Action for Girls and Young Women's Sexual and Reproductive Health and Rights in Mozambique

One UN Mozambique - Program Proposal

Action for Girls and Young Women's Sexual and Reproductive Health and Rights in Mozambique Program Proposal Summary

Programme Title	Action for Girls and Young Women's Sexual and Reproductive Health and Rights in Mozambique
UNDAF Outcomes:	**UNDAF Outcome 4:** Equitable provision of quality and essential social services ensure improved well-being for all vulnerable groups **UNDAF Outcome 5:** Vulnerable groups demand, access and use quality and equitably delivered social services **UNDAF Outcome 6**: Strengthened democratic governance systems and processes guarantee equality, rule of law and respect of human rights at all levels **UNDAF Outcome 7:** People in Mozambique participate in shaping and monitoring a transparent and equitable national development agenda **UNDAF Outcome 8**: Government and civil society provide coordinated, equitable and integrated services at decentralized level
GOAL:	Sexual and reproductive health and rights of girls and young women in 2 provinces in Mozambique are fully realized through improved capacities to make informed choices and improved access to SRH services
Expected Outcomes: (Those that will result from the project and extracted from the CPAP)	**Outcome 1.** Girls and Young women's knowledge, voice and capacities strengthened to make informed decisions on their SRH, demand for and uptake of essential SRH services **Outcome 2.** Universal access to integrated sexual and reproductive health services enhanced **Outcome 3.** An enabling, free and safe environment for increased participation of girls and young women and the promotion of their SRH rights created **Outcome 4**. Governance, and Coordination for integrated SRH programming at all levels strengthened
Implementing Partner:	**One UN Mozambique**

Brief Description

This 4 1/5 year programme will support the scale up of sexual and reproductive health and rights programing for 1,085,447 girls and young women (aged 10-24) in Mozambique, in Nampula and Zambezia. It intends to contribute towards girls and young women's increasing uptake and access to quality, integrated and gender responsive sexual and reproductive (SRH) youth-friendly services through greater knowledge, agency and capacities related to their health, decision making, improved social status, expanded economic opportunities and greater life expectancy; support to ASRH service provision; and contributing towards an enabling environment supporting, protecting and promoting their SRH rights and needs.

Programme Period: 2015-2019 Inception Phase: 01 July 2015 – 15 February 2016 Joint Programme: 01 May, 2016 - 31 December, 2019	Multiyear work plan budget: USD 13,970,447 Total resources required USD 13,970,447

THE UNITED NATIONS SYSTEM IN MOZAMBIQUE AND THE GOVERNMENT OF MOZAMBIQUE, COMMIT TO IMPLEMENT THE PROGRAMME:

"Action for Girls and Young Women's Sexual and Reproductive Health and Rights in Mozambique"

1st May, 2016

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with financial support from Swedish Government

EMBASSY OF SWEDEN
Maputo

ACRONYMS

AFR	Adolescent Fertility Rate
AIDS	Acquired Immunodeficiency Syndrome
APES	Community health workers (MoH)
ART	Antiretroviral Therapy
ASRH	Adolescent Sexual and Reproductive Health
AU	Africa Union
CARMMA	Campaign on Accelerated Reduction of Maternal Mortality in Africa
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CIADAJ	Multisectorial Committee for Development of Youth and Adolescents
CNCS	National AIDS Commission
CPR	Contraceptive Prevalence Rate
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organization
DHS	Demographic and Health Survey
DPE	Provincial Directorate of Education
DPMGCAS	Provincial Directorate of Social Action and Gender
DPS	Provincial Health Directorate
EMIS	Education Management Information System
EmONC	Emergency Obstetric and New-born Care
EMTCT	Elimination of Mother to Child Transmission
e-VAWG	Elimination of violence against women and girls
FP	Family Planning
GBV	Gender-based Violence
GoM	Government of Mozambique
GPRHCS	Global Programme on Reproductive Health Commodity Security
HIV	Human Immunodeficiency Virus
HRBA	Human Rights Based Approach
HTC	HIV testing and counselling
IANYD	Inter-Agency Network on Youth and Development
ICPD	International Conference on Population and Development
IPV	Intimate partner violence
MDG	Millennium Development Goal
MGCAS	Ministry of Gender, Children and Social Action
MICS	Multiple Indicators Cluster Survey
MINJUS	Ministry of Justice
MINED	Ministry of Education
MINT	Ministry of Interior
MMR	Maternal Mortality Ratio
MNCAH	Maternal, New-born, Child and Adolescent Health
MNH	Maternal and New-born Health
MoH	Ministry of Health
MPoA	Maputo Plan of Action
NCDH	National Human Rights Committee
PCRMN	Participatory Child Rights Media Network
PEN	National Strategic Plan
PGB	Programa de Geração Biz
RC	Resident Coordinator
RCO	Resident Coordinators office
RH	Reproductive Health
RHCS	Reproductive Health Commodity Security
RPAP	Regional Programme Action Plan
SAAJ	Youth Friendly Services
SBA	Skilled Birth Attendant
SBCC	Social and Behaviour Change Communication

SDGs	Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights
SYP	Safeguard Young People Programme
UBRAF	Unified Budget, Results and Accountability Framework (UNAIDS)
UNDG	United Nations Development Group
UPR	Universal Periodic Review
VAWG	Violence against women and girls
YFHS	Youth Friendly Health Service

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1. INTRODUCTION

Young people are the fastest growing segment of the population in both poor and middle-income developing countries, and their welfare is fundamental to achieving key economic and social objectives. Fully engaged, educated, healthy and productive young people can help break multi-generational poverty, are resilient in the face of personal and societal threats and, as skilled and informed citizens, they can contribute effectively to the strengthening of their communities and nations. On the contrary, if subjected to violence and harmful practices, discrimination or deprived of resources and services, the consequences for young people are almost always evident in the status of their sexual and reproductive health (SRH) and rights; particularly for girls and young women.

Girls and young women in developing countries face systematic disadvantages according to a wide range of indicators, including health and nutrition, education, protection, labour force participation and the burden of household tasks[1]. Each year, 1in 3 girls, an estimated 14.2 million, are married before the age of 18. 1in 9 girls are married before the age of 15. Child marriage is a human rights violation, and form of violence that denies millions of girls their childhood as well as put them at risk of early pregnancy.

Every year in developing countries, 7.3 million girls and young women under the age of 18 give birth. 11% of all births worldwide are born to adolescent mothers, with 95% occurring in developing countries. For some young women, pregnancy and childbirth are planned and wanted, but for millions of other women and girls this is unintended. Childbirth at an early age is associated with greater health risks for the mother. In low- and middle-income countries, complications of pregnancy and childbirth are the leading cause of death in young women aged 15–19 years[2] .

Research shows that adolescence is the time where the most essential decisions shaping girls' lives are made, yet traditional youth programming tend to overlook the specific barriers and needs of the girls and young women. Therefore, it is fundamental to place the girls and young women at the centre of their own development and undertake a more focused, multidimensional and integrated approach to respond to their needs[3].

Mozambique ranks among the worst countries in the world in terms of a large spectrum of indicators on girls and women's rights and wellbeing. The centrepiece of this program is the promotion and protection of the sexual and reproductive health and rights (SRHR) of girls and young women in Mozambique. The proposed program reflects the renewed attention by the United Nations to the equality agenda, which provides an opportunity to refocus youth programs towards the underlying causes and influential factors leading to the marginalization and vulnerability of girls and young women – as a vector for greater progress for society at large.

[1] Action for Girl, UNFPA, 2014
[2] Ibid.
[3] Ibid

2. SITUATION ANALYSIS

2.1 Country Context

Mozambique is among the last 10 countries in the world in the Human Development Index, ranking 178th in the Human Development Indicator Report (2013). Despite the country's rapid economic growth in recent years, with a 7% growth rate between 2010 and 2013, poverty has been stagnating, with 54% of the population still living below the poverty line.

The fertility rate has not changed significantly over the last 50 years: it has only dropped from 7.1 in 1950 to 5.9 in 2011. This minor reduction is related to changes in urban areas, with little or no progress in rural areas, where the majority of the population live: **17,5 million people live in rural areas and only** 8,1 million in urban areas, with 63% of young people between 15-24 currently living in rural areas.

However, Mozambique is steadily urbanizing.[4]

Mozambique's population has grown rapidly from 16 million in 1997 to approximately 25.7 million in 2015 – estimated to reach 33, 1 million by 2025[5]. The country is young, with 52% of the population younger than 18. With its large population of young people, the country is on the cusp of a **demographic transition** that can yield a **demographic dividend**.

Significant inequalities exist in the countries, between and within regions and provinces and according to various socio-economic variables. Statistics indicate that only 11% of young people from the lowest wealth quintile are literate, compared to 87% in the highest quintile[7]. Despite a 43% decline in youth (15-24 year old) illiteracy between 1997 and 2007, gender inequalities in education persists, with a rate of **47% illiteracy among young women, against 25 % in young men**[10]. Among young people 20-24 years, at least 45% completed primary school and only 8% have secondary level or more [8]; with 10,3% of girls completing primary school and only 3,5% completing secondary school.

Demographic Dividend in Mozambique

The demographic dividend is a time of sensitive opportunity, which requires immediate preparatory integrated actions, foresight and management in order to harness its potential. Transition begins as fertility and mortality rates start to fall, leaving fewer dependents. The dividend comes as resources are freed for economic development, and for greater per capita spending on higher quality health and education services, providing the base for economic growth to take off[6]. Mozambique could experience substantial growth in income per person if this is followed by a decline in fertility rates.

Furthermore, one in five adults is unemployed in Mozambique[9] and the level increases for young people, particularly for girls and young women. The high level of unemployment among young people highlights the urgent need to expand employment opportunities in the context of an annual growth rate of 7%. It is estimated that around 300,000 young people are entering the labour market each year and, because there are not sufficient jobs in the formal economy, they are being absorbed into the informal sector[10].

Government policies to encourage economic growth are currently not addressing the persisting gender inequalities or gender discrimination influencing various areas related to the knowledge, capacities and agency of girls and young women at a local level.

[4] Census Projections, 2015
[5] INE 2013
[6] The Power of 1.8 Billion Adolescence Youth and the Transformation of the Future http://www.unfpa.org/sites/default/files/pub-pdf/EN-SWOP14-Report_FINAL-web.pdf
[7] UNICEF , 2010

[8] DHS 2011
[9] INE, 2013
[10] PARP 2010-2014

Mozambique is well positioned in terms of certain international gender indices; the country has made considerable efforts to draft, revise and implement legislation in line with national, regional and international instruments, particularly related to CEDAW. In terms of political participation, Mozambique currently has a parliament with 37% female representation, and 29% representation of female ministers.

National policies such as the Gender Policy and its Implementation Strategy (2006), the formulation of several sectorial gender strategies (i.e. health, education), and action plans such as the National Action Plan for the Advancement of women (2010-2014) and the National Action Plan to Prevent and Combat Violence Against Women (2008-2012) have supported the efforts related to enhancement of gender equality[11].

Despite the progress achieved at policy and governance level, women (and girls) are still subject to gender discrimination and inequalities in their daily life, with various wellbeing indicators showing worst life conditions for them than for men (and boys) in the country. 58% of women live below the poverty line, compared to 54% of men[12]. Literacy rates recorded 35% for women compared to 64% among men[13]. Secondary enrolment and completion are also lower among girls (46%)[14]. The majority of women are trapped in low-income employment and women's earnings are significantly lower than men's in all economic sectors[15].

Furthermore, girls and young women are particularly vulnerable to the effects of climate change as they depend on natural resources to sustain their livelihood. Additionally, they are challenged with unequal access to resources and to decision-making processes, limited mobility places girls and young women in rural area in a vulnerable position where they are disproportionately affected by climate change[16].

Mozambique, a country prone to cyclical and increasing natural disasters, has been classified as 'high risk' for future effects of climate change, and is already feeling the brunt of impact.[17]

2.2. Poverty, Gender Relations and Social Norms and Cultural Practices

There are various causes affecting and leading to the marginalization and vulnerability of girls and young women in Mozambique, and consequently limit access to their sexual and reproductive health and rights.

The economic deprivations of families, as well as girls and women's lack of access to economic opportunities and resources affect their SRHR; a recent small-scale qualitative research showed that girls' and young women's poverty and their poor bargaining power within society exposes them to greater risk of unsafe sex. This appears to be driven by a combination of lack of economic alternatives and existing social norms and cultural practices, lack of information and awareness, as well as lack of access to or power to use contraceptives - with adolescent girls particularly at risk[18].

Social norms and certain cultural practices also have an important influence on the sexual and reproductive health and rights of girls and women in the country: early marriage, the practice of Kutchinga and various consequences of initiation rites all affect SRHR.[19] Discriminatory social norms such as early marriage, contribute to preserving gender inequalities and have serious consequences on the sexual and reproductive health of women and girls.

% of Population below the Poverty Line in Nampula and Zambezia

Nampula: 54,7%
Zambezia: 70,5%

[11] Beijing +20 Mozambique report on the Implementation on the Beijing Declaration and Platform for Action
[12] Household Budget Survey, 2008-2009
, Beijing report
[13] INE Beijing report, 2009
[14] MINED Beijing report, 2011
[15] Institute of National Statistics, 3rd Poverty Assessment
[16] http://www.un.org/womenwatch/feature/climate_change/downloads/Women_and_Climate_Change_Factsheet.pdf
[17] http://genderandenvironment.org/resource/mozambique-climage-change-and-gender-action-plan/
[18] UN Habitat Mozambique Urban Profile, 2012
[19] Fórum Mulher, UNFPA (November 2014). *Boletim Menina Sim, Noiva Não. Conferencia Nacional da Rapariga*

Recognizing and understanding the influences of specific socio-cultural issues, norms and practices of different communities, is particularly relevant to programmes addressing sexual and reproductive health, as sexuality is both universal and culturally specific[20]. To create an enabling environment for the sexual and reproductive health needs and rights of girls and young women, in a country as culturally diverse as Mozambique, it is necessary to involve the upholders of traditional customs, healing and rites of passage, while building the capacity of the formal health service providers to take these issues into account into account in SRH service provision.

As a result, there is a need for ensuring that knowledge on SRHR, safe sex, and gender based violence, is not only the responsibility and burden of girls, young women and youth, but that this responsibility is shared equitably among the community and society as a whole. Thus the need to involve boys, men, parents, community cultural gate keepers and leaders, traditional medical practitioners to create dialogue, harmonize messages on SRH, and ultimately improving service delivery and overall health outcomes. To ignore the impact of sociocultural issues can be counterproductive to strengthening service delivery that is culturally sensitive, gender responsive and consistent with a human rights based approach[21].

Recent evidence from the One UN Programme to achive MDG 4&5 in Zambezia, confirms that social norms and gender relations have an influence on the access to health services by girls and young women.[22]

2.3 Violence against Women and Girls

Violence against Women and Girls, beyond being human rights violations, is an important determinant of women's and girls' sexual and reproductive health and rights, yet they remain shrouded in a culture of silence in the country.

Data on violence are often not available and underestimate the scope of the problem, as violence is difficult to measure and it is usually under-reported. Too often violence takes place in silence, with the acceptance of its survivors and their communities. Violence hits women and girls in Mozambique through its various forms and in various settings including the most "invisible" ones, such as the home and the school. Violence is often rooted into gender disparities and discriminatory gender norms and accepted as "normal" by families, communities and the women and girls themselves: according to the MICS 2008, 36% of girls and women aged between 15-49 in Mozambique, believe that a husband has the right to beat his wife under certain circumstances, such as if she refuses sexual relations.

The last DHS (2011), indicate that 6,9 % of women suffered from **sexual violence** in the last 12 months in Mozambique; with 7,9% of women of urban areas and 6,9% of women of rural areas reporting this.

A third of girls and young women have been victims of **physical violence** in the country since the age of 15; 22.4% of girls and young women between 15-19 years, and 37.7% of those between 20-24 years were victims of violence in the 12 months preceding the 2011 DHS[6]. 62% of women victims of physical violence reported the perpetrator was the current spouse or partner, and about 21% of women reported violence was committed by ex-spouse or partner.

VAW/G in Nampula and Zambezia

Women suffering from physical violence since the age of 15 years:
Nampula: 36,2%
Zambezia: 31,1%

Sexual violated within the past 12 months:
Nampula: 7,9%
Zambezia: 7,1%

In addition, a third of all women suffered **emotional violence** by the husband.

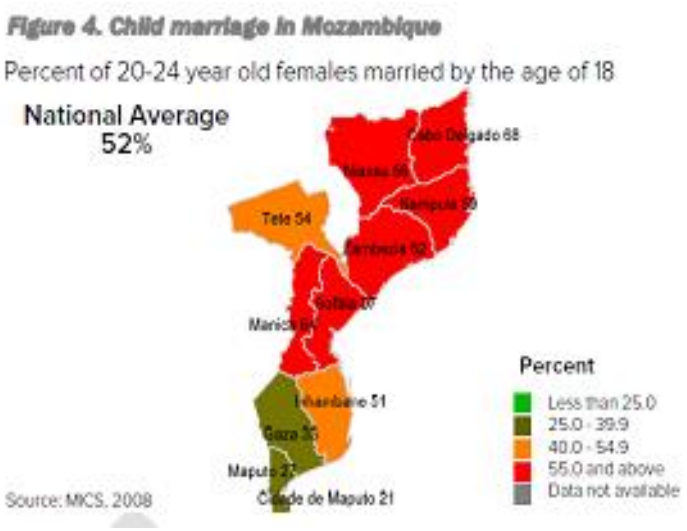
[20] An integrated approach to mainstreaming culture, gender and human rights, UNFPA, 2011
[21] Ibid
[22] United Nations (2015). *Support to the National Integrated Plan to achieve MDGs 4&5 in Mozambique - LESSONS LEARNT (2012-2015),* Maputo, WHO, publication in the pipeline

Sexual abuse and exploitation of girls are also key issues. Critically, **70% of schoolgirls know of cases of teachers having sex with girls in exchange for grades**[23].

Survivors of violence can suffer sexual and reproductive health consequences, including forced and unwanted pregnancies, unsafe abortions, traumatic fistula, sexually transmitted infections including HIV, and even death. [24]

2.4 Child Marriage

Mozambique has the 7th highest child marriage prevalence rate in the world: this practice is very common in the country, where on average one out of two girls is married before their 18th birthday (51.5 per cent according to MICS 2008)[25] and almost one out of five girls (17.7 per cent) is married before turning 15.



Early marriage is a human rights violation, which denies thousands of Mozambican girls their childhood[26]. This harmful practice is strongly correlated with early pregnancy, maternal morbidity and mortality and is associated with the significantly lower likelihood by married girls of finishing primary school and starting secondary school. [27]

Early marriage is rooted in social norms and gender related expectations.

Large part of the variation in rates of child marriage in the country is explained by religious and regional differences, rather than by social or economic factors: early marriage occurs more frequently in the northern and central region of Mozambique [29] and in rural than in urban areas. Wealth is negatively associated with child marriage, but there is little difference in rates of child marriage below the top wealth quintile in the country.

Early marriage in Nampula and Zambezia

Below 18: Zambezia (62%) and Nampula (59%)[28].
Below 15: Zambezia (22,3%) and Nampula (20,6%)

Finally, data shows that girls living in female-headed households have a significantly lower probability of getting married before 18 than girls living in male-headed households. Similarly, **the probability of entering into child marriage decreases unambiguously with the age of the head of household.** [30]

[23] MINED Study, 2008
[24] http://www.unfpa.org/gender-based-violence
[25] MICS 2008
[26] http://www.wlsa.org.mz/artigo/o-casamento-prematuro-como-violacao-dos-direitos-humanos-um-exemplo-que-vem-da-gorongosa/
[27] UNFPA, UNICEF, GIRLS NOT BRIDES (2015). *Casamento premature e gravidez na adolescencia em Mocambique*
[28] MICS 2008
[29] MICS 2008
[30] UNFPA, UNICEF, GIRLS NOT BRIDES (2015). *Casamento premature e gravidez na adolescencia em Mocambique*

3. The issue: Girls and Young Women's Sexual and Reproductive Health and Rights in Mozambique

Girls and young women's sexual and reproductive health and rights in Mozambique is affected by many factors rooted in extreme poverty, gender inequality and discriminatory social norms and harmful practices – such as early marriage and violence and abuse against girls and women.

Consequently, the high and rising fertility, very low contraceptive use, high levels of adolescent pregnancy, short birth spacing, high numbers of obstetric fistula, high ratio of maternal mortality among girls and young women , HIV/AIDS and IST, unmet needs for family planning and insufficient availability, access and quality[31] of Sexual Reproductive Health Services reflect the situation of girls and young women's sexual and reproductive health and rights in Mozambique.

Location	Early Pregnancy, 15-19 years[32]	Marital Union among girls under 15 years	HIV Prevalence among girls and young women of 15-24 years	Illiteracy among girls and young women of 15 – 24 years	Use of Contraceptives among girls and young women of 15 – 24 years [33]
National	37.5%	17.7%	11.1%	47.4% (boys 24.5%)	45.2%
Zambézia	41.0%	22.3%	15.5%	65.7%	46.6%
Nampula	45.9%	20.6%	6.5%	63.4%	N/A

3.1 Early Pregnancy

The adolescent fertility rate is particularly high in Mozambique: it currently stands at 167 births per 1.000 women aged between 15 and 19 years (DHS 2011), with disparities between urban and rural areas (141 vs. 183). In 2011, 38% of the adolescents between 15-19 years were either pregnant or had already had a child, showing little progress when comparing to 2003 (41%).

Pregnancy can have irreparable consequences on adolescent girls: it has a negative impact on the realization of girls' rights, on their health, wellbeing and development. Complications related to pregnancy and childbirth are an important cause of death among girls. Early pregnancy is also associated with obstetric fistula: it is estimated that around 2000 new cases of obstetric fistula, mostly occurring among girls and young women, occur in Mozambique each year. [34]

Early pregnancy among 15-19 years girls in Nampula and Zambezia

Nampula (45,9%)
Zambezia (41,0%)

Additionally, a recent study found that in Mozambique adolescent pregnancies are associated with higher risks of malnutrition and death among children of adolescent mothers.[35]

Adolescent mothers see their lives radically changing: their job prospects diminish and pregnanc and motherhood effect girls' schooling. Currently, 9 out of 10 girls enter primary education In Mozambique, but only 1,5 among them enter secondary education. The Despacho Ministerial n.39 of 2003, which stipulates transfer of pregnant girls to

[31] United Nations (2015). *Support to the National Integrated Plan to achieve MDGs 4&5 in Mozambique - LESSONS LEARNT (2012-2015),* WHO, publication in the pipeline
[32] Raparigas que são mães ou estão gravidas pela 1ª vez (IDS 2011)
[33] Raparigas que declararam ter usado o preservativo na última relação sexual
[34] Ministry of Women and Social Action, Beijing+20 Mozambique report on the Implementation of the Declaration and Platform for Action
http://www.unwomen.org/~/media/Headquarters/Attachments/Sections/CSW/59/National_reviews/Mozambique_review_en_Beijing20.pdf
[35] source: Casamento premature e gravidez na adolescencia em Mocambique UNFPA,UNICEF, GIRLS NOT BRIDES, 2015

evening classes is an obstacle to the retention of pregnant girls in school and as a consequence puts girl mothers' education at risk.[36]

Adolescent pregnancies are rooted in poverty and social norms in the country and are strongly related with early marriage: data shows that the average interval between marriage and the first child is only 15 months in the country and that[37] 39% of girls married before the age of 15 had their first child before turning 15, compared with 3% of girls married after 15 (DHS 2011). [38]A Policy Brief on the causes and impact of child marriage and adolescent pregnancy in Mozambique by UNICEF and UNFPA shows that girls' empowerment, and in particular their ability to demand contraception from their husband, plays an important role in preventing adolescent pregnancies in married girls[39].

Adolescent pregnancies in the country are also related with sexual abuse, sexual violence and girls' sexual exploitation. Sexual violence against adolescent girls is common and hits girls also in settings that should be protecting them: in communities, at home and at school: in a survey by the Ministry of Education (2008) 70% of girl respondents reported that some teachers use sexual intercourse as a condition for promotion between grades.

3.2 Obstetric Fistula

It is estimated that around 2000 new cases of obstetric fistula, mostly occurring among girls and young women, occur in Mozambique each year[40].Obstetric fistula is one of the most serious and tragic complications of pregnancy and childbirth. It is a hole between the birth canal and bladder or rectum caused by prolonged, obstructed labour without treatment. It leaves women leaking urine, faeces or both, and often leads to chronic medical problems, depression, social isolation and deepening poverty.[41]

Obstric fistula can affect women at any age, but adolescent girls are particularly vulnerable to it, due to their higher vulnerability to prolonged and obstructed labour.

Obstetric fistula is preventable. The fistula situation is worsened by the lack of access by girls and women to routine sexual and reproductive health services and emergency obstetric care, in particular by poor girls and women from rural areas, where distances to access health units with emergency care are long.

A National Obstetric Fistula Prevention and Treatment Strategy (2012-15) was launched in 2012, which aims toward expanding the preventive efforts, as well as simultaneously put in place a holistic approach towards the treatment of existing cases. In 2014, 467 girls and young women were treated. There has been an improvement since 2010, when only 183 were treated; however, much more remains to be done, as this still represents coverage of only 20.7%.

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[36] UNFPA (2013). *Gravidez na Adolescência. Desafios e respostas de Moçambique. Suplemento do relatório sobre a Situação da População Mundial*

[37] UNFPA, UNICEF, GIRLS NOT BRIDES (2015). *Casamento premature e gravidez na adolescencia em Mocambique*

[38] UNFPA, UNICEF, GIRLS NOT BRIDES (2015). *Casamento premature e gravidez na adolescencia em Mocambique*

[39] UNFPA, UNICEF, GIRLS NOT BRIDES (2015). *Casamento premature e gravidez na adolescencia em Mocambique*

[40] Ministry of Women and Social Action
BEIJING+20 MOZAMBIQUE REPORT ON THE IMPLEMENTATION OF THE DECLARATION AND PLATFORM FOR ACTION
http://www.unwomen.org/~/media/Headquarters/Attachments/Sections/CSW/59/National_reviews/Mozambique_review_en_Beijing20.pdf

[41] http://www.unfpa.org/obstetric-fistula#sthash.QTZMFDwz.dpuf

3.3 Maternal Mortality

Maternal Mortality is high in Mozambique, 408 women die every 100,000 live births (DHS 2011). Estimates of maternal mortality rate in Mozambique indicate that maternal mortality has decreased substantially between the early 1990s and 2003, from an estimated 1,000 maternal deaths per 100,000 live births in the early 1990s to 408 per 100,000 in 2003 (DHS).

Maternal mortality among the 15-24 years girls and young women:

Nampula: 593,6 per 100,000 live births.
Zambezia: 495,7 per live births. (check with Pilar)

Both above the national average of 450.4 per 100,000 live births.[42]

However little improvements were made over the last years: there are 500 maternal deaths per 100,000 live births according to 2007 Census. Data disaggregated by province (Census 2007) shows important disparities among provinces. At the national level 51% of maternal deaths occurred to mothers who delivered at home and 43% to mothers who delivered at a health facility.

According to the post census mortality survey, the average age of death for women who died of maternal causes was 27 years with approximately **20 % of maternal deaths occurred in girls who did not complete their twentieth year of age**.

According to UNFPA's "Motherhood in Childhood" State of the World Report of 2013 the risk of maternal death for mothers under 15 in low- and middle-income countries, as Mozambique, is double that of older women[43].

3.4 HIV and STIs

Mozambique has the eigth highest HIV prevalence in the world, with 11,5% of Mozambicans infected. Considerable variations in the HIV prevalence rate exist in the country, based on geographic disparities, gender[44] and socio-economic variables.

Prevalence of HIV among the 15-24 years girls and young women in Nampula and Zambezia

Nampula: 6,5%
Zambezia: 15,5%

HIV prevalence rate is worst in urban (15.9%) than in rural areas (9.2%) and it increases with education. On average, HIV prevalence increases as the number of lifetime sexual partners increases. Women are more affected than men[3], with 13,1% of women aged 15-49 infected compared to 9,2% of men. HIV prevalence is highest among women with secondary or higher education. **Women become infected at younger ages than men.** Prevalence for both women and men increases with age until it peaks at age 25-29 for women (16.8%) and at age 35-39 for men (14.2%).

Almost 8% of adolescents and young people are infected by HIV at national level, with significant gender disparities also across this age group: 11, 1% HIV prevalence among girls and 3.7% among boys aged 15-24. Various causes are at the roots of these gender disparities: the biological higher risks by women and girls for HIV and STI infection, with women twice as likely as men to acquire HIV from an infected partner in unprotected heterosexual intercourse,[45] the age of sexual debut, women's and girls' low power to refuse sex or to negotiate the use of condoms, age differentials between partners, with girls having sex with older partners, the relatively low level of HIV testing for young girls, the existence of deep-seated beliefs and socially accepted sexual behaviours, including having multiple concurrent partners and being exposed to transactional sex, contribute to higher vulnerability.

The number of young people who have gone for counselling and testing has slowly increased, though the UNGASS 2008 report indicated that of the 24% of Mozambicans receiving anti-retroviral therapy only 10% were youth[1].

[42] DHS 2011
[43] http://www.unfpa.org/sites/default/files/pub-pdf/EN-SWOP2013-final.pdf
[44] INSIDA 2010.
[45] http://www.unicef.org/aids/index_hivaids_girls_women.html

3.5 Access to Sexual Reproductive Health Services

The majority of the maternal deaths in Mozambique relate to the **late arrival** of pregnant women at the health facility and to **deficiencies in the quality of care provided**, with 43% of deaths occurring within the first 24 hours after delivery and 62 % within the 24 hours reaching the health facility.

Data from the National Needs Assessment (NNA) revealed the **delay** in reaching the health facility as the main contributing factor to maternal death (54.4%). A**ccess to health services** is one of the major problems faced by girls and young women in Mozambique: 57.2% and 60.3% of girls and women aged respectively between 15–19 and 20–24 years declare difficulties in accessing health services at least once (DHS 2011). 48.7% and 50.9% respectively referred to the **distance** to the nearest health facility as the major factor contributing to poor access to health services. Lessons learnt from the UN Joint Programme "Support to the National Integrated Plan to achieve MDGs 4&5 in Mozambique" in Zambezia, indicate that the demand and use of health services by women (and children) is influenced by **gender relations**.[46] Late arrivals at the health facility for delivery, for instance, are not only due to the distance, but also to gender relations: "the final evaluation of the project found that social norms and practices are an important determinant of maternal mortality. Women need husbands' authorization to go to health centres for child delivery (final qualitative evaluation in Milange and Morrumbala districts). The final decision on the place for child delivery is generally taken by the father of the baby – sometimes by the mother (evaluation on the impact of layettes on institutional delivery). When complications in child delivery occur, the husband and other family members, investigate about their causes (infidelity, fetish), before taking the woman to the health centre. This practice, delays the arrival of women to the health system: in Guerissa for instance (Morrumbala district), the qualitative evaluation found that almost half of the women that were transferred to the Rural Hospital in 2014 for delivery complications, died because of delays by their family to decide to look for help."[47]

With regards to the **quality**, data from the National Needs Assessment (NNA) and more recently, from the second survey of availability of modern contraceptives and essential lifesaving maternal and reproductive health medicines in service delivery points (2011) shows serious deficiencies in the availability of these medicines and medical supplies in delivery rooms. However, the 2014 Reproductive Health Commodity Survey shows progress in the availability of modern contraceptive methods at the service delivery points, offering at least five modern methods, increased from 76% in 2013 to 96% in 2014.

Furthermore, the availability of the seven life-saving maternal and reproductive health medicines had a negative trend in the last years, with only 58% of the health facilities having the seven life-saving maternal and reproductive health medicines available in 2014, compared to 71% in 2013, according to the 2014 Reproductive Health Commodity Survey. Strengthening the supply chain management remains a high priority to ensure full continuous availability of commodities, as well as to take the SRH services to where the population reside.

One of the main strategies for maternal mortality and neonatal mortality reduction is to improve the availability, access, quality and use of health facilities that provide basic and comprehensive emergency obstetric care (BEmOC and CEmOC). The availability of health facilities providing emergency obstetrics care is still low, with only 38 per cent of health facilities offering BEmOC, only 17 per cent of births taking place in health facilities providing EmOC; and only two per cent of births delivered through C sections.

According to the 2012 EmONC assessment, Mozambique needs 236 health facilities providing **emergency obstetric care and new-born care**, among them 47 facilities should be for comprehensive EmONC. In 2012, the availability of EmONC (basic and comprehensive) facility coverage was 28.9% of the recommended minimum and 70% for comprehensive EmONC. Furthermore, only 19% of the institutional deliveries took place in health facilities providing EmONC, only 13% of women with obstetric complications were treated in EmONC health facilities, and 2.6% of C-sections took place in EmONC facilities.

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[46] United Nations (2015). *Support to the National Integrated Plan to achieve MDGs 4&5 in Mozambique - LESSONS LEARNT (2012-2015),* WHO, publication in the pipeline

[47] United Nations (2015). *Support to the National Integrated Plan to achieve MDGs 4&5 in Mozambique - LESSONS LEARNT (2012-2015),* WHO, publication in the pipeline

The **coverage of antenatal care (ANC)** has improved significantly in recent years, with the proportion of women with at least one visit during pregnancy increasing from 85% in 2003 to 91% in 2011. However, only 50,6% of women attend at least four visits.[48] Coverage of deliveries by a specialized health professional remains very low, especially in rural areas, where it is still at 44.3%, after having had an improvement from 44.2% in 1997 to 54.3% in 2003.

In 2000 Ministry of Health launched the so-called SAAJs (**Serviços Amigos de Adolescentes e Jovens)** as part of PGB to respond to the particular vulnerabilities and health risk facing this target group. Generally, the youth-friendly services aim to promote healthy lifestyles style, prevention, education and treatment of diseases of young people, covering the areas of sexual and reproductive health, including sexually transmitted infections, HIV and AIDS, and psychosocial support. Additionally,

The SAAJs are implemented across the country, however the availability of services and accessibility varies from province to province; in Nampula the current number of SAAJs is 6 and in Zambezia it is 10[49]. Whereas the SAAJS have helped improved youth's access to health services when adequately implemented and monitored according to an evidence-based policy brief on the "improvement of the quality and access to youth-friendly services"[50], there are still issues to be tackled to further improve the uptake of services among the youth. The Strategic Plan of Geracao Biz 2014-17[51] highlighting the needs to expand and revive the youth-friendly services, particularly through training of health professionals to specifically address the needs and nature of the youth. The quality and access to services and lack of information about the existence of services specifically for youth are identified as part of the reasons for the low uptake of services by the youth according to the evidence-based policy brief referred to above.

An assessment of the functionality of the SAAJs is planned for 2015 by Ministry of Health.

3.6 Family Planning

The unmet needs for family planning remain very high in the country, at 28.5%[52] (2011). With regards to the main target group of this program, girls and young women aged 10-24, the rate is 23,2% and 23% respectively among girls and young women aged 15-19 and 20-24 and married or in union. The rate is a little better among unmarried girls and young women, being it 18% (15-19 years) and 22% (20-24). The Contraceptive Prevalence Rates (CPR) – of modern contraceptive methods - stands only at 11,3% at national level, with important differences within the country, both according to age, geographical and socioeconomic variables.

Among adolescents for which data exist (aged 15-19) and young women (aged 20-24), the CPR is respectively 5,8% and 11,4%, among married or in union and at 26,7% (aged 15-19) and 38% (aged 20-24) respectively, for sexually active unmarried girls aged 15-19 and young women aged 20-24.

Family planning in Nampula and Zambezia

Contraceptive Prevalence Rate –
Nampula (5%)
Zambezia (4,6)

Unmet Need for Family Planning –
Nampula (25%)
Zambezia (35%)

According to the last DHS[53]:

- Contraceptive prevalence rate is much higher in women with secondary schooling or higher (31.2%) than in women with no schooling (5.3%);
- It is higher in women living in urban areas (21.1%) than in women in rural areas (7.2%);
- Higher among women from the richest wealth quintile (29.5%) than among women from the poorest wealth quintile (2.9%).

[48] DHS 2011
[49] Ministry of Health, Mozambique (2013)
[50] Ministry of Health, Mozambique
[51] http://www.inj.gov.mz/attachments/article/138/LIVRO_of_PE%20PGB.pdf
[52] DHS 2011
[53] DHS 2011

The low use of contraceptives is related to the level of knowledge about modern contraceptive methods in the country:

- 95,5% of women, including 96,3% of women married or in union and 97,9% of sexually active non in union women declared they know about modern contraceptive methods during the last DHS (2011)
- 99,9% of men, including 100% of married/in union men and 99,8% of sexually active non in union men, declared they know about modern contraceptive methods during the last DHS (2011)
- Among adolescents and young women/men: 100% of boys and young men, 93,6% of girls aged 15-19 and 96,5% of young women aged 20-24 know about modern contraceptive methods (DHS 2011).

The gap between level of knowledge and corresponding behaviour is underscored by findings from the in-depth review of the PGB programme, that indicates "the fact that 53% of those who feel at *moderate or high risk of contracting HIV* don't use condoms (58% among women; 76% in Zambézia; 49% in the PGB group) is a finding of serious concern. It ilustrates a clear gap between knowledge and practice."

Anecdotal knowledge explains this contradiction between knowledge and behaviours with the unavailability and scarce access to contraceptive methods, and with unequal gender relations and masculinities in Mozambique.

In this regard, the DHS 2011 indicates that the use of contraceptives is positively related to the level of girls and women (in union) participation in decision making in the household.

4. National Policies towards SRHR of Girls and Young Women in Mozambique

4.1 Current Policy and Legal Framework

National development frameworks and planning instruments, such as the Agenda 2025, reflecting the long-term vision of the country; the 5 year plan (2015-19) of the new Government of Mozambique; and the PARP 2011-2014 provide the overall context for accelerating programming targeting young people, including young women and their sexual and reproductive health and rights.

The **National Youth Policy** was approved in December 2013, and provides a holistic direction towards an increase in youth development and participation in various processes, including the promotion and provision of sexual and reproductive health information and services.

Adolescents are one of the priority groups in the new HIV National Plan (PEN IV 2015 – 2019). The UN acknowledged the relevance and the burden of HIV in this group. As a result, Adolescent and HIV/AIDS was chosen as one of main signature issue, and therefore strategic advocacy priority for the UN system.

In the broader context of gender equality in Mozambique, the **revised Penal Code** (2014) was recently approved and provides an updated and adapted legal framework for the country.

A **law on domestic violence a**gainst women was approved in 2009; a milestone in addressing violence against girls and women. The development of the second national plan on elimination of violence against women and girls is about to start, and the integrated multi-sectorial mechanism of assistance for women victims of violence among Ministry of Gender, Children and Social Affairs (coordinating body), Ministry of Interior, Ministry of Justice, and Ministry of Health was approved in 2012 with implementation being rolled out at the central, provincial and district levels since 2014.

The Ministry of Gender, Children and Social Action approved in December 2015 the first **National Strategy on Early Marriage including a budgeted Action Plan**, which aims to strengthen the prevention and response towards the reduction of this harmful practice.

For decades, the government through the Ministry of Health (MoH) has invested in improving the wellbeing of mothers, new-borns and children. The country has committed to achieving the Millennium Development Goals (MDGs) and has made commitments in several international fora regarding RMNCH, such as The Global Strategy for Women's and Children's Health, launched at the 'Every Woman, Every Child' in 2010, and the London Summit for Family Planning in 2012. Several initiatives have been launched in recent years reflecting this political will; the Presidential Initiative for maternal, new-born and child health was launched in 2008, and in 2010 the National Partnership for the promotion of maternal, new-born and child health was created.

There have been a number of additional important developments on the **policy and legal framework** in Mozambique over the past decades to create a reasonable favourable environment **for sexual and reproductive health and rights** programming to be scaled up. In terms of policy development, a number of strategies and national plans have been developed, including the National Integrated Plan to Achieve MDG 4 and 5 (2008), the Waiting Homes strategy for pregnant women (2009), the Gender Strategy of the Health Sector (2009), the Traditional Births Attendance Strategy (2009), the "Model Maternity" program (2010), the National Strategy for Family Planning and Contraception 2010-2015 (2020); the National Strategy to Prevent and Treat Obstetric Fistula (2012), and the Strategy for the prevention of the post-partum haemorrhage at community level 2014-2015.

The Ministry of Health and health partners developed the National Health Sector Strategy (PESS) 2014-2019, which addresses gaps in the area of RMNCH interventions, and includes as one of the specific priority areas "Accelerate progress in the reduction of maternal and new-born mortality including the reduction of the general fecundity rate (priority number 1 of the health PESS)".

4.2 Policy Gaps

Despite these engagements and progress achieved by the government of Mozambique and its partners, important gaps remain at both the policy and legal framework levels, including:

- The revised Penal Code does not include the condemnation of child marriage under the age of 18, which consequently will continue to impact girls and young women's sexual and reproductive health and rights.
- The Despacho Ministerial n.39 of 2003 stipulates transfer of pregnant girls to evening classes, constituting an obstacle to the retention of pregnant girls in school and as a consequence puts girl mothers' education at risk.
- **The implementation** of the legal framework for girls and young women's protection remains a challenge, and in particular the enforcement of the new law **on domestic violence a**gainst women.
- **Resources need to be leveraged to implement the many activities planned by new national strategy on child marriage.**

Overall adolescents and youth are defined in the government's sexual and reproductive health policies, strategies and plans as a core target group, however, not in a robust manner: for instance they do not concretely address the specific needs of adolescent girls and young women. However, to respond to this, the Ministry of Health, supported by UNFPA, is preparing a National Adolescent Health Strategy, which will include Sexual and Reproductive Health of adolescent girls and young women.

5. National SRH Programme on Adolescents and Youth: The Geração Biz Programme (PGB)

5.1 Overview

Following the International Conference on Population and Development in 1994 in Cairo[54], in 1999, the Government of Mozambique, UNFPA and Pathfinder launched the **Geração Biz Programme** (PGB), to improve sexual and reproductive health, rights and HIV prevention for adolescents and youth aged 15-24 years in the country. The programme was initiated in Maputo City and Zambezia Province and was one of the first in the country to specifically address adolescents' sexual and reproductive health needs[55].

The PGB has been supported technically and financially by the following partners: UNFPA (1999-2015), Sida (1999-2012), Danida (1999-2012), Norad (1999-2012) and Pathfinder (1999-2012).

THE PGB APPROACH

The Geração Biz Programme (PGB) aims to improve adolescents and youth SRH. It has a multi-sectorial and multi-level approach based on the following main pillars:

-It builds on a peer-to-peer approach, aiming to equip young peer educators – girls and boys - with evidence-based SRH information, for them to reach and inform their adolescent and youth peers.

-In parallel, the programme aims to strengthen sexual and reproductive health services for adolescents and young people, to respond to their specific needs.

-PGB is an inter-sectorial programme, with three complementary intervention levels/approaches:

1. Health-based: implemented by the Ministry of Health, provides youth-friendly services and counselling within the public health system and other appropriate locations.

2. School-based: implemented by the Ministry of Education, reaches in-school youth with information on SRH and refers them to the Adolescent Friendly Services at the health facilities for further assistance.

3. Community-based: implemented by the Ministry of Youth and Sport, reaches out-of-school youth with information on SRH and refers them to the health system for further assistance.

5.2 Results achieved by the PGB

The long-term technical and financial support provided to the PGB by the three Scandinavian donors and UNFPA allowed the PGB to achieve important results:

- SRH needs and rights of adolescents and young people were put on the policy agenda.
- Young people, including girls and young women, have improved knowledge and attitudes about SRH and HIV prevention, empowerment and gender equality.[56]
- The Ministry of Health launched (2000) the Adolescent and Youth Friendly Services (SAAJs) to respond to the particular SRH needs of adolescents and young people. The SAAJs promote healthy lifestyles, prevention, education and treatment of diseases of young people, covering the areas of sexual and reproductive health, including sexually transmitted infections, HIV and AIDS, and psychosocial support.
- The PGB was adopted as a national programme: since 2009, the PGB had expanded to all provinces of the country and in 2010 the PGB was included as part of the 2010-2014 Five-Year Plan of the Government of Mozambique as the guideline for standardization of actions on SRH and HIV prevention for adolescents and youth.
- A Youth Policy was established.
- An Adolescent Sexual and reproductive Health Policy is under development.
- A department on Adolescents Sexual and Reproductive Health Rights was established within the Ministry of Health.
- PGB has contributed to establishing the structures at district, provincial and national level for the planning and monitoring of the implementation of services and demand-creation interventions in ASRH.

[54] http://www.reproductive-health-journal.com/content/12/1/12
[55] http://www.reproductive-health-journal.com/content/12/1/12
[56] In-depth review of the PGB Programme (2012)

Significant efforts have also been made to ensure the integration and budgeting of SRHR of young people activities in national, provincial and sectorial annual work plans (PES), such as the development of an action plan and the inclusion of the theme of ASRH and HIV prevention in the agenda of provincial and district annual plans.

5.3 UNFPA Support to PGB

Currently, the PGB is supported by UNFPA through the following channels:

- Financial and technical support to the Ministry of Youth and Sports for the implementation of the Programme at two levels:
  - Implementation of PGB programme in the provinces of Cabo Delgado, Nampula, Sofala and Zambezia: training of PGB peer educators; support to technical meetings of peer educators; training of Education Officers and teachers to establish a comprehensive sexuality education curriculum in schools and teachers training institutes; distribution of IEC material on SRH.
  - Support to the MYS at central level, to support the supervision of PGB activities; capacity building of members of the Ministry on Human Rights and ASRHR with a focus on girls; social mobilization and support to mobilize resources.

- Technical and financial support to the inter-ministerial coordination committee (CIADAJ) constituted by Ministries of Youth. Health and Education. This committee was set up at the central level through the support and advocacy of UNFPA through the PGB and it has been meeting regularly. A similar coordination mechanism is set up at the provincial level too.This is the only coordination mechanism existing in the area of youth development within the Government. This new programme - by providing technical support through the project implementation unit – aims to also contribute to assist the Institute of Youth to be able to become efficient in facilitating the committee at the central level as well as the local level.

Since 2013, UNFPA has also been supporting the following new innovative initiatives complementing the Strategic Plan of Geracao Biz 2014-17, implemented by civil society organizations:

- **MoBIz:** a mobile-phone-based programme that helps young people accessing sexual and reproductive health information and services. It is implemented in Maputo city; Sofala and Zambezia Province through Coalizao and PSI (Population Services International).
- **"Action for Girls"**: a girls' mentorship programme targeting vulnerable adolescent girls (10-19 years) both in school and out-of-school, unmarried and married, including adolescent girls with disabilities. Girl groups meet in safe spaces, and are linked to quality SRH services.

5.4 Refocusing the PGB Approach

The Strategic Plan of Geracao Biz 2014-17[57] is built on an external review and a set of internal consultations. The rich findings of the external review demonstrate that overall the major objectives of PGB have been successful in improving knowledge and attitudes of the 15-24 years young people about SRH and HIV prevention, empowerment and gender equality. However, the results for behavioural outcomes for male and female youth aged 15-24 were still low.

The review also underscored issues of concern related to girls' vulnerability and the need for promotion and protection of their sexual and reproductive health and rights, in particular those in the 15-17 years age group. It also stressed that girls and young women's vulnerability is associated with biological, behavioural and structural factors. Furthermore, the issues of concern included the young age of sexual debut; the relatively low level of HIV testing; and the existence of deep-seated beliefs and socially accepted sexual behaviours that contributed to higher vulnerability to acquire STI or HIV early pregnancy, obstetric fistula etc.

[57] http://www.inj.gov.mz/attachments/article/138/LIVRO_of_PE%20PGB.pdf

The major challenges identified in the external review, that are incorporated in the Strategic Plan of Geracao Biz 2014-17 are; to strengthen the capacity of the multisector management and coordination at the provincial and district level; maintenance and motivation of peer-educators; to improve the access and quality of the youth-friendly services across the country; involvement and capacity building of more professors in the schools where PGB is implemented; to redefine and strengthen the role of the NGOs and youth associations as part of the institutionalization process; to guaranty the availability of educational material and contraceptives in the youth corners in the schools, community centres and youth-friendly services.

Furthermore, important priorities of the Strategic Plan of Geração Biz 2014-17 is on improving the decentralization and sustainability of the technical capacity at the provincial and district level, a more strategic involvement of youth associations and NGOs, implementing the Incentive Package approved by MINED and MJD etc.

Based on findings in the external review, the sociocultural factors influencing the sexual and reproductive health of adolescents and young people, the need for deepening and expanding the sociocultural approach towards sexual and reproductive health and rights for adolescents and youth, especially regarding intergenerational relations, community involvement and gender-based violence are also emphasized in the new strategic plan.

The external review made a number of recommendations including the need for combining a set of approaches and interventions to address the biological, behavioural and structural factors that contribute to the vulnerability of girls and young women. Among the recommendations were; the development of a coherent strategy on gender and sexuality; improve the articulation between gender mainstreaming and institutional development; develop gender specific, age appropriate, and culturally relevant sexuality education; design and implement a clear model of care within the Youth Friendly Services for victims of sexual violence; design communication initiatives to protect and promote young girls sexual and reproductive health and right with a specific focus on those living with HIV and address the 10-14 age group in order to counter and prevent early sexual debut, early pregnancies, child marriage etc.

6. Programme Overview

6.1 Problem Statement

This programme aims to address the **unfulfilled sexual and reproductive health rights of girls and young women in Nampula and Zambezia.**

As highlighted in the situation analysis, a full range of complex drivers are at the roots of girls and young women's marginalization and vulnerability contributing to their unfulfilled rights.

In response, the programme aims to address the following among those:

- Girls and young women do not have the necessary knowledge, agency, and capacities to articulate their demands for their sexual and reproductive rights. Additionally, some of them lack civil registration and as a consequence have no legal existence, adding to their marginalization and vulnerability.
- Girls and young women do not have a space to express themselves; they do not have a voice on issues related to their own sexual and reproductive health and rights at community level, nor are given spaces to participate and influence the policies related to their sexual and reproductive health and rights.
- Girls, families and communities are not aware of girls and young women's sexual and reproductive health and rights and do not protect these.
- Quality and integrated SRH information and services, including family planning and GBV response mechanisms, are scarcely available and accessed by girls and young women in rural and peri-urban areas of Nampula and Zambezia.
- The increased knowledge and awareness of girls and young women on SRHR did not translate into behavioural change: ex. in the provinces targeted by this programme there is still a very low use of contraceptives by women and girls (men and boys), despite their knowledge about modern contraceptive methods.

- Current policies do not concretely address the specific needs of adolescent girls and young women, despite overall adolescents and youth are defined in the government's sexual and reproductive health policies, strategies and plans as a core target group.
- The extreme poverty of girls and young women undermines their ability to exercise SRHR and expose them to GBV.
- Gender inequality, well-established social norms and traditional cultural practices – such as child marriage, initiation rites, a patriarchal socio-cultural system - have a negative influence on sexual and reproductive health and rights of girls and young women.
- Environmental and climate change affects negatively girls and young women, increasing their vulnerability to poverty, violence, exploitation and abuse, with negative impact on their SRHR.
- Weaknesses in coordination between central institutions responsible for SRHR and their provincial, district and municipality levels.

6.2 Target Group and Geographic Focus

Province	Focus districts	Population of Girls and Young Women (10-24 years)
Nampula	Cidade de Nampula, Angoche, Muecate, Mogovolas, Moma, Monapo, Nacala Porto, Rapale, Meconta, Ilha de Moçambique	**564,241**
Zambezia	Cidade de Quelimane, Alto Molocué, Ile, Maganja da Costa, Pebane, Mocuba, Morrumbala, Namacurra, Nicoadala, Milange	**521,206**
Total		1,085,447 (INE, 2007

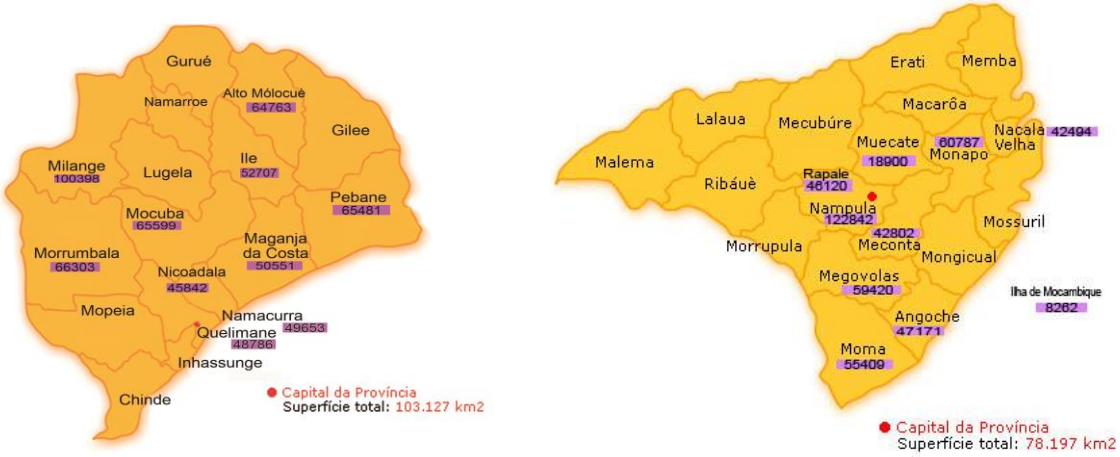
The program will focus on 20 selected districts in the provinces of Nampula and Zambezia, the most populous provinces in the country together accounting for approximately 45% of the total population.

Interventions that are linked to strenghtened governance and coordination at policy level will also be conducted at central level. Interventions with geographical focus in Nampula and Zambézia Province will directly benefit 1,085,447 of right holders - girls and young women aged 10-24- 564,241 in Nampula and 521,206 in Zambezia, respectevely.

The two provinces have been selected based on available data on ASRH indicators, child marriage rates, violence against women and girls as indicated in the situation analysis, as well as based on wider socio-economic indicators, including literacy rates, school enrolment and retention rates. The illiteracy rate among women in Nampula is 71,8% and 75,4% in Zambezia – well beyond the national average of 59.8%.[58] The secondary school attendance rate among women in Zambezia is at 11% and in Nampula 19% [59], well below the national rate of 23.7%;

The selection of Zambezia has further been supported based on the existing UN presence through the 2012-2015 joint UN program on MDG 4 and 5 supported by Canada, focusing on improving health service delivery to the least served communities. The anticipated strengthening of the provincial health system can assist in establishing a context in which empowered girls and young women, increasing will be enabled to access youth-friendly and gender-sensitive SRH quality services.

[58] DHS 2011
[59] Ibid



In Nampula the UN was present through a joint project focusing on economic development and empowerment of youth. UNFPA played a role in creating the synergies between economic empowerment and sexual and reproductive health as a gateway to reach the most vulnerable girls and young women with a relevant combination of interventions. The implementation of this program therefore aims to draw from and complement the existing experiences and structures in place in both provinces; through the Government structures and the civil society organizations.

Finally, the selection of Zambezia and Nampula also reflects the integrated approach aiming to combine a set of approaches and interventions, implemented in a limited geographical area with a strong focus on the target group and on the involvement of the key stakeholders in the targeted communities, schools, health services etc. In that regard, the two provinces provide an opportunity to upscale the existing interventions directly targeting girls and young women.

6.3 Theory of Change

By addressing girls and young women as "whole individuals" with rights, and place them at the centre of their own development as participating change agents rather than victims, the program aims to contribute to and complement the existing efforts towards girls and young women's sexual and reproductive health and rights in Mozambique.

The United Nations Inter-agency Task Force on Adolescent Girls has defined the follwing categories as marginalized adolescent girls[60]:

- girls affected by child marriage and its consequences, including early child-bearing;
- girls belonging to socially excluded and vulnerable groups: ethnic, religious and linguistic minorities, indigenous and nomadic communities, and population living in remote areas/urban slums;
- girls living in areas that are insecure andvulnerable ex. to natural disasters and at risk of HIV infection;
- girls who do not have adequate protection at houshold level;
- girls excluded form education;
- girls living with physical or mental disabilities.

At the core of this program sits the global "Action for Adolescent Girls" Initiative by Population Council and UNFPA. It aims at providing the most vulnerable girls and young women with opportunities for social participation, leadership and life skills, literacy, economic empowerment and access to sexual and reproductive health services[61]. Thus this programme aims to improving girls and young women's sexual and

[60] http://www.unfpa.org/sites/default/files/pub-pdf/Girl_power_potential.pdf
[61] http://www.guttmacher.org/pubs/journals/3500609.html

reproductive rights by creating safe spaces for them to express themselves, learn and discuss about their SRHR, be mentored and guided towards strengthening and building their agency, capacity and knowledge as rights holders, be empowered to participating in claiming their rights, and influenced in relation to their attitude and behaviours in the area of sexual and reproductive health and rights[62]. The "Action for Adolescent Girls" initiative is already showing promising results from its implementation in Zambezia and Nampula the past two years[63], and evidences from its implementation in particularly Ethiopia and Guatemala through support from UNFPA show promising results in ending child marriage and early pregnancy[64].

In addition, this program takes into account that girls' education operates as an enabling and protective factor for a variety of outcomes throughout their life-course, investing in girls and giving them health, social, and economic assets further expands their choices, allows them to exercise agency, builds their resilience to overcome the many threats to their rights, and ultimately empowers them[65].

Building on the **"Action for Adolescent Girls"** initiative, this program is based in the most recent available evidence at both national and international level, which shows that strengthening access to and the quality of services does not alone suffice to improve health outcomes. "The sexual and reproductive health of adolescents is strongly influenced by a range of social, cultural, political, and economic factors and inequalities. These factors increase adolescents' vulnerability to SRH risks (e.g., unsafe sex, sexual coercion, early pregnancy) and further pose barriers to their access to SRH information and services".[66]

Safe Space Model

The "Safe Spaces Model" is a term that can be used to describe the three core elements of the structure of an adolescent girls program: safe place, friends and a mentor (Population Council, 2010).

A "safe space" generally means a girl-only space. This is an important component since public spaces are often inhabited largely by men. Examples of locations that can be used are community halls, dedicated program space, schools, youth centres, and even empty shipping containers. Finding such a space may involve the girls helping to map the locations where they feel safe and obtaining permission to use the space.

Many studies point to the importance of social networks for good health (Berkman and Syme 1979; Marmot et al. 1991; Kawachi et al. 1996) and as practical assets. Adolescent girls are less likely than boys to have robust friendship networks, someplace they can go if they need a place to stay, a friend from whom they can borrow money if in need, or resources that can protect them if they are in danger at home (Erulkar et. al. 2004; Hallman 2009). The safe spaces programs involve social contact among girls to help foster such social networks

In general, mentors are young women from the community with whom the girls can identify. In addition to implementing the curriculum, mentors serve as role models for the girls. In contrast to peer programs, mentors are slightly older than the girls in the program. Even in distressed settings, there are frequently some girls who have gone further in school than others and have the skills needed to serve as mentors. In other settings girls may face specific needs that call for older women as mentors.

In that respect, the program intends to respond to the renewed attention to the equality agenda, which provides an opportunity to refocus the approach towards these multiple barriers and underlying causes (access to quality services, poverty, gender relations related to sexual and reproductive health and rights,

[62] http://www.popcouncil.org/uploads/pdfs/TABriefs/39_SafeSpaces.pdf
[63] http://esaro.unfpa.org/news/young-change-agent-inspires-community
[64] http://www.guttmacher.org/pubs/journals/3500609.html
[65] Action for Girl, UNFPA, 2014
[66] Svanemyr, J. Et al. (2014). *Creating an Enabling Environment for Adolescent Sexual and Reproductive Health: A Framework and Promising Approaches.* In *Journal of Adolescent Health*

power relations, socialization processes, decision making in the community, perceptions and expectations to femininity and masculinity, cultural norms and practices, survival strategies by men and women, boys and girls etc.) leading to the marginalization and vulnerability of girls and young women in the area of sexual and reproductive health and rights[67].

Lessons learned from the One UN Programme on MDG 4 & 5 in Zambezia further underscored the fact that "cultural factors limit girls and young women's power to control their sexual and reproductive health and rights"[68].

UN Joint Programming in Mozambique

In 2007 the ILO, UNICEF and WFP established the United Nations Joint Programme on Social Protection in Mozambique, with the aim of protecting vulnerable populations through the gradual development of a national Social Protection Floor, in line with the Action Plan for the Reduction of Poverty (PARP), and policies and sectorial plans of the Republic of Mozambique. The implementation of the Joint Programme was materialised through a common annual work plan, developed on the basis of the Government (multi-) annual plans and the United Nations Development Assistance Framework (UNDAF). The UN Resident Coordinator supports this work, by ensuring the cohesion of strategies and activities among UN agencies. UN joint support is provided at three levels, and the three agencies have complementary and mutually reinforcing roles:

a) Macro: At Policy Level: the ILO has played a key role in supporting the policy design process and costing of policy options, resulting in the development of a comprehensive legal and policy framework for social protection. It has also provided support to the evaluation and revision of the National Strategy for Basic Social Security 2010-2014 (ENSSB). Through an analysis of fiscal space for basic social protection and budget allocations to the sector, the ILO has illustrated the need to expand fiscal space for social protection and to ensure sustainable funding for INAS programmes. A partnership established with the IMF and the Mozambique Civil Society Platform for Social Protection, has proven effective in successfully advocating for increased budget allocations to the sector.
b) Meso: At Systems' Level: UNICEF's support has been instrumental in enhancing the managerial capacity of Government through the development of a new business model, which includes new standard operating procedures related to targeting, payment, case management, and monitoring of programme implementation. It has also coordinated efforts to streamline programme operations, which are expected to enhance transparency and accountability, reduce the administrative workload, and ensure that administrative data is more reliable and accessible. The establishment of linkages with other systems and programmes has also been strengthened in order to capitalise on the multiplier effect of a multi-sectorial, integrated response to vulnerable households.
c) Micro: At Implementation Level, WFP has played an important role in piloting alternative implementation mechanisms—such as payments on the basis of vouchers or bank cards--for the new Public Works Programme and the in-kind transfer programme for child-headed and HIV affected households. This has included capacity building of INAS officials at the local level and the gradual transfer of implementation responsibilities to INAS. The three UN agencies cooperate at the three levels, under the leadership of the respective lead agency, ensuring that development in one level inform policy and actions in others ("Capitalizing on UN Experience, The Development of Social Protection Floor, Resident Coordinator's Office, 2015").

To respond to the above-mentioned multiple barriers and underlying causes the program takes on an integrated approach[69]. In that respect it aims to further expand "Action for Adolescent Girls" in Mozambique in various ways; firstly, through the inclusion of a strong emphasis on **behaviour and social change communication** based on the expertise and experience of UNICEF - also responding to the gaps identified in the external PGB review related to behavioural outcomes. Innovative communication strategies

[67] Action for Girl, UNFPA, 2014

[68] United Nations (2015). *Support to the National Integrated Plan to achieve MDGs 4&5 in Mozambique - LESSONS LEARNT (2012-2015),* Maputo, WHO, publication in the pipeline

[69] http://www.unfpa.org/sites/default/files/resource-pdf/UNFPA%20Adolescents%20and%20Youth%20Strategy.pdf

towards a change in attitudes and behaviours are required to provide adolescents with essential information and to translate knowledge and attitude into practice; through positive decisions on issues that affect their future and well-being. Influencing the social norms and cultural practices that rule the patterns of behaviours at community level, particularly on sexual and reproductive health, vulnerability to gender based violence and abuse and child marriage is critical in order to achieve positive behaviour change[70]. Experiences from the One UN Programme on MDG 4 & 5 in Zambezia further highlighted the "importance of adapting demand creation interventions to the social and cultural context, and the effectiveness in using community radios".

Generally the program takes on a participatory approach, that includes the voice and participation of girls and young women in various platforms and media programs through radio and TV, as mentors and community activists; through mobilization of local and religious leaders on SRHR to play a role in the solution; based on evidence and experiences with UNFPA a specific focus will be placed on the importance of involving men and boys as well[71]; and community champions (men and women) will be mobilized to champion the issue of sexual and reproductive health of girls and young women in their communities based on experiences with UN Women etc.

The emphasis on male involvement in this program is based on the fact that "gender, the socially constructed roles, identifies and attributes of men and women is now widely recognized as integral to understanding and addressing behaviours and vulnerabilities[72].

Secondly, the program takes into consideration the effect of **girls and young women's economic empowerment** on their agency, and consequently on their health, uptake of health care services, number of children, health of their children etc.[73]. Based on the fact that women's capacity to bring about economic change for themselves increasingly is viewed as the most important contributing factor to achieving equality between women and men[74], the program anticipates that a stronger emphasis in providing economic opportunities for the target group will assist in addressing the inequalities present in the geographic areas fuelling the vulnerabilities and marginalization of girls and young women. Among the many barriers to young women's access to economic opportunities prominence goes to a combination of lack of skills or possession inadequate skills due to gender prejudice which often results in orienting them to market saturated areas, inadequate financing and weak of coordination and complementary among the institutions which work on economic empowerment of young people[75].

Thirdly, to respond to the systemic barriers contributing to the **unfulfilled sexual and reproductive health rights of girls and young women in Nampula and Zambezia,** a specific focus will be placed on influencing the policy level to address the specific needs of girls and young women in policies, strategies and plans, and for those to be taken into practice. These efforts are further supported by a strong emphasis on the rights of girls and women related to sexual and reproductive health, which is underscoring the programmes' focus on the UPR process and the participation of civil society, including youth associations, women associations and particularly the voice of girls and young women in policy advocacy. In this respect, the programmes relies on producing evidences to feed into policy advocacy on not solely the need for targeted and strategic efforts towards this target group, but also to demonstrate good practices and approaches to be up-scaled and replicated.

Furthermore, the program aims to respond to the gaps in capacity and coordination by building capacity of civil society and Government institutions, as well as strengthening the multisector capacity and coordination at all levels to sustain the commitment towards SRHR for young people, particularly for girls and young women.

[70] UNICEF Mozambique, 2015
[71] Engaging Men and Boys: A Brief Summary of UNFPA Experience and Lessons Learned, 2013
[72] http://www.unfpa.org/sites/default/files/pub-pdf/Engaging%20Men%20and%20Boys%20in%20Gender%20Equality.pdf
[73] http://www.icrw.org/what-we-do/economic-empowerment
[74] http://www.icrw.org/what-we-do/economic-empowerment
[75] UN Women Mozambique

The theory of change is based on the assumptions that:
1) Reaching and empowering girls and young women to articulate their concerns and needs, and exercise their rights through a set of integrated approaches to increase the availability of age appropriate, gender responsive information, knowledge, capacities of girls and young women, will increase the demand by girls and young women for SRH services and for their rights to be realized. Providing support to girls and young women to obtain citizenship and documentation to return to school will further contribute to the agency and empowerment of the target group. The direct and target approach of mentorship will further assist in addressing some of the interpersonal barriers influencing the current attitudes and behaviour of girls and young women related to sexual and reproductive health and rights.

2) This outcome will respond to the increased demand for sexual and reproductive health services and information under outcome 1 and 3, through the improved availability of services for the target groups in schools and the communities. Additionally, this outcome will respond to the lack of capacities of health providers to be able to provide access to youth-friendly, gender-sensitive and reachable ASRH services and information[76] through capacity building. Through the improved quality ASRH services, an increase in knowledge level and uptake of services in the target group will be achieved, which in turn will contribute towards a decrease in STI's, HIV infections, unintended pregnancies, unsafe abortions, obstetric fistula, maternal morbidity and mortality. The assumption is also building on experiences from the One UN Programme on MDG 4 & 5 in Zambezia, which highlights the fact that "the quality of the health care provided is a key determinant for the demand for health services".

Providing support to girls and young women to obtain improved economic opportunities will further contribute to the agency and empowerment of the target group.

3) Addressing the barriers and behavioural gaps hindering the realization of girls and young women's SRHR existing in their environment at the community level through the involvement of families, communities, community and religious leaders, boys and men, media, in particular radios will assist in facilitating a more enabling environment for girls and young women's sexual and reproductive health and rights.

4) Strengthening systems and processes for inter-governmental cooperation and coordination and improving evidences towards improved sustainability will consequently contribute towards for the promotion and protection of the sexual and reproductive health and rights of adolescent and youth in Mozambique, particularly girls and young women. To ensure efficiency, effectiveness in the use of resources, a focus on program management, coordination, human resources and communication will further contribute towards improved overall implementation.

6.4 Programme Goal, Expected Outcomes and Outputs

In line with the theory of change, the girls and young women are at the centre of the four strategic selected outcomes, and their needs, rights and opportunities are either directly or indirectly addressed throughout the outcomes in order to achieve the overall goal.

Goal:

- Sexual and reproductive health and rights of girls and young women in 2 provinces in Mozambique are fully realized through improved capacities to make informed choices and improved access to SRH services

Outcomes:

1. 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

2. Availability of quality integrated ASRH services for girls and young women increased

[76] Ministry of Health, 2013

3. An enabling, free and safe environment for increased participation of girls and young women and the promotion of their SRH rights created

4. Governance and coordination for integrated SRH programming at all levels strengthened

OUTCOME 1: 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

This outcome intends to undertake an innovative set of evidence-based and integrated efforts towards addressing the gaps in behavioural outcomes under PGB through strengthening the knowledge, agency and capacities of the most vulnerable girls and young women. The safe spaces model is at the core of this outcome, which includes the recruitment and training of young women as mentors to facilitate the mentorship and safe spaces for the target group of the program. The mentorship approach demonstrates an innovation of the current peer-to-peer approach under PGB, and also intends to give the girls and young women a space to safely express themselves related to their sexual and reproductive health and rights. In that respect a focus under this outcome will be placed on the increased participation of girls and young women in the media to be able to voice their issues, needs and opinions related to SRHR, and to influence other girls and young women, as well as the community at large. The mentors are trained in content on SRHR, including consideration of sexual minorities and non-discriminatory approaches.

Furthermore, the safe space model interventions under Outcome 1 will be jointly planned and implemented with the economic empowerment interventions under Outcome 2, targeting the same girls and young women.

This Outcome is interelated with outcome 3 and 4, which are aiming towards creating an enabling environment in which outcome 1 can be achieved, and additionally outcome 1 aims to contribute towards an uptake and access to sexual and reproductive health knowledge and services among the target group. The mentorship and safe space approach will also specifically aim to support the girls and young women to stay in school, and provide the necessary financial and logistical support to assist them in returning to school, these efforts will be coordinated and complementing on-going initiatives through UNICEF.

Furthermore, this outcome aims to build on the safe spaces in outcome 1 and create platforms for the increased engagement, participation and voice of the girls and young women in dialogues and discussions related to the issues concerning their sexual and reproductive health and rights at the provincial and national level. These platforms will contribute to the generation of knowledge and evidences at the national level to feed into the experience of the nationwide PGB experience. Under this area of intervention a strong emphasis will be placed on human rights-based and gender-sensitive national level advocacy, to ensure that the dialogues at the district and provincial level will feed into the on-going national level policy advocacy in SRHR and gender.

Outcome 1 Outputs

1. Improved knowledge, capacities and agency for SRHR
2. Citizenship of girls and young women
3. Increased demand for SRH services
4. Girls and young women are voicing the issues concerning their lives at district, provincial and national level

OUTCOME 2: AVAILABILITY OF QUALITY INTEGRATED ASRH SERVICES FOR GIRLS AND YOUNG WOMEN INCREASED

In Mozambique, adolescents and youth are defined in the government's sexual and reproductive health policies, strategies and plans as a core target group; however, responding to the specific needs of girls and young women requires multi-sectorial coordination and action, which is also the case regarding the provision of youth-friendly services. Therefore, outcome 2 will focus on supporting the existing structure

for school-based and community-based sexual and reproductive health, including GBV service delivery under PGB to strategically take the point of service to where the girls and young women live and operate.

The interventions under this outcome intend to take the services to the target group, and create a sustainable reference point between the target group and the health system. The mobile clinics, community health workers and school youth corners are all Government-led initiatives which will contribute to the sustainability of the efforts under this outcome. Furthermore, this outcome will assist in strengthening of the post-care abortion services.

The results and impact achieved in outcome 1 and 3 will influence the extent to which the girls and young women will demand and access sexual and reproductive health services. The sustainability and continuous improvement of the youth-friendly services is further interlinked with the policy advocacy for ASRH under outcome 4.

Responding to the vulnerability of the girls and young women related to levels of poverty, this outcome will also include a focus on expanding the economic opportunities for the target group.

Outcome 2 Outputs:

5. Teachers implement the comprehensive Sexuality and sexual health rights Education package
6. Mobile health clinics and Community Health Workers (CHWs) in 20 priority districts deliver integrated SRH services at the community level
7. Integrated ASRH services by health providers are available in #school SRH corners
8. Coordinated services to GBV survivors
9. Access to microfinance, vocational training and SME development for girls and young women

OUTCOME 3: A NURTURING ENVIRONMENT FOR THE ACHIEVEMENT OF SRHR OF GIRLS AND YOUNG WOMEN AND THE PROMOTION AND PROTECTION OF THEIR SRH RIGHTS CREATED

In order to address the gender inequality and related sociocultural norms and practices influencing the sexual and reproductive health and rights of girls and young women, this outcome will focus on community involvement and mobilization towards creating a more enabling environment.

In order to ensure the participation of the communities, including local and religious community leaders, parents, religious youth groups, men and boys, female and male champions and mentors etc. regarding the issues concerning the sexual and reproductive health and rights of the girls and young women, an emphasis will be placed on capacity building, awareness, community involvement and mobilization, community dialogues and conversations, and the inclusion of male and female community champions etc.

The religious and local leaders are the gatekeepers of the local communities, and their participation is fundamental to facilitate the desired change in attitude and behaviours, and they are directly involved in the Action for Adolescent Girls initiative in Zambezia and Nampula. This program will further draw upon the collaboration with COREM already initiated by UNICEF and UNFPA.

UNICEF and UNFPA are the two agencies involved in the community-based activities, and will engage in joint planning and implementation throughout the program circle.

Under outcome 3, the community dialogue is fundamental to addressing the gender discrimination and inequalities currently faced by girls and young women in Zambezia and Nampula, and limiting their access and right to sexual and reproductive health and rights. These dialogues aim to include issues of child marriage, early pregnancies, empowerment of girls and young women, gender relations and related cultural norms and practices etc. and will aim to result in collective actions in order to enable the results and impact under outcome 1.

Outcome 3 Outputs:

10. Actions identified by men and boys to strengthen their involvement in SRHR
11. Religious leaders and religious youth groups mobilized to promote adolescent SRH and rights
12. Communities participating in community dialogues on SRHR related to girls and young women
13. Strengthened awareness of girls and young women in SRHR, including HIV/AIDS and GBV prevention

OUTCOME 4: STRENGTHENED GOVERNANCE AND COORDINATION FOR INTEGRATED SRH PROGRAMMING

The PGB program provides the ideal platform for the promotion and protection of the sexual and reproductive health and rights of girls and young women, and this output aims towards ensuring the strengthening and sustainability of integrated SRHR programming at all levels, and in that way laying the grounds for the implementation of this program.

At the core of the policy advocacy efforts towards SRHR under this output are the interventions related to the Universal Periodic Review (UPR) process, which aims at building capacity in national NGOs and Government to better engage in the national UPR consultations, and bring the issues and concerns of girls and young women into consideration in the process. A large part of the latest UPR recommendations for Mozambique is related to SRHR and have been accepted by the Government, which provides a unique opportunity for this program; especially to advocate for the specific needs and issues related to girls and young women' sexual and reproductive health and rights.

Furthermore, strengthening of multi-sectorial coordination at all levels is required, and needs to be supported in order for effective delivery of results, program management, coordination and quality assurance etc. Evidence has shown that effective leadership and coordination of multi-sectorial and multiagency partnership in support of SRHR is important for overall improved SRH outcomes. The scale up of integrated SRH services also requires multi-sectorial coordination and action. The health sector needs to work closely with other sectors to meet the sexual and reproductive health needs of the target group.

This outcome further involves an emphasis on data and research; in order to be able to monitor and evaluate progress of program implementation, a set of baseline studies will be undertaken in the initial phase, and relevant studies will be undertaken throughout the program implementation to ensure and strengthen a continued evidence-based approach. Furthermore, a qualitative and participatory approach called "Reality Check Approach" will be implemented across the program cycle[77] towards the generation of knowledge and evidence to enable a potential revision of interventions and upscaling to other provinces. The "Reality Check Approach" to be included in the program aims to deeper explore and enhance knowledge on non-tangible dimensions of gender in relation to sexual and reproductive health and rights; including power relations, socialization processes, decision making, vulnerability, perceptions and expectations of femininity and masculinity, cultural norms and practices, survival strategies by men and women, boys and girls etc.

Outcome 4 Outputs:

14. UPR process and report include ASRH
15. Strengthened inter-ministerial coordination mechanisms on ASRH issues at national level - CIADAJ
16. Strengthened coordination on ASRH at provincial and district levels (through PGB)
17. Specific rights and needs in SHR of girls and young women included in the current policies and plans
18. Enhanced evidences for girls and young women's SRHR
19. Situation on programme site and implementation progress monitored

[77] http://reality-check-approach.com/approach/the-approach/

6.5 Programme Strategy

The overall goal of the program is to address the **unfulfilled sexual and reproductive health rights of girls and young women in Nampula and Zambezia.** In response the program strategy will take an integrated approach, outlined in the four complementary outcomes, towards the range of complex drivers and causes, highlighted in the situation analysis, that result in the marginalization and vulnerability of girls and young women.

At the core of the programme strategy sits the strategic combination of the comparative advantages of the UN agencies involved. The complementary efforts of the UN agencies aim to innovatively form the integrated approaches to address the interpersonal, biological, behavioural, socio-cultural, structural and legal factors that continue to contribute to the marginalization and vulnerabilities of girls and young women in the geographical areas of focus. The distribution of UN agencies across the outcomes builds on evidence-based experiences and expertise in directly or indirectly addressing the sexual and reproductive health and rights, including the empowerment of girls and young women.

In the national context, the foundation of the program strategy is built on the new Strategy Plan of Geracao Biz 2014-17, aiming towards supporting and complementing its implementation based on the findings and recommendations of an external review (see Annex E). In that respect the program aims to responding to specific findings in the following way:

- The combination of the safe spaces model[78] for girls and young women's empowerment (UNFPA), including their participation in the media (UNICEF) and advocacy efforts (UNFPA, UN Women) with the community-based approaches (UNICEF, UNFPA) to create an enabling environment aim to respond to the fact that girls and young women's vulnerability is associated with biological, behavioural and structural factors. Additionally, the inclusion of economic empowerment of girls and young women (UN Women) also aim to respond to their present vulnerability.

- The holistic approach of the program places an emphasis on a solid approach to behavioural and social change communication (UNICEF); including community mobilisation, media, involvement of men and boys (UNFPA). This approach aims to respond to the gaps in the behavioural outcomes coming out of the external PGB review. Emphasis here will be placed on mobilizing strategic groups within the communities where the girls and young women resides, such as the religious and local leaders, key opinion leaders and guardians of local traditions, parents, particularly men and boys for them to take part and responsibility. These efforts will also be based on evidence from a joint UN project that aimed to contribute towards the promotion of cultural-inclusive, gender sensitive and human rights-based responses to the barriers in the communities related to SRH implemented in Nampula province[79].

- To respond to the "challenges faced regarding the capacity of multisector management and coordination" the strategy includes efforts to strengthen the coordination and capacity at all levels, including strengthening the capacity of youth associations and local NGOs.

- In response to the need of "improving the youth-friendly services" the program will aim to strengthen the capacity of health providers to deliver the youth-friendly services at schools and in the communities as per the Strategic Plan of Geracao Biz 2014-17 (UNFPA, UNESCO, UN WOMEN).

- The base of the capacity building efforts in this program strategy of youth associations and local NGOs aims to contribute towards the need for "redefining and strengthening the role of the youth associations and NGOs in the implementation of PGB" as stressed in the Strategic Plan of Geracao Biz 2014-17 (UNFPA).

[78] http://www.popcouncil.org/uploads/pdfs/TABriefs/39_SafeSpaces.pdf
[79] http://www.mdgfund.org/node/608

- Maintenance and retention of the peer-educators; in the new Strategic Plan of Geracao Biz 2014-17 places a strong emphasis on the Incentive Package for peer-educators. This specific program is contributing to building on the capacity established through PGB to include some of the female peer-educators as mentors in Nampuala and Zambezia.

- The strong emphasis on behaviour and social change communication (UNICEF), including the production of Information, Education and Communication (IEC) materials in the program also serve to support and complement the activities in the Strategic Plan of Geracao Biz "to guaranty the availability of the educational materials and contraceptives at youth corners in schools, community centres and youth-friendly services and community youth centres".

In that respect the program strategy aims to strengthen and complement the implementation of the Strategic Plan of Geracao Biz 2014-17 with a specific focus on girls and young women.

Within the UN, UNFPA Mozambique initiated the support for PGB; however the program has evolved to be a national platform for youth and adolescent development supported by the entire UN in Mozambique. Particularly UNICEF, UNESCO and UNFPA are providing technical and financial support to PGB, and the UNDAF is also aligned with the program where it features under the governance and social areas.

Furthermore, as the program strategy is focused on the most vulnerable girls and young women, it will in its implementation aim to create synergies between ongoing SRHR and related programs and initiatives under various sectors; health, gender and social action, sports and youth, education etc. These synergies and complementarities will be ensured through PGB. The implementation will be executed within the mechanisms of PGB, which will ensure full alignment with the national policies and strategies of key sectors and frameworks mentioned above. The program takes into account the weakness identified in coordination between central institutions responsible for SRHR and their provincial, district levels.

In order to create the sustainability of the SRHR agenda in Mozambique, the program includes a specific focus on engaging in the current national UPR process.

The overall point of departure of the program strategy is the fact that girls and young women are right holders (Life; Health; Education and Information; Equality and Non-Discrimination; Privacy; Consent to Marriage and Equality in Marriage; Be Free from Sexual and Gender-Based Violence; and Effective Remedy[80]), and a guiding principle of the strategy is the human-rights based approach (based in non-discrimination, participation, accountability and transparency). In that respect the strategy emphasizes placing the girls and young women at the centre of their own development as participating change agents rather than victims.

Human Rights-based Approach and Universal Periodic Review

The UN Statement of Common Understanding on Human Rights based approaches to Development Cooperation and the UN adopted Programming in 2003. The human rights based approach (HRBA) requires an analysis of gender norms, forms of discrimination and power imbalances to ensure interventions reach the most marginalized, excluded and discriminated against. Thus, the focus is on fulfilling the rights of people rather than needs of beneficiaries, on encouraging rights holders to claim their rights and on reinforcing the capacities of the duty bearers (Governments and others) to meet their obligations to respect, protect and guarantee these rights[1].

Complementing the implementation of the Human Rights Based Approach is the Universal Periodic Review (UPR), initiated in 2008. It is a unique process of the UN Human Rights Council, where each of the 193 Member States of the UN is reviewed on its human rights record every 4 ½ years and the only UN process in which States directly ask questions and make recommendations to each other regarding national human rights situations. The UPR makes recommendations to countries to make specific policy and legislative measures to address human rights violations. The UN supports countries and partners to participate in this review and domesticate the process, and particularly ensures that there is visibility to the area of sexual and reproductive health and rights. This program will support Government and civil society partners working on SRHR to better engage in review processes, and in advocacy platforms beyond related to SRHR of young people.

The human rights-based approach aims at addressing the specific vulnerability and marginalization of the three sub-target groups (10-14, 15-19 and 20-24 girls and young women); through examining and addressing systematic barriers and discrimination as well as sociocultural and behavioural barriers. The most vulnerable girls and young women constitute girls between 10-14 in school; girls out-of-school above 10 years; girls below 19 years who are married and/or pregnant; girls below 19 years who are mothers; girls and young women living with HIV/AIDS, with disabilities, victims of violence, and obstetric fistula between 15-24 years[81]. Increasing the access to and scale up of quality SRH youth-friendly services for girls and young women, particularly at the school and community level with the aim to take the services to the target group further underline the program's alignment with the principles of non-discrimination.

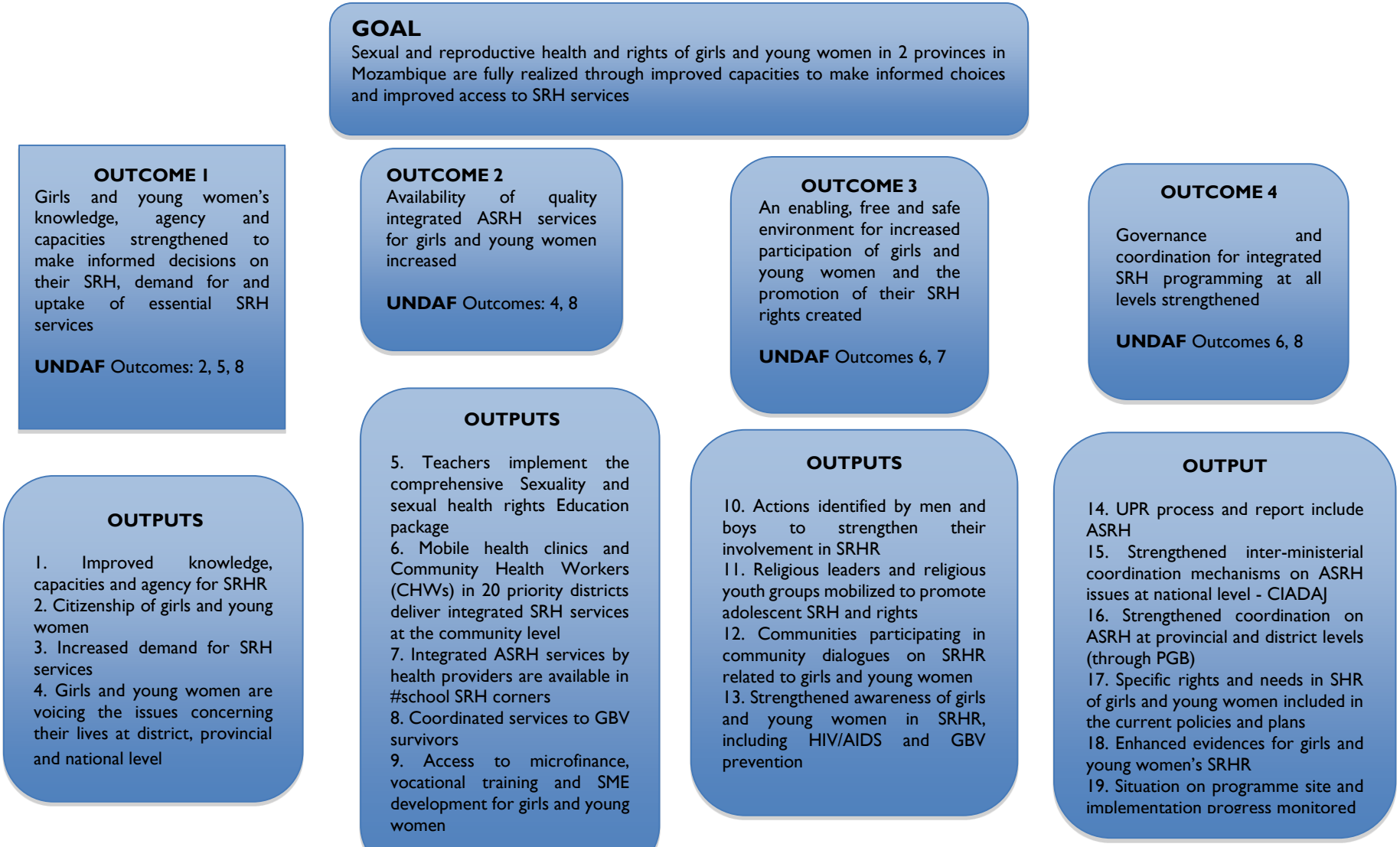
The program strategy directly targets the girls and young women's knowledge, agency and capacities is built upon the evidences and lessons learned from the implementation of the "Action for Adolescent Girls" initiative with UNFPA and its partner in other countries as well as the on-going implementation in Nampula, Zambezia in Mozambique[82]. Furthermore, the capacity building efforts in the program of individual girls and young women as well as youth associations will contribute towards strengthening their roles as right holders in demanding services, information etc. The participation of the target group and stakeholders in their communities is cutting cross the program strategy, also reinforcing the principles of the human rights-based approach.

The participatory approach of the program is constructed based on evidences across UN agencies and partners in Mozambique[83]. Furthermore, the program will draw upon the vast experience and expertise sitting with UNICEF Mozambique in the area of behaviour and social change communications, which will be integrated across the program strategy. UNICEF will use a mix of multimedia and peer-to-peer interventions using entertainment-education and technology. Considering that the majority of the population in the geographical areas of the programme do not have access to television, print media or the internet, radio remains the strongest communication medium available in 50% of the households.

[81] http://www.unfpa.org/sites/default/files/resource-pdf/UNFPA%20AAG%20programme%20document_25july2014.pdf

[82] Action for Girl, UNFPA, 2014

[83] http://www.mdgfund.org/sites/default/files/Mozambique%20-%20Culture%20-%20Final%20Evaluation%20Report.pdf


GOAL
Sexual and reproductive health and rights of girls and young women in 2 provinces in Mozambique are fully realized through improved capacities to make informed choices and improved access to SRH services
OUTCOME 1
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
UNDAF Outcomes: 2, 5, 8
OUTCOME 2
Availability of quality integrated ASRH services for girls and young women increased
UNDAF Outcomes: 4, 8
OUTCOME 3
An enabling, free and safe environment for increased participation of girls and young women and the promotion of their SRH rights created
UNDAF Outcomes 6, 7
OUTCOME 4
Governance and coordination for integrated SRH programming at all levels strengthened
UNDAF Outcomes 6, 8
OUTPUTS
1. Improved knowledge, capacities and agency for SRHR
2. Citizenship of girls and young women
3. Increased demand for SRH services
4. Girls and young women are voicing the issues concerning their lives at district, provincial and national level
OUTPUTS
5. Teachers implement the comprehensive Sexuality and sexual health rights Education package
6. Mobile health clinics and Community Health Workers (CHWs) in 20 priority districts deliver integrated SRH services at the community level
7. Integrated ASRH services by health providers are available in #school SRH corners
8. Coordinated services to GBV survivors
9. Access to microfinance, vocational training and SME development for girls and young women
OUTPUTS
10. Actions identified by men and boys to strengthen their involvement in SRHR
11. Religious leaders and religious youth groups mobilized to promote adolescent SRH and rights
12. Communities participating in community dialogues on SRHR related to girls and young women
13. Strengthened awareness of girls and young women in SRHR, including HIV/AIDS and GBV prevention
OUTPUT
14. UPR process and report include ASRH
15. Strengthened inter-ministerial coordination mechanisms on ASRH issues at national level - CIADAJ
16. Strengthened coordination on ASRH at provincial and district levels (through PGB)
17. Specific rights and needs in SHR of girls and young women included in the current policies and plans
18. Enhanced evidences for girls and young women's SRHR
19. Situation on programme site and implementation progress monitored

7. PARTNERSHIPS

UN agencies will work in partnership with the PGB structure at all levels – central, provincial, and district and municipal levels to support and complement the implementation of the Strategic Plan of Geracao Biz 2014-17. Key partners include Government at all levels, civil society (youth, women's organizations, academic, faith based) and the media (Radio Mozambique, community radios, TVM). A Partnership Matrix is attached in Annex F.

UNDAF

The current UNDAF builds on the lessons learned from the Delivering as One and underscores the aspects of Relevance, delivery of Results and optimizing the use of available Resources. The UNDAF results are organized in three focus areas: Economic, Social and Governance. Each area has outcomes and outputs, focusing on the most critical issues[84]. It brings together 22 UN agencies that collaborate with national partners with a total budget of 723.5m USD for the period 2012-2016. The UN Resident Coordinator (RC) has the oversight function for the implementation, monitoring, coordination of the UNDAF and provides leadership for the UN in Mozambique.

The formulation of the new UNDAF (2017-20) will be initiated in 2015, and will last throughout 2016. This program is aligned with the draft formulation.

The traditional human rights focus of the UN has been strengthened in this UNDAF by using an integrated approach to mainstream culture, gender and human rights in all programming phases. It was also developed with a focus on the most vulnerable and marginalized populations to ensure equality and respond to the different needs of men, women, girls and boys, as well as empowerment of right holders to understand and negotiate the fulfilment of their rights.

8. BUDGET SUMMARY AND OVERVIEW

The total request is 13,970,447 million USD. The breakdown per output is as follows (excluded IC and MPTF) (see detailed budget Annex D):

Outcomes	Total
1. 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	$4,975,000
2. Availability of quality integrated ASRH services for girls and young women increased	$2,570,000
3. An enabling, free and safe environment for increased participation of girls and young women and the promotion of their SRH rights created	$1,650,000
4. Governance and Coordination for integrated SRH programming at all levels strengthened	$1,845,000

9. RISKS & MITIGATION

Risks may affect the chain of results and influence the level of achievements. This draft matrix for risk management will be validated in the inception phase by all key stakeholders (see Annex C).

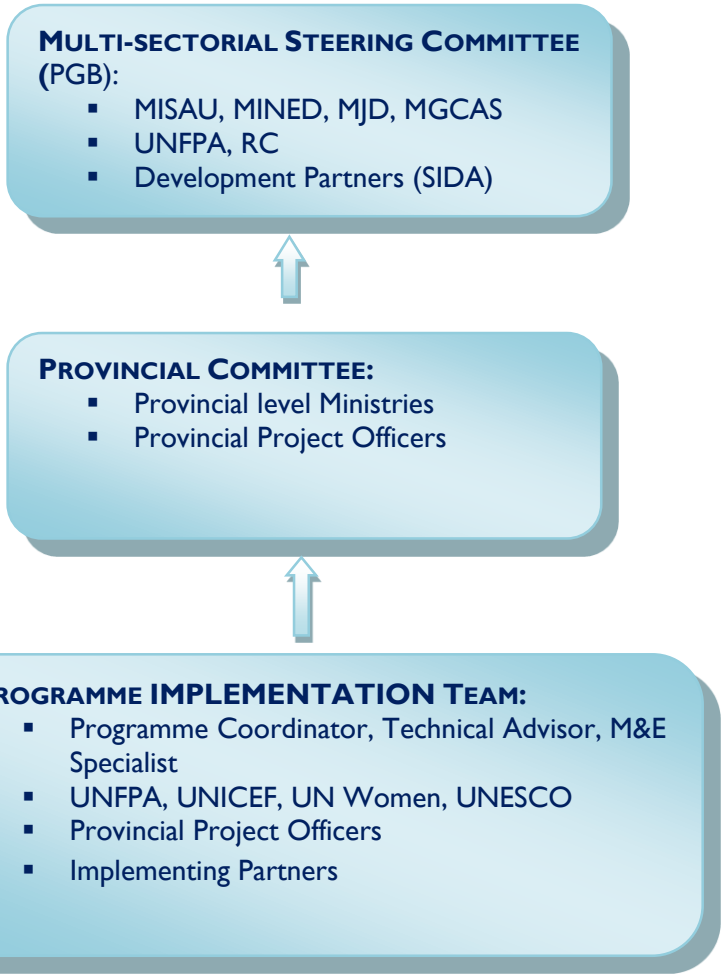
[84] http://mz.one.un.org/eng/Resources/Publications/UNDAF-2012-2015

10. PROGRAMME MANAGEMENT AND GOVERNANCE STRUCTURE

The programme will be using a pass-through fund management modality where UNDP Multi-Partner Trust Fund Office will act as the Administrative Agent (AA) under which the funds will be channelled for the programme through the AA. Each participating UN organization receiving funds through the pass-through would have to sign a standardized Memorandum of Understanding with the AA.

The proposed governance and programme management structure for the programme, illustrated and explained below, makes use of existing structures as far as it is possible.

GOVERNANCE



PROGRAMME MANAGEMENT

The oversight of the programme will rest with the Multi-Sectorial **Steering Committee** of PGB with the participation of RC, UNFPA, donor, and key ministries; Ministry of Health, Ministry of Education, Ministry of Youth and Sports and Ministry of Gender, Children and Social Action. The Multi-Sectorial Steering Committee will meet every six months to provide overall leadership and oversight of the program, as well as review the status of implementation and ensure inter-ministerial coordination and cooperation. Progress from the two provinces will be directly reported back to the Multi-Sectorial Steering Committee.

On the part of the UN, the RCO will provide an overall oversight to ensure alignment with UNDAF, One Fund management and reporting, supporting and consolidation of annual and final reporting, external communication and strategic coordination and preparation for the Steering Committee. The Mozambique's

One UN fund, set up as part of the Delivering as One change process, is hosted with the UNDP managed Multi-Partner Trust Fund (MPTF) at Head-Quarters. The UNDAF and One Fund annual reporting will capture the progress of this program. However, a specific annual program report with more details will be provided and will further feature as annex in the One Fund reporting[85]. Financial reporting of One Fund contributions follow a set of harmonized reporting guidelines[86]. With respect to the particular reporting for this program, UNFPA, as the lead agency will issue standard annual certified financial reports per donor/fund source, on June the following year, reflecting income and expenditure as per UNFPA accounting structure.

For this particular program the RC has a substantive role in supporting the UN Inter-Agency Network on Youth and Development (IANYD) as part of the RC's functions.

The overall operational, administrative and technical support to the programme implementation will be the responsibility of the **Programme Implementation Team** (PIT), which will meet on a quarterly basis, and be led by the Programme Coordinator with the participation of UN agencies, a technical advisor, provincial project officers and implementing partners.

Generally, UNFPA is, as the Convening Agency on SRHR, responsible for formal and thematic correspondence with Government in this thematic area, and in this program UNFPA will also be the main channel of the UN to correspond with Government. As the Convening Agency agency, the Programme Coordinator will be placed in UNFPA and supported by two Project Officers, M&E Specialist, a Technical Advisor and a Finance/Administrative Assistance. Apart from coordinating the overall implementation, the Programme Implementation Team will ensure the complementarity and alignment with the implementation of the Strategic Plan of Geração Biz 2014-17 at all levels, and also provides technical and administrative support to the committees.

Another key function of the Programme Implementation Team is to be coordination, reporting, knowledge management, and communication between implementing partners including the donor agencies. A crucial part of the coordination by the Programme Implementation Team will be to ensure the complementarity and alignment with the Provincial Committees and District Committees of PGB.

To support the efforts of the Strategic Plan of Geração Biz 2014-17 to "strengthen the multisector capacity and coordination at all levels to ensure an improved use of the available resources, integration of efforts, activities and services", one Provincial Project Officer in each province will be recruited to undertake the responsibility for the regular implementation of the program, and its alignment and complementarity with PGB at the provincial and district level. Experiences from the One UN Programme on MDG 4 & 5 in Zambezia also underscored "the need for dedicated resources at the provincial level to ensure effective coordination of the implementation".

Furthermore, an emphasis of the Strategic Plan of Geração Biz 2014-17 is to decentralize the ownership of PGB to the provincial and district level. Therefore, will the coordination with the **Provincial Committee** of PGB be fundamental for this program. The Provincial Committee meets on a quarterly basis and be led by the Governor with all ministries at provincial level represented – as well as the Programme Coordinators. The role of the Provincial Committee is to provide oversight and strategic direction of the implementation of the activities under the Strategic Action Plan of Geração Biz 2014-17 in the two provinces.

Finally, in support of the strengthening of the provincial and district structures, one focal point per district will be involved in the coordination of the program implementation among the different stakeholders, as well one focal point per involved health facility and school to engage in the oversight of the implementation of the mentorship initiative.

[85] http://mptf.undp.org/factsheet/fund/MZ100
[86] http://mptf.undp.org/factsheet/fund/MZ100

Structure	Members	Frequency
Steering Committee	UNFPA, RC, SIDA, MISAU, MGCAS, MJD, MINED	Twice a year
Provincial Committee	Provincial level Ministries, Provincial Programme Coordinators.	Quarterly
Programme Implementation Team	Programme Coordinator, Technical Advisor, M&E Specialist, Provincial Project Officers, UN agencies, implementing partners	Quarterly

11. MONITORING & EVALUATION

The goal of the Monitoring and Evaluation Plan is to provide reliable information on progress towards the defined goal and objectives of the programme. The M&E plan will be organized around the results framework. And have a clear focus on the services provided to the girls and young women in the safe space. Additional surveys and studies will take place where appropriate.

Activity	Timeline / periodicity
Baseline (household KAP survey and need assessment)	First 3 months of programme
Qualitative Study on social and gender norms on ASRH	First 12 months of the programme
Development of programme M&E system (as part of existing HMIS)	First 6 months of programme
Data collection in safe spaces and communities	Monthly from month 3
Data analysis and reporting (management meetings)	Quarterly
Monitoring field visits	Monthly to quarterly
Programme planning meetings	Twice a year
Programme reviews with data analysis	Yearly
Mid-term review	2017
Evaluation with end line survey	2019

The baseline will be established based on the combined approach using data collected via a household survey, complemented with a needs assessment and data available in the National Health Information System. The analysis of the baseline and the follow-up surveys along the duration of the programme implementation will assist in identifying unsatisfactory and coping strategies, measuring progress and results. A mid-term evaluation will be led by an external institution in second half of 2017. It will include analysis of any policy changes, lesson learned, coverage and recommendations.

Based upon the baseline methodology and questionnaires, the independent and final evaluation will be conducted in 2019 in order to assess the relevance, efficiency, effectiveness and sustainability of the programme. It will allow for robust impact estimates in order to attribute changes. The programme aims at increasing the availability of reliable and regular data. The data is to be collected routinely via tablets and mobile phones from mentors, schools and health facilities in the communities.

Furthermore, programme planning meetings will be conducted twice a year. The annual and mid-term reviews are based upon a joint process that entails a yearly in-depth assessment of critical indicators. UNFPA together with participating UN agencies, implementing partners and the Government, will carry out annual reviews with analysis of success and failure to compare achievements against the planned results, activities, inputs, and outputs as described in the operational plan, jointly developed and agreed upon with counterparts.

An annual programmatic progress report and financial implementation report will be made available to the programme Steering Committee on a yearly basis. It will also compile minutes of relevant governance meetings. Regular field visits will be undertaken by UN staff responsible for monitoring of implementation and building solid partnerships at provincial levels. Joint visits will be scheduled where possible together with the central, provincial or district level government partners. These visits will also be used for data verification and assist in the information flow between sub-national and national levels.

Across the program implementation, a qualitative and participatory approach called "Reality Check Approach"[87] will be taken towards the generation of knowledge and evidence to enable a potential revision of interventions and upscaling to other provinces. The "Reality Checks" to be included in the program, and undertaken twice per year aims to deeper explore and enhance knowledge on non-tangible dimensions of gender in relation to sexual and reproductive health and rights; including power relations, underpinning socialization process, decision making, vulnerability, peoples' perceptions, expectations to womanhood and masculinity, role of cultural norms and practices, survival strategies by men and women, boys and girls etc.

12. SUSTAINABILITY

The sustainability of this program is based on the principles below, and furthermore creating the base for the exit strategy of the program. The exit strategy will rely on strategic advocacy efforts with Government throughout the program circle to ensure the necessary (financial) commitment to continue to implement the holistic approach towards girls and young women's sexual and reproductive health and rights and empowerment, as an integral part of PGB, that this program in reflecting.

- **Building capacity**: the program places an emphasis on complementing and responding to the need for building the capacity with local youth associations and NGOs to support the implementation on the Strategic Plan on Geracao Biz 2014-17, as well as supporting the strengthening of the multisector capacity and coordination of PGB. These interventions are directly supporting the implementation of the PGB and also aiming to the improved sustainability of the program and the commitment to the sexual and reproductive health and rights agenda, particularly related to girls and young women.
- **Increasing government commitment to targeted investment in marginalized and vulnerable girls and young women**: the vulnerability of the girls and young women in the area of sexual and reproductive health and rights is demonstrated through the high numbers of girls married as children, teenager pregnancy, cases of obstetric fistula, the feminization of HIV, maternal mortality among girls and young women as well as the findings of the external review of PGB. Therefore, is this program also aiming to produce results and evidence to feed into policy advocacy on not solely the need for targeting and strategic efforts towards this target group, but also to demonstrate good practices and approaches to be up-scaled and replicated.
- **Utilizing and increasing efficiency of existing structures:** it is not a new program, rather a complementary initiative to support and complement the strengthening of PGB. Therefore, will its implementation rely on and align with the existing services and structures, including youth-friendly services, youth corners in school and communities, peer-educators, national, provincial and district committees etc. An emphasis will be places on assisting Government in effectively increasing their utilization and improving efficiency of the current PGB.
- **Producing social diffusion effects:** by reaching a critical mass of vulnerable girls and young women, mentors and strategic stakeholders within the communities where they live, the program aims to assist PGB in improving the involvement of the communities and establishing a catalytic source of social diffusion that will prepare the ground for a sustained improvement of indicators on marriage, childbearing, violence, and empowerment etc.

[87] http://reality-check-approach.com/approach/the-approach/

ANNEX B. LOGICAL FRAMEWORK

Programme objectives and results	Process and result Indicators	Baseline	Targets	Means of Verification
GOAL **To contribute to the realization of sexual reproductive health and rights of girls and young women in 2 Mozambican provinces**	Adolescent Fertility Rate Modern Contraceptive Prevalence Rate Maternal Mortality Ratio (per 100,000 live births)	167% (IDS 2011) 11,3% Nampula 5% Zambezia 4,6% 408 National 570 Nampula 519 Zambezia	160% 34% 190 XXNampula xxx Zambezia	**DHS 2019, Census 2017 Programme surveys** **PESS**
Outcome 1: 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	Unmet need for family planning Couple Years of Protection (CYP) by method - PGB	28,5% 116.052	20% TBD	**DHS 2019 Census 2017 Programme surveys**
Output 1. Girls' knowledge, capacities and agency for SRHR improved	Prevalence of adolescent – pregnancy % of girls and young women with knowledge about protection mechanism and services in case of natural disasters	52,6% 50,6%	To Be Defined	**Programme surveys**
Output 2. Citizenship of girls and young women	Up-to-date records in civil registers for all programme girls and young women	71,2%	90%	**Programme surveys; administration reports**
Output 3. Increased demand for SRH services	Percentage of women visited who did not use any contraceptive method	66,8%	TBD	**Programme surveys**
Output 4 Girls and young women are voicing the issues concerning their lives at district, provincial and national level	4 national and 8 provincial girls conferences attended by girls, young women, decision makers and media Child Parliament active on ASRH	N/A	TBD	**National journal and programme/conference reports**

Outcome 2: Availability of quality integrated ASRH services for girls and young women increased	Continuation rate of new FP acceptors % Pregnant women who attend 4 ANC % Institutional deliveries	N/A 51% 35%	TBD 70% 40%	**Programme surveys** **DHS 2016 Census 2017 PESS** **DHIS Biannual**
Output 5. Teachers implement the comprehensive sexuality and sexual health rights Education package	% Schools in areas of intervention where SE package was fully implemented	0	100%	**MINED & DPED reports**
Output 6. Mobile health clinics and Community Health Workers (CHWs) in 20 priority districts deliver integrated SRH services at the community level.	% Communities with mobile health clinics and trained CHWs deliver ASRH/GBV services and identify risks to make effective referral to the health centres. % Outreach ASRH services	N/A TBD 30%	100% of the 860 targeted communities TBD	**Quarterly programme reports** **Programme reports; SISMA**
Output 7. Integrated ASRH services by health providers are available in #school SRH corners	% Outreach ASRH services in school SRH corners	25%	TBD	
Output 8. Coordinated services to GBV survivors	% Districts where multi sectorial teams implement coordinated actions	0%	TBD	**Programme surveys and reports**
Output 9. Access to microfinance, vocational training and SME development for girls and young women	% girls and young women from safe spaces economically empowered	N/A	TBD	**Programme reports**
Outcome 3: An enabling, free and safe environment for increased participation of girls and young women and the promotion of their SRH rights created	Early marriage prevalence % Unintended pregnancies	60,5% 49,1%	To Be Defined	**Programme surveys and reports; SISMA**

Output 10. Enhanced involvement of men and boys to strengthen their SRHR	Document with actions proposed exists % men and boys participating in implementation of SRHR	N/A 20,4%	TBD	**Programme surveys and reports**
Output 11. Faith based leaders and youth groups mobilized and active to promote adolescent SRH and rights	% Religious leaders actively involved in implementation of SRHR	0%	TBD	**Programme surveys and reports**
Output 12. Communities participating in community dialogues on SRHR related to girls and young women	% of community dialogues held on SRHR	0%	TBD	**Programme surveys and reports**
Output 13. Strengthened awareness of girls and young women SRHR including HIV/AIDS and GBV prevention	% New acceptors of Family Planning HIV/Aids incidence among girls aged 15-24 yrs	24,4% 11.1% (INSIDA)	30% TBD	**DHS 2016 Census 2017** **Programme surveys**
Outcome 4: Strengthened governance and coordination for integrated SRH programming	% Implementation of coordination instruments National commitment on ASRH and GBV issues	N/A	TBD	**Programme surveys, ministry reports**
Output 14. UPR process and report include ASRH	Inclusion of SRH&R for girls and women in UPR report and next review cycles # senior police and justice officials trained to implement UPR recommendation Inclusion of contribution from youth associations and women organizations in the UPR report.	N/A	YES	**UPR report and guidelines for cycle review**
Output 15. Strengthened inter-ministerial coordination mechanisms on ASRH issues at national level (CIADAJ)	% CIADAJ decisions implemented	N/A	TBD	**Ministry meetings minutes, programme reports**
Output 16. Strengthened coordination on ASRH at provincial and district levels (through PGB)	Effective coordination of PGB implementation at provincial and district levels	0%	TBD	**Programme surveys, PGB reports**

Output 17. Specific needs and rights in SRH of girls and young women included in current policies and plans	Platform undertaken in the National Assembly SRHR ASRH and GBV integrated into district annual plans and budget Capacity of ministry of education and stakeholders for effective implementation for comprehensive sexual education	N/A	TBD	**National policies and plans**
Output 18. Enhanced evidences for girls and young women's SRHR	Baseline survey available End-line survey available Key programme partners participated in inception phase workshop Qualitative research on sociocultural norms and ASRH available	N/A	YES	**Workshop report**
Output 19. Situation on programme site and implementation progress monitored	# of joint monitoring visits Knowledge and understanding of attitude and behaviours at programme site regularly monitored and reported towards programme adaptation	N/A	TBD	**Program reports**

ANNEX C: RISKS & MITIGATION

	Risks	Mitigation strategies	Probability	Impact
1. 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	Low level of participation of vulnerable girls and young women in mentorship programmes and dialogue circles	➢ Making the mentorship programme relevant and adaptive to the needs and limitations of girls and young women, taking into consideration other time demands made on them.	Low	High
	Family and community members not supportive of girls and young women's participation in mentorship groups and renewed empowerment	➢ Work closely with families and communities for their engagement, support and understanding. ➢ Continuous assessment of response of family and community members to the girls and young women's renewed empowerment.	Medium	High
	Radio Mozambique or community radios do not broadcast the entertainment-education radio novel and the adolescents to adolescents programmes for free	➢ The Zero Tolerance to child marriage and sexual abuse package has been recently finalized with the involvement of the Ministry of Education and this intervention is part of the broader Zero Tolerance Campaign against Sexual Abuse and the National Strategy to Reduce Child Marriage. Provincial education department will be requested to advocate for prioritizing this activity as a follow up of provincial training to be conducted.	Low	High
	Knowledge and information not leading to behavioural change	➢ Baseline data will be undertaken to inform the BCC strategy, extensive field testing and continuous monitoring will limit the possibility of implementing a BCC strategy not adaptive to girls and young women's particular needs and gaps.	Medium	High

	Risks	Mitigation strategies	Probability	Impact
	Adolescents not involved in the process of development of the IEC and activity package. UN agencies do not provide technical expertise for the integrated package	➢ Adolescent girls and boys at national and provincial level will be involved through focus groups discussions and participatory activities in order to develop the set of integrated key messages which will be part of the package.	Low	High
2. Universal access to integrated sexual and reproductive health services enhanced	Contraceptive methods out of stock	➢ Reproductive Health Provincial Commodity Task Force to ensure the monitoring and response to stock outs. ➢ Capacity is currently strengthened of these provincial tasks forces through other UNFPA programs.	Medium	High
	Demand for SRH services at the health facility among the target group is low	➢ Improve and revitalize the youth-friendly services. ➢ Strengthen the outreach and sensitization targeting the needs and context of the target group. ➢ Health providers to apply a youth-friendly and gender-sensitive attractive approach to ASRH service delivery.	Medium	High
	Economic opportunities in the communities are limited, preventing economic empowerment	➢ Ensuring and tailoring the economic opportunities to the context and needs and limitations of girls and young women.	Medium	High
	Girls and young women are not demanding SRH services	➢ Ensure that the monitoring system will detect a potential low demand for SRH services to rapidly adapt the approaches towards demand creation.		
3. An enabling, free and safe environment for increased participation of girls and young women and the	Families, community and opinion leaders hesitant to support SRH of girls and young women	➢ Working with families and communities is an integral part of the community based approaches and BCC strategies, and will be an iterative process able to	Medium	Medium

	Risks	Mitigation strategies	Probability	Impact
promotion of their SRH rights created		respond to challenges as they are presented. ➢ Advocacy and preparation sessions will be conducted at all level to ensure that the major community, opinion and religious leaders mobilize adolescents and are fully supportive of promoting ASRH behaviours and services in their communities.		
	Ministry of Gender, Children and Social Action focal points and child parliament representatives at provincial and district level are not involved in the preparatory process of the trainings and the child parliament sessions	➢ Advocacy and training is essential in order to have MGCAS focal points and the actual members of child parliament fully involved at all staged of the process.	Low	Medium
	Faith based organizations and leaders are not engaging on issues of SRH, child marriage and HIV prevention.	➢ Key champions within the faith community will be identified and empowered to act as role models early in the program implementation. ➢ Ensure consistency and appropriateness in the training and dialogues with religious leaders to sustain their commitment.	Medium	Medium
	The voice and issues of girls and young women articulated by them are not influencing change.	➢ Girls and young women's voices and participation will be supported through the various approaches, and access to key platforms facilitated. Capacity support will be provided for the adequate and relevant articulation of key issues.	Medium	Medium
	Political will and leadership to implement approved policies limited	➢ Continuous advocacy at national, regional and international for a will take place with key players and ministries.	Medium	High

	Risks	Mitigation strategies	Probability	Impact
4.Governance, Management and Coordination for integrated SRH programming at all levels strengthened	The GoM does not have the adequate capacities for scale-up and implementation of commitments on SRHR	➢ UNFPA and the UN will support the GoM to advocate and mobilize additional resources from various sources for SRH strategy in the country.	Medium	High
	GoM do not allocate sufficient financial resources to PGB and SRHR	➢ UN Mozambique will continue to strive to ensure a better use of good practices in RH/FP by governments, in particular benefit of women and adolescent girls, for evidence-based advocacy and subsequently increased SRH budgets nationally. These efforts are in line with the commitments made under the "Maputo Plan of Action" "Every woman, Every child", "FP2020" and others.	Medium	High
	GoM is not committed to delivering against agreements they have signed up to	➢ The GoM has shown strong commitment in all phases of the PGB. UNFPA and UN agencies will build on those commitments and relationships, ensuring governments see the complementarity and added value of this programme. ➢ The political commitment is therefore categorized as low risk.	Low	High
	Lack of buy-in or interest from other donors and duplication with others	➢ There is already ongoing support in this area; however there is need for better coordination for more complementarity, scale and improved outcomes in the area of SRH. ➢ The steering committee as well as the CIDAJ are platforms that will be used to improve coordination.	Medium	High
	Shift from development to	➢ The programme will develop a risk	Medium	High

	Risks	Mitigation strategies	Probability	Impact
	humanitarian context (civil unrest, conflict, natural disaster and political changes and conflict) where the programme is implemented does not allow some interventions to be carried out as planned	assessment and management strategy during the inception phase potential impact of this. ➢ The provinces of Zambezia and Nampula are prone to flooding. The UN also has a fast track procedure that can be activated to take immediate action in the areas of procurement, finance, HR, etc. ➢ The UN will keep the Embassy of Sweden closely informed of this potential risk as soon as an emergency arises. ➢ The program will rapidly be undertaken an appropriate revision of interventions.		
	The exchange rate MTS/USD does not remain stable	➢ This risk exists in any development cooperation or humanitarian aid project. The only way to mitigate it is 1/ to closely monitor the fluctuation of the exchange rate and request payments or transfer funds at the estimated most favourable time and 2/ request a reprogramming of the intervention to either reduce or extend the scope of the programme due to exchange rate loss or gains.	Low	High
	Coordination within the UN does not ensure efficient programme coordination and implementation	➢ To ensure effective and efficient programme management, financial implementation and coordination, a steering committee will be set up. ➢ Agreement with all stakeholders on joint functions – i.e. common M&E, Communication, and knowledge	Low	High

	Risks	Mitigation strategies	Probability	Impact
		management will be defined.		
	UNFPA capacity to manage the programme and deliver all interventions as per the timeline and yearly allocation is not satisfactory	➢ To ensure an effective and efficient programmatic and financial implementation, M&E, reporting and communication of the programme, UNFPA has requested funding for additional human resources for the management of the intervention through the hiring of a Programme Coordinator who will ensure regular communication with the steering committee and the Embassy of Sweden on the progress and potential challenges faced in the program implementation.	Low	High
	GoM's and other Implementing Partners' capacity to use funds to implement activities received from UNFPA	➢ UNFPA has in place the *implementing partner planning capacity assessment tool* which includes a review of governance and leadership, human resource, programme, monitoring and evaluation, financial management, procurement, comparative advantage, knowledge management, partnerships and capacity building recommendations. The relevant UNFPA corporate policy outlines that the implementing partner assessment must be undertaken prior to working with an implementing partner. Implementing partners report on funds received every quarter. The implementing partner	Medium	High

	Risks	Mitigation strategies	Probability	Impact
		agreement (Letter of Understanding) contains all the appropriate clauses with respect to accounting, reporting, termination, subcontractors, indemnities, intellectual property etc. The agreement is signed by the Representative and a senior person in the partner organisation. ➢ UNFPA employs independent auditors, Moore and Stephens Firm, to provide assurance on implementing partner activity. Each partner should be subject to audit once every 4 years or every year if they receive US$ 100,000 or above on yearly basis. ➢ The mandatory quarterly Workplan Progress Report must be prepared by the implementing partner for the IP-implemented workplans. The report must be submitted to the respective UNFPA office and should contain: (a) Expenses incurred against activities and their agreed budgets; (b) Status of the implementation of activities, including justification for delays; (c) A brief description of the progress towards achieving the workplan annual target(s), using the target indicator(s). Additionally, the 4th quarter workplan progress report should reflect on the overall achievement of results during the full calendar year.		

	Risks	Mitigation strategies	Probability	Impact
	UNFPA capacity to manage funds for the planned interventions.	➢ UNFPA has the Internal Control Framework (ICF) which is a system of internal controls that are processes used by managers in the organization to achieve these results. Internal controls help all UNFPA business units and the organization as a whole to run operations effectively; report reliable information about operations; comply with applicable policies and procedures; and ultimately detect and address fraudulent behavior and potential problems. ➢ UNFPA also has specific policies and procedures on procurement, fixed assets management, Inventory, vehicle usage, Travel, National Implementation Policy, National Implementation Audit Guide, Country Programme Implementation Policy, among others. These policies together with the Internal Control Framework, and existing UNFPA´s Management Structure ensures accountability and proper check and balances.		

ANNEX E: PARTNERSHIP MATRIX

PARTNER	TYPE	AREAS OF INTERVENTIONS	ROLE OF PARTNER	ROLE OF UN
MINISTRY OF YOUTH AND SPORTS (MINJUD) MINISTRY OF HEALTH AND ITS PROVINCIAL AND DISTRICT DIRECTORATES (MISAU) MINISTRY OF EDUCATION AND ITS PROVINCIAL AND DISTRICT DIRECTORATES (MINED) MINISTRY OF THE INTERIOR (MINT) MINISTRY OF ECONOMICS AND FINANCE (MEF)	Government	Coordination, Monitoring, Policy development, Leadership Participate in capacity building, creating enabling legal environment Strengthen and roll out gender responsive planning and budgeting, and allocation to SRH and GBV at sub-national levels	Implementation, coordination and monitoring	Provision of technical support and guidance on policy formulation, generation of adolescent and gender-sensitive data; improve resource allocations and enhance investments, sharing of global learning, evidence and best practice
MINISTRY OF JUSTICE (MINJUS)	Government	Participate in capacity building, creating enabling legal environment	Implementation, coordination and monitoring	Provision of technical support and guidance on policy formulation, generation of adolescent and gender-sensitive data; strengthening the child participation mechanisms such as the Child Parliament delegations in the two provinces; improve resource allocations and enhance investments, sharing of global learning, evidence and best practice
			Implementation, Monitoring	

Partner	Type	Areas of interventions	Role of Partner	Role of UN
National AIDS Commission (CNCS)	Government	Provide leadership on research on adolescents and HIV	Coordination	Provision of technical advice
National Commission for Human Rights	Government	Training on SRHR and GBV, upholding and investigating SRHR/GBV violations	Implementation, Monitoring	Provision of technical advice
National Assembly/Parliament		Oversight on SRH/GBV budget implementation	Oversight and Monitoring	Provision of financial support and technical advice
Youth Association Coalizão	Civil Society- youth	Create awareness and demand for SRH services and rights. Social mobilization through BCC	Implementation, social mobilization	Provision of financial support and technical advice
Funcacao para o Desenvolvimento da Communidade (FDC)	Civil society	Implementation of safe space approach to create awareness and demand for SRH services and rights. Advocacy for SRHR at provincial and national level.	Implementation, social mobilization and advocacy	Provision of financial support and technical advice
MovFem	Civil Society – women	Advocacy on SRHR/GBV, strengthening voice	Advocacy, create awareness, contribute to policy development	Advocacy, create awareness, contribute to policy development
Religious Council of Mozambique (COREM)	Civil Society – faith based	Promote participation of adolescents in communities, increase knowledge on sexual abuse, child marriage HIV prevention	Implementation, Information and sensitization on SRH, child marriage, HIV, sexual abuse	Provision of financial support and technical advice
PIRCOM – interfaith network on child and maternal health	Civil Society – faith based	Promote participation of adolescents in communities, increase knowledge on sexual abuse, child marriage HIV prevention	Implementation, Information and sensitization on SRH, child marriage, HIV, sexual abuse	Provision of financial support and technical advice
PCRMN partners such as TVM, Radio Mozambique and the Institute of Social Communication	Public Broadcasters and Civil Society – adolescents-s club in the media	Design, produce and present programming on child marriage, sexual abuse, HIV for TV and radio	Implementation	Provision of technical support

PARTNER	TYPE	AREAS OF INTERVENTIONS	ROLE OF PARTNER	ROLE OF UN
RADIO MOZAMBIQUE AND COMMUNITY RADIOS	Media	Create awareness and platform to increase knowledge, demand for services and rights	Implementation, social mobilization through the entertainment-education radio drama – national	Provision of financial support and technical advice
TVM	Media	Create awareness and demand for services and rights	Implementation, social mobilization through TV	Provision of financial support and technical advice

ANNEX F: PGB LESSONS LEARNED

The in-depth review of PGB in 2012 and UNFPA multi-year experience in supporting the PGB, have allowed learning various lessons from successes and failures, which we will build on in this new Programme.

Lessons learnt from PGB Implementation at technical level:

- While the PGB has successfully contributed to increased awareness and knowledge of girls and young women on SRHR, the new knowledge **did not always translate into practice/ change of behaviour.** UNFPA programme experience indicates that this is due to various reasons, including:
    - Cultural norms and beliefs have not been sufficiently addressed/considered by the programme;
    - Weak availability of SRH services for the target group in the programme implementation areas.

To respond to this, the Programme will work at various levels, strengthening its community-based interventions, involving families, men and boys, communities and schools to contribute to shifting social norms and creating safe spaces for strengthening girls' agency and empowerment. Specific activities have been designed to ensure cultural beliefs are taken into consideration.

The programme will also support SRH service creation and access by girls and young women in schools and at community level. At the same time UNFPA is working with the DPS (Provincial Directorate of Health) in Nampula, Zambezia (and other provinces) for Maternal and Neonatal care, by supporting capacity building (in-service and pre-service training) of health workers to ensure quality health care; procurement of supplies (ambulances, radios, maternity kits) and awareness raising for improved health care seeking behaviour (institutional delivery and family planning).

- The PGB evaluation recommended a strategic renewal communication approach, going beyond public education and awareness creation – and solely focusing on the adolescent and youth.

Thus the approach of this programme will focus more on addressing the persisting behavioural barriers through a set of multidimensional and participatory communication approaches, including community involvement to pave the way for and enable an increased uptake of sexual and reproductive health services and rights among the girls and young women.

- The PGB review underscored issues of concern related to girls' vulnerability and the need for promotion and protection of their sexual and reproductive health and rights, in particular those in the 15-17 years age group and called attention on addressing the 10-14 age group in order to counter and prevent early sexual debut, early pregnancies, child marriage.
    - The Programme will include younger adolescents of 10-14 years in the main target group and it includes activities specifically designed to/tailored to their young age and specific needs.

- The review made a number of recommendations including the need to combine a set of approaches and interventions to address the biological, behavioural and structural factors that contribute to the vulnerability of girls and young women.
    - This programme includes specific activities to contribute to address structural factors: ex. Poverty and social norms affecting the SRHR and lives of girls and young women.

- The retention of the activists within the PGB has proved to be a big challenge.
    - To respond to this the State has created indirect incentives for peer educators: 1. The young PGB peer educators attending Secondary School, are exempted by the Ministry of

Education to pay for fees in Secondary School; 2. PGB peer educators have the priority when applying for support to the Fundo de apoio as iniciativas jovanais (Fund of support to youth initiatives, established by the Ministry of Youth and Sports).

- In addition, the current MoBiz and Action for Girls programme are contributing to improve the retention of activists in the mid-term, by involving the best ones among them in MoBiz and Action for Girls initiatives: there are about 3000 activists within the PGB. MoBiz and Action for Girls have absorbed respectively 600 and 300 PGB activists by training the best once among them as Action for Girls mentors and MoBiz activists. These peer educators are still active within the "classical" PGB programme, but receive economic subsidies by UNFPA for the work they are doing within the MoBiz and Action for Girls.

At management level

- There are within the PGB various challenges related to program implementation at the provincial and district level, including difficulties to **coordinate the central level management with the province, district and municipality levels**.

    - To respond to some of those challenges highlighted and ensure the program sustainability, a Programme Coordinator will be recruited in each province, to coordinate the regular implementation of the program. This is also in line with the lessons learnt by the One UN Programme to implement MDGs 4&5 in Zambezia, which has fund that "In order to guarantee the coordination of the joint project, a project coordinator was recruited, based in the Province. This helped enhancing coordination: Among the United Nations agencies and Between the United Nations and authorities in the Province".[88]

    - To guarantee coordination within and with the district levels, in support of the strengthening of the provincial and district-level PGB structures, and based on the promising experience of the Action for Girls Programme currently being implemented with UNFPA, DFID and Italian funds, one mentor will be appointed as focal point in each district. The same will be done for PGB peer educators; one PGB peer educator per district will be appointed as focal point.

    - One focal point will also be appointed among current health workers in each involved health facility, to coordinate and oversee the implementation of outreach activities of the health facility in the community and the schools.

- Additionally, a big challenge remains within the Government-led PGB after the Government took over the management of the overall programme in 2012, due to the scarce resources allocated by the State to this programme. UNFPA is currently the unique donor, funding 75% of the PGB budget, with the government financing 25% of it.

With the aim to respond to this challenge and improve public budget allocations to the programme, UNFPA is currently working to support the Youth Cabinet - Parliamentarians below 35 years – by training them on SRH, to raise their awareness on the issue of SRHR of adolescents and young people with the view of contributing to internally advocate for increased allocation of public resources for adolescents and young people in the longer-term.

[88] United Nations (2015). *Support to the National Integrated Plan to achieve MDGs 4&5 in Mozambique - LESSONS LEARNT (2012-2015),* WHO, publication in the pipeline

ANNEX G: MONITORING AND REPORTING SYSTEM

Programmatic and financial monitoring process is undertaken on all programmes supported by UNFPA. Monitoring begins with proper planning, budgeting and good programme design. Programmes clearly articulate intended results to be achieved and establish clear indicators, baselines, and targets. This facilitates the continuous collection and analysis of data and information necessary to determine whether activities have been completed as planned, and to assess progress made towards the achievement of results, i.e., outputs and outcomes. UNFPA implements the following programmatic and financial monitoring process:

1) Each programme supported by UNFPA must be monitored to ensure that funds are spent for the intended purposes, resources are managed efficiently, results are being achieved and programmes are adjusted based on lessons learned and evidence collected through the monitoring of activities.
2) Findings and observations of monitoring activities are used to inform decision making to improve and adjust all aspects of programmes (e.g., indicators, activity design, and budgets).
3) Monitoring is undertaken based on approved action plans that include outputs, indicators, means of verification, targets and baselines, and as well as detailed budgets.
4) Accountability for results and resources rests equally with national counterparts at country level and the UNFPA country offices. However, UNFPA is responsible for monitoring the management of funds as well as monitoring the progress towards achieving results using the appropriate reporting forms and procedures included in this policy.
5) The UNFPA head of unit has the overall accountability for programmatic and financial monitoring of programme implementation under their authority and for ensuring that UNFPA personnel in their business unit comply with this policy.
6) Monitoring is one of the primary tasks of programme managers, who are expected to lead all UNFPA monitoring efforts as outlined by this policy with the support of operational and technical colleagues.
7) Monitoring officers and focal points, finance and operations officers are responsible for providing guidance and monitoring expertise to programme managers and all other colleagues, as needed, for the implementing of the policy.

The mandatory completion and frequency of the monitoring and reporting activities are as summarized below:

Type of Monitoring/ Reporting	Frequency	Responsible Entity
Continuous Monitoring	Throughout	UNFPA with Implementing Partner
Workplan Progress Report	Quarterly	Implementing Partner
FACE form	Quarterly	Implementing Partner
Annual Review Meeting	Annual	UNFPA with one or more Implementing Partner(s)
UNDAF or One Programme (DaO) Annual Review	As per UNDG and UNCT guidance	UNFPA Country Offices jointly with UNCT colleagues
Update of CPAP Planning Matrix for M&E	Annual	UNFPA Country Offices
Progress Reporting on Co-Financing	As per donor agreement	All UNFPA business units managing donor funds

ANNEX H: UN COMPARATIVE ADVANTAGE AND CAPACITY

The following UN agencies will work together under the framework of Delivering as One to implement this programme: UNFPA (Manager of the programme), UNICEF, UN Women, and UNESCO. In relation to the outcomes and outputs or the programme, the following is their comparative advantage.

UNESCO: UNESCO's mandate for promoting quality education for all is relevant for rural and peri-urban girls in ensuring their access to primary and secondary education and increasing girl's literacy. In particular, UNESCO highlights the transmission, preservation and elaboration of local knowledge. UNESCO provides leadership on the implementation of Comprehensive sexuality education (CSE) in Mozambique, which contributes to young people's development. Scaling-up CSE through the formal curricula of schools is the best and most cost-effective way of mainstreaming sexuality education. UNESCO contributes to the intercultural dialogue through education, communication and information, as it works towards attaining quality education for all and lifelong learning, while addressing emerging social and ethical challenges and; building inclusive knowledge societies through information and communication.

Capacity in Mozambique dedicated to this programme:
The Education Coordinator of UNESCO Mozambique will be involved in the implementation of the implementation of this programme.

UNFPA: UNFPA has extensive technical experience and knowledge in the field of SRH service delivery, including family planning, policy advocacy and institutional capacity building for outreach and public awareness. UNFPA supports strategic partners, including Government, NGOs, and private sector, in the implementation of programmes for the rights of young people, including the right to accurate information and service delivery related to sexuality and reproductive health. UNFPA supported national ownership of the PGB initiative, and through this has accumulated extensive networks, partnerships and knowledge for scale up of SRHR and services in Mozambique.

Capacity in Mozambique dedicated to this programme:
As the executing agency of the proposed programme, UNFPA will provide programme management oversight with technical and implementation guidance. Therefore, the Programme Coordinator will be placed in UNFPA and supported by two Project Officers, M&E Specialist, a Technical Advisor and a Finance/ Administrative Assistance

UNICEF: Within the context of this programme, UNICEF's comparative advantage is its capacity to mobilize and empower children and adolescents to demand quality services that will improve their lives. In Mozambique, UNICEF is at the forefront of communication for development (C4D) programming which advances knowledge, attitudes, and practices to overcome socio-cultural and demand-side barriers. Its evidence-based communication interventions inform and engage people to bring about positive behavioural changes. UNICEF will contribute to the objectives of this programme by supporting government and civil society partners, through the media and in communities and schools, to strengthen peer-to-peer education and counselling programmes. UNICEF will also introduce innovative approaches for social mobilization of pre-adolescents to be complemented by qualitative research that will inform learning and underpin programming throughout the grant.

Capacity in Mozambique dedicated to this programme:
To support the implementation of this programme, two colleagues with the Health and Nutrition Section, and one from both the Education and Child Protection Section in UNICEF Mozambique will be involved. The greatest part of the involvement from UNICEF Mozambique will come from the Communication, Advocacy, Participation and Partnership section due to the strong emphasis on communication for behavioral and social change.

UN Women: UN Women's vision is one where men and women, girls and boys, have equal opportunities and capacities, where women are empowered and the where the principles of gender equality are firmly embedded in all efforts to advance development, peace and security. The fundamental objective is to

enhance national capacity and ownership to enable national partners to formulate gender-responsive laws and policies and to scale up successful strategies to deliver on national commitments to gender equality. UN Women brings an emphasis on the relevance of a comprehensive approach which is fundamental to the realization of the human rights of girls and young women with the understanding that sustainable and effective change processes require complementary interventions that address socio-cultural norms, living conditions and autonomy, as well as power relations within the family and society. This includes i) reinforcement of integrated service delivery to meet the needs of girls and young women as they become aware of their SRHR and to a life free of violence; ii) a strong track record in mobilizing and involving boys and girls, young women and young men, community and opinion leaders both female towards a society respectful of the human rights particularly of girls, young women; iii) a concrete approach based on international best practices to pursue economic empowerment of young women with a view to enable their capacity to exercise their SRHR; iv) engagement with new players such as young women feminists to amplify the voices of young women in policy dialogue and finally v) a strong and finally expertise and experience on gender responsive planning and budgeting both at the policy and implementation levels. This is fundamental to ensure that the rights of girls and women are translated into concrete commitments infused into national plans and budgets to stand a real chance of being realized beyond the lifespan of projects. Overall, UN Women contribution is aimed at helping bridging the disconnection between the different sets of pre-conditions which impairs the full realization of the human rights of girls, young women and women.

Capacity in Mozambique dedicated to this programme:
UN Women Mozambique will support the programme implementation with one existing programme specialist and 2 programme officers on economic empowerment and Violence against Women, as well as one Communications and Advocacy Programme Officer that will support in the documentation and dissemination of best practice and lessons learned. In addition, it will recruit 1 Project Officer with economic empowerment background to be fully dedicated to the implementation and monitoring of the programme, based in the province and contribute to operations management and assistant support costs to ensure due delivery and accountability.

The Resident Coordinator (RC): The Resident Coordinator has an overall an oversight function for the implementation, monitoring, coordination of the UNDAF and provides leadership for UN in Mozambique. For this particular program the RC has a substantive role in supporting the UN Inter-Agency Network on Youth and Development (IANYD) as part of her function. Hence, the RC and the RC's office will be closely connected, monitor and assist in implementation areas such as advocacy and communications.

The UN Resident Coordinator's office will provide management support to the programme in preparing and follow up with the steering committee and manage the One UN fund. The Mozambique's One UN fund, set up as part of the Delivering as One change process, is hosted with the UNDP managed Multi-Partner Trust Fund (MPTF) at Head-Quarters. The advantages of the One Fund are several. One advantage is that the transaction costs for the contract are reduced. Donors and participating partners have all already cleared and signed the standard agreement with MPTF which means that the contracting process is quick and there is only one contract to manage. A second benefit is that financial and narrative reporting is consolidated, along with the annual UNDAF reporting, that is further reducing transaction costs for programme management and gives one standardized report. A third benefit is that the MPTF allows for easy monitoring of disbursements to participating agency through the mptf.undp.org website.

ANNEX I. MAIN STAKEHOLDERS AND RELEVANT INIATIATIVES IN GEOGRAPHIC AREAS

In order to avoid duplications and to ensure that the programme builds on what is already being done at the programme site, a rapid mapping of main stakeholders and initiatives was conducted for designing this proposal. To better prepare the grounds for the implementation, a more detailed mapping will be conducted in Nampula and Zambezia during the inception phase of the programme. This will be done by the provincial

committees of the PGB in the two provinces, as a way to guarantee the ownership of this from the beginning, thus guaranteeing the provincial committees a leading role from the inception phase of the programme and indirectly contributing to strengthening their information and their coordination role.

Various governmental and non-governmental, national and international organizations and institutions work in support of girls and young women in the country. The main relevant stakeholders and major on-going initiatives in Nampula and Zambezia are presented in the below table:

Relevant stakeholders and initiatives in Nampula and Zambezia Provisional Mapping				
Organization/ institution	**Type**	**Initiative**	**Provinces/Districts covered**	**TimeFrame**
UNFPA	UN	Action for Girls Qualitative technical and financial support for rights of youth, especially girls, and empowering girls in particularly those at risk of child marriage.	Nampula Zambezia Cabo Delgado Maputo	2013-15
		MoBIz "Building innovation for behaviour change into the national programme for sexual and reproductive health among adolescents and youth in Mozambique"	Zambezia Sofala Maputo	2013-17
UNFPA	UN	Partnership with the Interfaith Council of Religions – COREM - to develop and roll out a training programme of youth religious leaders on sexual and reproductive health and rights, including empowerment of girls, child marriage and early pregnancy.	National	2012-2016
UNFPA	UN	***Family planning*** UNFPA supports country strategies and action plans. UNFPA plays a critical role in supporting reproductive health commodity security in Mozambique. Ensures a wide range of contraceptives (including condoms) to users. UNFPA also procures contraceptives for social marketing organizations such as PSI and DKT. ***Maternal and new-born health*** UNFPA is a fundamental partner supporting country strategies and action plans to mainstream sexual and reproductive health and rights. UNFPA provides	National	2011-2016

		support for the capacity building of service providers in technical competences on emergency obstetric care, fistula repair, and relevant support to the Maternal and Death Surveillance and Response system. UNFPA also provides support to community structures to increase demand to maternal and new-born services. ***SRH/ASRH in humanitarian crisis*** The United Nations Population Fund (UNFPA) supports the provision of reproductive health services, the provision of hygiene kits, enhanced prevention of gender-based violence and HIV prevention among young people in the affected areas.		
UNFPA	UN	The Geração Biz Programme (PGB) started in 1999 and is implemented in all provinces of the country. It aims to improve adolescents and youth Sexual and Reproductive Health (SRH) and promotes volunteerism among them. It builds on a peer-to-peer approach, aiming to equip young peer educators – girls and boys - with evidence-based SRH information, for them to reach and inform their adolescent and youth peers.	National	1999-2016
UNESCO	UN	Malala project: works on family and women's empowerment through functional literacy. Includes a component on awareness raising for girls' education.	Nampula	2015-17
		Through the UNAIDS UBRAF funding mechanism, UNESCO supports MoE on strengthening the education system for HIV response.	All provinces, including Nampula and Zambezia	2012-15
SIDA-NORAD	Donors	Regional HIV programme for Eastern and Southern Africa. Implemented in partnership with UNESCO and MoE. Aims at strengthening SRH and HIV prevention amongst children and young people through providing	All provinces, including Zambezia and Nampula	2013-15

		comprehensive sexuality education.		
UNFPA, UNICEF, WFP, WHO	UN	One UN Programme: Support to the national Integrated Plan to Achieve MDGs 4&5	Zambezia	2011-15
FDC	Foundation	"Hello VIDA", helpline hosted by Ministry of Health, provides free information on SRH to adolescents and young people.	National, including Nampula and Zambezia	On-going
		Action for Girls	Nampula, Zambezia	2013-15
		Initiative for SRH of girls, in partnership with the Global Fund and UNFPA. Mapping of available HIV and SRH services for girls and designing of an SRH services package for girls. Second phase includes providing the services at community level targeting 1,000,000 girls in the country.	6 Provinces, including Nampula.	Starting Sept 2015
Global Fund to Fight AIDS, Tuberculosis and Malaria	Public-Private partnership	See above	See above	See above
CECAP/MGCAS	Coalition and partnership within the Girls Not Brides International Initiative	National Strategy to eliminate early marriage	Nampula, Zambezia and the other 3 priority provinces	2015-2019
UNFPA/ Coalizão	NGO	MoBlz "Building innovation for behaviour change into the national programme for sexual and reproductive health among adolescents and youth in Mozambique"	Zambezia Sofala Maputo	See above
		Action for Girls Qualitative technical and financial support for rights of youth, especially girls, and empowering girls in particularly those at risk of child marriage.	Nampula Zambezia Cabo Delgado Maputo	See above
UNFPA/ AMODEFA	NGO	Action for Girls Qualitative technical and financial support for rights of youth, especially girls, and empowering girls in particularly those at risk of child marriage.	Nampula Zambezia Cabo Delgado Maputo	See above
UNFPA/	INGO	MoBlz "Building innovation for behaviour change into the	Zambezia Sofala	See above

PSI (Population International Services)		national programme for sexual and reproductive health among adolescents and youth in Mozambique"	Maputo	
USAID	Donor	Aprender a Ler (ApaL) – Learn to Read – project: improve reading outcomes for students in grades 2-3 in over 1,000 urban and rural schools. Implemented with WE and MInistry of Education.	Nampula and Zambezia	2012-16
World Education (WE)	INGO	See above	See above	See above
Forum Mulher	NGOs network	Empowerment of women	National	
HOPEM: the Men for Change Network/, Rede Homens pela Mudança	Network of 25 NGOs	Intervening for the positive involvement of men in questioning the discriminatory ways of thinking and acting related to masculinity in Mozambique, and to build alternative identities.		
Pepfar, Melinda and Bill Gates Foundations and the Nike Foundation		DREAMS: HIV prevention among olescents and young girls. terventions include to establish or vitalize school-based adolescent endly sexual and reproductive alth services to increase access d uptake; addressing barriers to cess and uptake of services; velop youth focused programmes screen for and respond to GBV d VAC in a variety of settings:	Zambezia (districts are being decided)	2015-16
UNICEF	UN	Support to the Child participation in the media programme with partneships agreement signed with Television of Mozambique, Radio Mozambique, the Institute of Social Communication and the Forum of Community Radios	National, with implementation also in Nampula and Zambezia provinces	2012-2016
		Conception, production and broadcasting of the long-term radio drama on Facts for Live, including adolescents' development.	National broadcasting through Radio Mozambique but also local adaptations and broadcasting through community radios, including in Nampula and Zambezia	2015-2016

		Technical and Financial support to the Ministry of Gender, Children and Social Action for the child parliament programme	National, with technical support to the provincial parliament in Zambezia (and Nampula with the SIDA programme)	2013-2016
UNICEF	UN	Technical support to the National AIDS Council – CNCS – in the development and implementation of the National Strategic Plan - PEN IV with a specific support to the adolescents' prevention agenda through the UN All IN! initiative	National	2014-2016
		Technical and financial support to the life-skills education Pacote Basico at the Ministry of Education to strengthen the peer to peer education on life-skills education, HIV and violence prevention in primary schools	National	2012-2016
		Partnership with the Interfaith Council of Religions – COREM - to develop and roll out a training programme of religious leaders on child survival, education and protection.	National, with a focus on Tete, Zambezia, Nampula, Cabo Delgado and Maputo	2013-2016
UN Women	UN	wareness raising and mobilization violence against women and girls secondary schools – face to face	All Provinces	2010 – 2015

ANNEX J. OTHER SRH RELATED PROGRAMMING

This program will build, coordinate and create synergies with other ongoing SRH related programming supported by the UN in Mozambique. These include:

Universal Periodic Review (UPR)

The Universal Periodic Review (UPR), initiated in 2008, is a unique process of the UN Human Rights Council, where each of the 193 Member States of the UN is reviewed on its human rights record every 4 ½ years and the only UN process in which States directly ask questions and make recommendations to each other regarding national human rights situations. The UPR makes recommendations to country or make specific policy and legislative measures to address human rights violations. The UN supports countries and partners to participate in this review and domesticate the process, and particularly ensures that there is visibility to the area of sexual and reproductive health. This program will support Government and civil society partners working on SRH to better engage in review processes.

Action for Adolescent Girls

Through the Action for Adolescent Girls initiative in 12 countries, UNFPA is delivering on its commitment to step up investments towards ending child marriage and reducing adolescent pregnancy by supporting government to reach the most marginalized adolescent girls. The purpose of the initiative is to support government in making targeted investments at scale over 5 years, to reach girls at risk of child marriage and adolescent pregnancy through interventions that provide opportunity for social participation and leadership, gaining life skills and literacy, and accessing health services including family planning and HIV services, while at the same time striving to create a more favourable environment for adolescent girls at the community and national levels. 1.3m USD has been allocated for Mozambique for the period 2013-2015, for Maputo and Zambezia provinces.

Joint UN MDG 4 and 5 Program in Zambezia (2011-15)

The joint UN and Canada 25m USD programme in Zambezia province to achieve the MDGs 4 and 5, supporting improved health service delivery for the least served communities and provides a context for the upscaling and improvement of access and quality SRH and educational services for young people, including the most vulnerable girls and young women - particularly in relation to prevention of unwanted pregnancy, fistula and HIV.

Economic Development and Empowerment for Youth in Nampula

In Nampula the UN was present through a joint project focusing on economic development and empowerment of youth. UNFPA played a role in creating the synergies between economic empowerment and sexual and reproductive health as a gateway to reach the most vulnerable girls and young women with a relevant combination of interventions. The implementation of this program therefore aims to draw from and complement the existing experiences and structures in place in both provinces.

Zero Tolerance against Violence Campaign

The Zero Tolerance campaign is being implemented in schools with the Ministry of Education with support from UN Women, UNFPA and UNICEF, as part of the Life skills curriculum education programmes Pacote Basico. Under the Zero Tolerance campaign teacher and student guides on prevention of school based violence and child marriage have been produced. These will be used in the activities in the 2 focus provinces. The UN in Mozambique are currently implementing on Zero Tolerance against violence against women initiative funded by the One UN Fund. Though most of the activities are based in Tete province, this programme will benefit from national level activities and learning especially from the multi-sectorial action through the "gabinete de atendimentos".

Regional HIV Programme for Eastern and Southern Africa

The SIDA/Norad regional HIV programme for Eastern and Southern Africa are supporting selected countries in the ESA region on strengthening SRH and HIV prevention amongst children and young people through providing comprehensive sexuality education. Mozambique is part of this initiative, and UNESCO

Mozambique is supporting MINED to implement this programme in all the 11 provinces in the country. Planned activities in schools and communities under this proposal will be coordinated with the ongoing implementation to enable young people's access to CSE in Nampula and Zambezia.

Through the UNAIDS UBRAF funding mechanism, UNESCO is also supporting MINED on strengthening the education system in Mozambique in the HIV response in all provinces to fight HIV. Two key objectives of this initiative will complement the proposed activities in Nampula and Zambezia provinces – they are a) the focus on increasing the capacities of teacher training institutes in Mozambique to deliver sexual and reproductive health (SRH) education; and b) improving on safe and friendly learning environment for all learners especially with regard to sexual harassment and abuse in selected schools.

DREAMS

In 2014, Pepfar, Melinda and Bill Gates Foundations and the Nike Foundation launched the programme Dreams – HIV prevention among adolescents and young girls. The main objective is to reduce new HIV infections in adolescents and young girls by 25% in 10 countries Sub Saharan African countries during the period 2015-2016. Mozambique is one of these. The four key interventions are to empower girls and young women and reduce their risk; mobilize the community or change; strengthen families and; decrease risk in sex partners of adolescent girls and young women. The interventions include to establish or revitalize school-based adolescent friendly sexual and reproductive health services to increase access and uptake; addressing barriers to access and uptake of services; develop youth focused programmes to screen for and respond to GBV and VAC in a variety of settings: schools, clubs, clinics, social services; expand uptake of family planning and contraceptive commodities; education subsidies and economic empowerment interventions.