At Policy level, Maria Helena case has provided the Government with a real life experience of the impact of empowering girls and young women.

Lessons Learned:

The major learning from this case is the importance of holistic approach. Mentorship alone could have not been enough for Maria Helena. While Mentorship had empowered her with Sexual and Reproductive Health information, her economic situation remained precarious placing her in a vulnerable position unable to fully exercise her Sexual and Reproductive Health Rights. The economic empowerment gave her the abilities and capabilities to be able to work earn a salary and further, run her own small business.

III. Other Assessments or Evaluations

Reality Check (COWI)

The Programme commissioned an ethnographic study of Reality Check of Programme participant in order to have an understanding of the changes being brought about in the agency of the girls and young women in the programme. A total of 87 beneficiary girls; 57 non-participant girls; 41 non-participant boys and 44 mentors were purposefully and randomly selected for the study. The study was done in 4 Programme districts.

Assessment of Girls' Empowerment

In 2018, as per the recommendation from the 2nd year report of the programme, an assessment of a set of identified qualitative indicators was conducted: a) girls and young women exercise full control over their bodies and their sexual and reproductive lives, b) girls and young women are voicing their opinions and decisions related to their rights, c) girls and young women are confident that they can prevent risky situations against them and d) girls and young women understand and feel entitled to leading healthy lives.

The evidence that the agency has been built in the girls and young women participating in the safe spaces can be confirmed by the informed and healthy choices made, increased uptake of Sexual and Reproductive Health in the form of family planning and contraception; retention at school; reporting of cases of violence and uptake of justice service; rejection of negative social norms and practices, such as early marriage; and lowering fertility rate among the girls.

Technical Assistance Facility Assessment

In 2018, the Programme received Technical Assistance Facility (TAF) support funded by The United Kingdom's Department of International Development (DFID). The TAF assisted the Programme in improving its adjustment to and generation of evidence, assessing value for money, and strengthening coordination and learning towards improved quality and strengthened outcomes. Some of the recommendations from TAF have led to immediate changes in the programme approach, while others will be considered in the design of phase II of the Programme.

UNFPA-UNICEF Global Programme to end Child Marriage

In 2018, the UNFPA-UNICEF joint Global Programme to end Child Marriage was evaluated by external evaluators. Mozambique was one of the countries that the external evaluators visited. The Global Programme is complementing the interventions of the Programme. The evaluation assessments in 2 Districts of the Programme in Zambezia Province found an increase in knowledge and skills related to SRH and rights in the mentors in the programme. According to the evaluation, the mentors reported significant changes to their own lives as a result of their participation in the programme.

The findings and recommendations of the evaluation will contribute in improving quality of implementation and design of Phase II of the Programme.

IV. Programmatic Revisions

In 2018 there were no any major adjustments in strategies, targets or key outcomes and outputs that took place.

V. Resources

The Programme mobilized complementary funding from the United Kingdom's Department for International Development (DFID).