



**Spotlight
Initiative**
*To eliminate violence
against women and girls*



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COUNTRY PROGRAMME DOCUMENT

MOZAMBIQUE

Updated July 2021

(Original December 2018)

MOZAMBIQUE COUNTRY PROGRAMME DOCUMENT

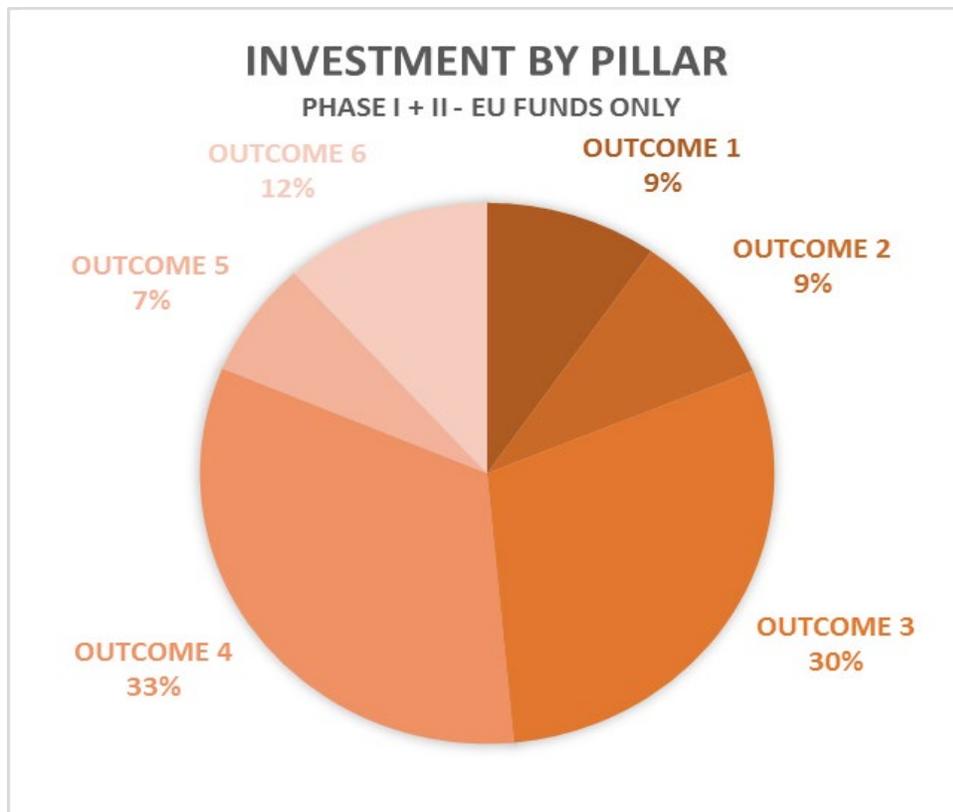
<p>Programme Title: Accelerating the Prevention and Response to SGBV and Early Marriage for Adolescent Girls and Young Women (ages 10 - 24) in Mozambique.</p>	<p>Recipient UN Organizations (RUNOs): UNDP, UNFPA, UN Women, UNICEF</p>
<p>Programme Contact: Carlos Dinis Resident Coordinator's Office (RCO) Team Leader Address: 931 Avenida Kenneth Kaunda Maputo, Mozambique Telephone: E-mail: carlos.dinis@un.org</p>	<p>Programme Partner(s): UNESCO, IOM, WHO, UNAIDS</p> <p>Government Ministry of Gender, Children and Social Action (including INAS), Ministry of Health, Ministry of Justice, Constitutional and Religious Affairs (including IPAJ and CFJJ), Ministry of Interior, Ministry of Economy and Finance (including INE), Ministry of Education and Human Development (MINEDH), Ministry of Science, Technology and Higher Education (including INEP and Universities), Ministry of Culture, Ministry of Youth, Ministry of Communication and Transport (including ICS, TVM, RM).</p> <p>NGOs, CSOs Through the National CSO Reference Group, several NGOs will be programme partners. Moreover, there will be a process for identifying these clearly during the implementation phase.</p> <p>Non-Government State Institutions Parliament, Ombudsman, Attorney General's Office, Professional Council of the Judiciary (CPM), Family and Minors Courts, Supreme Court.</p> <p>Others SLI Mozambique will also engage the private sector specifically Banks, Telecommunication Agencies and the Extractive sector.</p>
<p>Programme Country: Mozambique</p>	<p>Programme Location (provinces or priority areas): Gaza, Nampula and Manica as well as continued work with central government on key issues such as Legislation (Pillar 1), Prevention and Social Norms (Pillar 3), Services (pillar 4) and Data (Pillar 5).</p>
<p>Programme Description: The Spotlight Initiative's investment in Mozambique aims to contribute to a country where every woman and girl live a life free from all forms of SGBV and harmful practices and can enjoy sexual and reproductive health and rights. The programme will operate in three provinces in Mozambique and at the central level, in accordance with the scope of the Spotlight Africa Programme and focus on: sexual and gender-based violence (SGBV), early marriage (with linkages to the eradication of harmful practices) and sexual and reproductive health rights (SRHR). The Spotlight Initiative is funded by the European Union.</p> <p>July 2021 update – Inclusion of Phase II addendum and budget update The Spotlight Initiative's investment in Mozambique in Phase II aims to catalyse the investment done since 2019</p>	



and build increased sustainability of the interventions, so that every woman and girl lives a life free from all forms of Sexual and Gender Based Violence (SGBV) and harmful practices (HP) and can enjoy sexual and reproductive health and rights (SRHR). The programme will continue to operate in three provinces in Mozambique (Gaza, Manica and Nampula) and at the central level, in accordance with the scope of the Spotlight Initiative Africa Programme and focus on: SGBV, early marriage (with linkages to the eradication of harmful practices) and SRHR. In addition - the programme will make targeted interventions in Cabo Delgado's province. Working as a demonstration fund this investment aims to respond - and influence others to act - to reduce the risk of escalation of child marriage, address the increased risk and exposure of internally displaced women and girls to SGBV and sexual exploitation and continue to ensure quality essential services to this vulnerable population.

In USD	Spotlight EU Phase I	Agency Contributions Phase I	Spotlight EU Phase II	Agency Contributions Phase II	Spotlight EU Phase I and II	Agency Contributions Phase I + II
UNDP	\$3,916,817	\$135,000	\$1,816,143	\$35,000	\$5,732,960	\$165,000
UNFPA	\$6,232,153	\$378,485	\$2,693,588	-	\$8,925,741	\$378,485
UN Women	\$6,038,708	\$91,344	\$2,401,177	\$146,846	\$8,439,885	\$238,190
UNICEF	\$3,812,322	\$222,830	\$1,660,521	-	\$5,472,843	\$222,830
TOTAL	\$20,000,000	\$827,659	\$8,571,429	\$181,846	\$28,571,429	\$1,004,505

Total Budget of the Spotlight Country Programme (EU and UN Agency contribution): \$29,575,934



*Percentages based on Total Outcome Budget



Estimated No. of Beneficiaries¹			Start Date: 1 January 2019
Indicative numbers	Direct	Indirect	End Date: 31 December 2022
Women	302,121	1,486,154	Total duration (in months): 48 months
Girls	168,746	1,983,372	
Men	126767	663484	
Boys	43522	1,223,621	
TOTAL	641,156	5,356,631	
<p><i>Note: A breakdown and analysis by intersecting forms of discrimination should be provided in the body of this document. Figures as originally estimated in December 2018.</i></p>			
<p>Recipient UN Organization: UNDP <i>Ms. Narjess Saidane</i> <i>Title: Resident Representative</i> <i>Signature:</i> <i>Date & Seal:</i></p>			<p>Government of Mozambique <i>Nyeleti Brooke Mondlane</i> <i>Ministry of Gender, Children and Social Action</i> <i>Signature</i> <i>Date & Seal</i></p>

¹ Figures on girls include the following estimations: a) 1 Trained Girls, reaches out with BCC to at least 2 other people outside the Safe Space (peers/boyfriend/ family members) and b) 1 Trained Mentor, reached out with BCC to at least 5 other people outside the Safe Space (peers, boyfriend, family members). Other estimates are based on programme-based calculations, key target audiences and the kind of impact they are likely to have. An additional 5 million may be also impacted by the tv spots to be implemented throughout the SLI during the 4-year period. These figures also reflect that based on the total population by province, the number of WRA (women in reproductive age 15-49) which is also the % at risk of SGBV is estimated as 25% of the population or 2.8 million people. The Spotlight funding will allow a direct reach of 120,000 girls and young women between 10 and 24 years old in Gaza and Manica, and counterpart funding in Nampula will reach directly 477,000 girls. At least 666 mentors or change agents will be trained in Gaza and Manica, and counterpart funding through the Swedish funded Rapariga Biz will allow over 2900 mentors to be trained in Nampula.



<p>Recipient UN Organization: UNFPA <i>Ms. Andrea Wojnar</i> <i>Resident Representative</i> <i>Signature:</i> <i>Date & Seal:</i></p>	
<p>Recipient UN Organization: UN Women [UN Women] <i>Ms. Marie Laetitia Kayisire</i> <i>Resident Representative</i> <i>Signature:</i> <i>Date & Seal:</i></p>	
<p>Recipient UN Organization: UNICEF <i>Ms. Maria-Luisa Fornara</i> <i>Resident Representative</i> <i>Signature:</i> <i>Date & Seal:</i></p>	
<p>Resident Coordinator Ms. Myrta Kaulard <i>Signature</i> <i>Date & Seal</i></p>	
<p>Original Programme Document was signed by the Deputy Secretary General, Ms Amina J. Mohammed on 1 March 2019, see annexed original</p> <p>This update coverpage is signed on behalf of the UN Executive Office of the Secretary General by</p> <p>Ms. Michelle Gyles-McDonnough</p> <p>Signature: _____</p> <p>Date: _____</p>	



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LIST OF ACRONYMS AND ABBREVIATIONS

AMCS	Associação da Mulher na Comunicação Social / Association of Women in Social Communication
AMETRAMO	Associação dos Médicos Tradicionais de Moçambique / Association of Traditional Doctors of Mozambique
AMMCJ	Associação Moçambicana de Mulheres de Carreira Jurídica / Association of Mozambican Women in Legal Career
AMORA	Associação Moçambicana de apoio as raparigas / Mozambican Association in support to girls
ASRH	Adolescent Sexual and Reproductive Health
AVVD	Associação das Vítimas de Violência Doméstica / Association of Victims of Domestic Violence
CAI	Centro de atendimento integrado / Integrated Assistance Centre
CBO	Community-Based organization
CECAP	Coligação para Eliminação de Casamentos Prematuros/ Coalition for the Elimination of Early Marriage
COREM	Conselho de religiosos de Moçambique / Religious Council of Mozambique
CPR	Contraceptive Prevalence Rate
CSO	Civil Society Organization
DAO	Delivering as One
DHS	Demographic and Health Survey
FGM	Female Genital Mutilation
FORCOM	Fórum Nacional das Rádios Comunitárias/ National forum of community rádios
FP	Family Planning
GBV	Gender-based violence
GFF	Global Financing Facility
HACT	Harmonized Approach for Cash Transfer
HIV/AIDS	Human immunodeficiency virus infection and acquired immune deficiency syndrome
HRBA	Human Rights Based Approach
HP	Harmful practice
IOM	International Organization for Migration
IMASIDA	Inquérito de Indicadores de Imunização, Malária e HIV/SIDA em Moçambique / Mozambique Survey on Indicators on Immunization, Malaria and HIV/AIDS
OAM	Order of Mozambican Lawyers



LE	Lead Entity
M&E	Monitoring and Evaluation
MICS	Multiple Indicators Cluster Survey
NGO	Non-governmental Organization
ROSC	Fórum da Sociedade Civil para os Direitos da Criança/ Civil society forum for child rights
SAAJ	Serviços Amigos dos Adolescentes e Jovens / Adolescent and youth-friendly services
SDG	Sustainable Development Goals
SGBV	Sexual and Gender-based violence
SLI	Spotlight Initiative
SRGBV	School-related Sexual and Gender-based Violence
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNWOMEN	United Nations Entity for Gender Equality
VAW/G	Violence against women and girls
WLSA	Women and law in Southern Africa



I. SITUATION ANALYSIS

The current population of Mozambique is 28.9 million of which 52% are women and 48% are men (INE, 2017) and by 2050, the population may be as high as 65 million². A significant proportion of the population is under 15 (45%)³ and as a country with a young and fast-growing population, Mozambique has an opportunity to benefit from the demographic dividend if factors hindering the potential of the young people are addressed including those related to adolescent sexual and reproductive health, sexual and gender-based violence (SGBV), and harmful practices (HP) which remain pervasive and continue to be a threat to the full realization of the rights of women and girls' rights (SRHR)⁴.

The section below offers an analysis by outcome of the significant barriers remaining before realizing a Mozambique where *every woman and girl live a life free from all forms of SGBV and harmful practices, and thus able to realize her SRHRs*.

OUTCOME 1: LEGISLATIVE AND POLICY FRAMEWORKS

Mozambique has seen significant improvements in the last decades on legislation and policies related to ending violence against women and girls (EVAWG). These includes the passage of the Law on Domestic Violence (2009), Children's Law (2007) and the revision of the Criminal Code to criminalize harmful practices such as Female Genital Mutilation (FGM) and increase the penalty for sexual assault against children. While foundations are in place in terms of progressive legal framework and institutions, gaps still remain to ensure full and effective protection of women and girls from GBV and harmful practices and ensure accountability for perpetrators of violence.

Key aspects of the Criminal Code need further revision to address the gaps around assistance to victims, harmonize sanctions for perpetrators with the provisions of the Law on Domestic Violence, and increase the age of sexual consent (currently 12 years). Family Law needs to be revised to harmonize the legal age of marriage for both boys and girls, and clearly stipulate the obligation for registration and oversight of customary and religious marriages. The lack of regulations, sectoral guidelines and procedures challenge the full implementation of the Children's Law and the operationalization of the Integrated GBV Response Centres (CAIs) as well as the adequate application of forensic medicine.

Girls, women and other at-risk groups, e.g. LGBTI, people with albinism and disabilities are left behind and not completely benefitting from the existing laws as duty bearers (legislators, parliamentarians, actors from civil society) lack knowledge on how to reflect intersecting and multiple forms of discrimination.

OUTCOME 2: INSTITUTIONAL STRENGTHENING

The multi-sectoral mechanism for GBV was approved in Mozambique in 2012. At the national level, the mechanism is coordinated by the Ministry of Gender, Children and Social Action in collaboration with the Ministries Health, Interior, Justice, Constitutional and Religious Affairs. To ensure that the legislation is properly enforced with adequate financing, and that policies and sectoral plans are efficiently implemented and monitored, the relevant sectors and authorities need to strengthen their capacity across all levels. To-date, national and provincial efforts related to SGBV, Early Marriage, HIV and SRH often

² Ibid, p.12.

³ https://esa.un.org/unpd/wpp/publications/files/wpp2015_databooklet.pdf, p.12

⁴ A recent incident in Gaza where a woman in her 30s lost her life underscores the daily reality faced by some women in Mozambique: <http://pda.verdade.co.mz/newsflash/66773-mulher-encontrada-sem-vida-e-com-sinais-de-abuso-sexual-em-gaza/>.

lack sufficient coordination and integrated mechanisms, including participation of CSOs and vulnerable groups. Efforts have been made towards establishing CAIs in all provinces; however, to-date only seven (7) are operational in Tete, Sofala, Gaza, Inhambane and Maputo provinces. Moreover, essential services such as those provided by the health sector are faced with challenges, in part due to gaps in skilled human resources to address GBV/HP and SRHR in an integrated way but also due high turn-over and retention of staff, management deficiencies and the lack of adequate and consistent budgeting. The Justice and Interior Sectors also have experienced gaps in developing and implementing their respective GBV plans key to advance the implementation of national legislation such as the Second National Plan of Action to Prevent and Combat Violence Against Women (2017-2020).

Additionally, there is need to accelerate the approval of relevant legislation, policies and plans, as delays have a direct bearing on institutional capacity to deliver on international and national commitments. Out of the twelve national policies and plans in Mozambique linked to SGBV, HP and SRHRs, four are still under revision, two needs approval, and only one is being finalized. Only three are approved and thus, fully operational. Among those pending approval, the Internal Guidelines for the functioning of CAIs, is vital to the elimination of GBV and the functioning of critical services.

OUTCOME 3: PREVENTION. CHANGING NORMS AND BEHAVIOURS.

In Mozambique, underlying the persistence of SGBV, early marriage, and lack of access to SRHR information and services are multiple structural factors including the persistence of gender discriminatory socio, economic and cultural norms. Deep-rooted power imbalances remain between men and women based on a patriarchal structure of society which legitimizes the subordination of women to men, promotes an ideology of male sexual entitlement, and mainly values women for their reproductive abilities and economic benefits they bring through marriage, as is often the case of early marriage. Women and girls are regularly subjected to physical and sexual violence and early sexual initiation. The percentage of 15 to 19-year-olds ever pregnant is 46%, with an adolescent fertility rate of 194/1000. The HIV/AIDS prevalence rate is 13.2% and 9.8% for women between 15-24 years of age. According to the 2011 Demographic and Health Survey (DHS, 2011), more than one in three women (37.2%) has experienced physical or sexual violence at some point in their lifetime with rates higher (42.8%) among young women aged 20-24⁵ in Mozambique. Furthermore, 6.9% of women have suffered sexual violence in the last 12 months with rates higher in urban (7.9%) than in rural areas (6.4%) and among young women (17.5%)⁶. Mozambique also has the 10th highest early marriage rate in the world with almost half (48%) of women aged 20-24 married before age 18 (55.7% in rural areas and 36.1% in urban areas)⁷. The 2011 DHS also shows that the percent of young girls aged 20-24 that were married before turning 15 was as high as 14.3%.

OUTCOME 4: QUALITY ESSENTIAL SERVICES FOR SURVIVORS

Outcome 4: Health and security are the most widely available public services for most people including those living in rural areas which represents 75% of the total population. The national health system provides many but not all the services in the so-called full package of essential services to combat VAWG as defined by the UN globally, which includes four sectors: health, police, justice and social services. However, the quality of services, including by the health sector, remains patchy or limited and of poor

⁵ For the latest statistics on gender-based violence and early marriage in Mozambique including from DHS 2011 and other sources.

⁶ Ibid.

⁷ República de Moçambique (2015), *Estratégia Nacional de Prevenção e Combate dos Casamentos Prematuros em Moçambique (2016-2019)*.

quality, in part due to lack of a coordinated and integrated approach in responding to VAW/SGB/HP and provision of SRHR services, but also due to limited financial and human resources. In 2017, only 781 out of the 1634 health units (47.7%) in the country were providing health response to GBV⁸. In addition, out of the planned 23 integrated service centres for GBV survivors (CAIs)⁹, only seven are fully operational and there are no CAIs in the targeted provinces of Nampula and Manica nor in other provinces like Zambezia, Niassa and Cabo Delgado. A GBV hotline has been established but it is not operational while the GBV case management needs to be strengthened for speedy delivery of justice. There are only 300 Youth-Friendly Health Services (SAAJs)¹⁰ that belong to Ministry of Health (MISAU), staffed by nurses that provide first care, information and counselling on SRH, HIV and family planning. There are also 259 “cantos escolares” (SRH referral services based in schools)¹¹. While various types of social protection services exist, they generally do not target victims of SGBV or HP or those at risk of intersectional forms of violence or discrimination.¹² Helplines have been established, although mainly targeting children and victims of trafficking, as well as a SMS counselling service system for young people on SRH and HIV.

There are 308 police units providing services in the country, although only 24 of them have a devoted physical space for the service to the victims (*Gabinetes*). There are 57 sections in the police stations, 135 in the district commands, 76 in the administrative posts and 16 in the hospital posts. Overall, these services remain relatively underdeveloped and the overall effectiveness of the police response is still compromised by insufficient documented evidence collected at health units, the slowness of prosecution and investigations through the Attorney General’s Office (*Procuradoria Geral*), the slowness of the judiciary system to adjudicate and the inability to enforce judicial rulings. The Justice Continuum in Mozambique is generally not well functioning, thus contributing to the perception of impunity for SGBV-related crimes. Key gaps in the system also include medical, legal, and forensic analysis. Access to police services by at-risk groups and their families is also limited since many mothers do not register their children at birth. Additionally, internationally recognized protocols are generally absent, misreporting is widespread since social services related to VAWG, SGBV and HP and many livelihood programmes are often provided by CSOs that do not use or get reflected in formal official reporting instruments.¹³

OUTCOME 5: MANAGEMENT OF DATA AND INFORMATION, TO INFORM POLICIES AND PROGRAMMES ON VAWG AND FEMICIDE

The national system of statistics comprises the National Institute of Statistics (INE) and specific institutions or focal points within each sector that collect data and provide it to INE. INE is heavily supported technically and financially by major development partners like UNFPA, UNICEF, United States Agency for International Development (USAID) to conduct main statistical surveys such as the population census, the demographic health survey (DHS), the multi-cluster indicator survey (MICS), the household

⁸ Based on preliminary analysis which UNFPA has conducted in 2018.

⁹ MGCAS: Matriz do Centros de Atendimento Integrado ao Nível do País.

¹⁰ UNFPA Report on Needs Assessment of Programa Geração Biz. Data is from 2015.

¹¹ UNFPA Report on Needs Assessment of Programa Geração Biz. Data is from 2015.

¹² Institutionalized social services in Mozambique can be structured into three types: social security subsidies for disability and illness provided by INSS, cash transfers and non-cash social protection services provided by INAS, and non-cash services such as psycho-social support provided by both the health and social action sectors, which are merged at the district level into a single administrative unit “servicos de saude, genero e açcao social”.

¹³ CSOs typically run services such as private shelters for victims of VAWG (evidence indicates that five shelters are currently run nationally); provide counselling, accompaniment and case follow up; others provide “safe spaces” where girls and young women have access to information and counselling on SRH, HIV and family planning as well as mentoring, life skills training and psycho-social support.

budget survey (HBS) and the HIV prevalence survey, amongst others¹⁴.

Prevalence data is available from INE at national and provincial level, but generally not at district level¹⁵. Typically, data are disaggregated by standard population characteristics such as age, sex, rural/urban. Other disaggregation variables like economic status or being part of a group at risk of multiple forms of discrimination are not common or not adequately captured¹⁶. Qualitative data is not generally available, except for specific studies conducted by research institutes, universities or NGOs¹⁷.

A new census was completed in 2017 led by INE and supported by UNFPA; however, the final results are only likely to be disseminated in early 2019. The last DHS, conducted in 2011, included chapters on gender and on violence, and the new DHS is expected to be conducted in 2020, providing opportunity to advocate for new indicators on SGBV to be integrated, and the Spotlight Initiative will support this work. Other surveys such as a national survey on Violence Against Children and Adolescents (VAC) is also expected to be conducted in 2019.

The main weaknesses in the management, analysis and reporting of data on SRHR and VAWG/SGBV/HP lie in the poor quality of the so-called “administrative data” collected by the sectors outside the national statistics system.¹⁸ For instance, data for the health sector is routinely collected only manually at the health units. Police stations collect data systematically but using traditional methods where complaints must be made in presence or through letters. Delegations of the National Institute for Social Action (INAS) have limited data collection and rely significantly on police data.¹⁹ Social protection services targeting vulnerable populations delivered by INAS are limited in reach, scope and scale, and data is collected and managed manually. Data is often reported in raw form in Ministry reports or in the sector’s economic and social plans (PES) at a descriptive level involving little analytics²⁰. There are no or limited additional or complementary reports generated.

OUTCOME 6: THE WOMEN’S MOVEMENT AND CIVIL SOCIETY ORGANIZATIONS

Women’s organizations have been playing a key role in relation to all national landmarks on promoting gender equality, addressing SGBV and prevention of early marriage as well as championing SRHR in

¹⁴ Because of its dependence on external financing surveys are periodic but the number of years between surveys may vary. Nevertheless, Mozambique is generally capable of reporting major global agenda indicators like MDGs and SDGs as well as well-being indicators that are used in strategic policy formulation, policy and evaluation (for example the national poverty reduction/wealth creation strategies and the 5-year Government plans).

¹⁵ However, there are specific studies combining census and DHS data that estimate prevalence rates by district.

¹⁶ As part of the programme strategy for pillar 5, technical assistance will be providing to define the most suitable level of data disaggregation including an approach to include groups at risk of discrimination like LGBTI, people living with HIV and people living with albinism.

¹⁷ Some research organizations and NGOs include, the Other Foundation, the Centro de Integridade Publica, CMI Institute, the Overseas Development Institute, the Open Society, etc.

¹⁸ Each sector uses its own collection, survey and management tools. Often data is captured manually within administrative posts and reported upwards to the district, which in turn reports upwards to the province who at last reports to the central level via the Planning Directorates of each Ministry (unless the Ministry has a devoted Directorate to M&E such as the Ministry of Health).

¹⁹ Data is only digitized in Maputo in basic packages like Excel and SPSS, in the case of violence cases collected by the Police.

²⁰ Various efforts are underway to improve data management, for example, through World Bank funding, INAS is planning to undertake a “social charter of services”, i.e. a mapping of all social protection services provided in country by both the public and the CSO sectors. This will also include a process to collect and digitize data on services provided by INAS, analyse gaps and make recommendations for more comprehensive coverage.

Mozambique. Through research and advocacy, they have successfully influenced the adoption of new laws such as the Law on Domestic Violence against Women, and the reform of crucial legislation such as the Penal Code and Family Law and significantly contributed to their implementation. They have also been particularly effective in bringing change at the community level through advocacy and awareness raising. The key challenges faced by women's organizations include limited financial resources and sustainability approaches, which affects the overall programme and continuity including geographic coverage and results-based management.

CSOs have a long-standing positive relationship with the Government of Mozambique. Many laws and reforms have been initiated by CSOs, and eventually taken over and brought to pass by the Government, including landmark laws on family and domestic violence. An example of ongoing collaboration is the co-chairing by the Ministry for Gender, Children and Social Action and the women's rights CSO *Forum Mulher* of the Gender Coordination Group in Mozambique. Furthermore, the CSO WLSA (Women and Law in Southern Africa) are invited to conduct trainings on Gender and Human rights in both the Police Academy and Judicial and Juridical Training Centre (CFJJ). These collaborations essentially support the passing and enforcement of laws in Mozambique, although could still be additionally strengthened and institutionalized.

A challenge facing many women's organisations, specifically at provincial and district levels, is that they have not always been registered and accreditation procedures are costly and complex and require many steps that are beyond the capacity of local groups. This prevents growth and sustainability of the organisations and their programmes in the long-term as they cannot receive funding and often creates an embedded reliance on a small number of CSOs which have been established for some time.

Key Programmatic Lessons Learnt

There have been important lessons learnt from the last fifteen years of concerted action on EVAWG in Mozambique, namely:

- There should be a stronger focus on the integration of GBV into other health care entry points, such as family planning units and outpatient departments. The training of police officers, health care providers, and social welfare officers often increased likelihood of recording cases.
- Allocating more funds from the state budget directly to the provinces rather than via centrally funded initiatives, can increase alignment of programmes with government priorities and allow agencies, donors, and government counterparts to be more adaptable to changing country contexts.
- Referrals among facility level providers can be achieved by working with doctors and clinical providers to change their attitudes towards victims, and by working to ensure consistent and correct use of single forms as well as completing correct and thorough reporting to the court when necessary.
- Mapping GBV services, linkages, and referrals in communities can increase awareness among partners and community members as to where GBV services can be accessed within communities, increasing the potential for collaboration.
- Evidence-based behavior change communication programming and awareness-raising activities can foster important shifts away from harmful gender norms. By focusing on community-level interventions and using existing community structures and volunteers (activists/ mentors) to carry out awareness-raising and sensitization activities, programmes can simultaneously increase community capacity and reach a wider range of individuals at the community level.
- By giving awareness-raising and sensitization activities importance equal to that of clinical and facility-level activities from the beginning, initiatives can ensure that the capacity built at the facility level is being utilized because of the demand driven by awareness-raising activities at the community level. Using schools in the community as platforms for sensitization allows for shaping of positive gender norms at critical socialization points early in children's lives.

- Systematically integrating GBV and VAC as well as mentorship programmes as cross-cutting issues can increase the impacts of all stakeholders working on these sectors. Coordinating with multisectoral agencies and other governmental agencies working within these fields can ensure collaboration in messaging, activities, and advocacy at all levels, and can help maximize the effectiveness and
- efficiency of resources. This approach achieves the largest and most efficient impact given available resources.
- Focusing on quality of care, training, data, and forensics by incorporating quality improvement measures and metrics into every step of implementation ensures that programme quality is high from the outset. Using supportive supervision and mentoring as quality improvement methods can ensure that health care providers, social welfare officers, lab technicians, and police officers are employing quality standards in every part of their service provision. Increasing training in forensic quality throughout the health care system ensures that evidence is usable throughout the judicial processes.
- Expanding men’s involvement in GBV training and sensitization can increase the shifting of harmful norms around gender inequality and GBV within communities. Encouraging participants to form community groups to continue education and outreach within their communities enhances possibility that these programmes will be sustained in the future.
- While the public discourse on Sexual Orientation and Gender Identity (SOGI) has improved, in part, due to the work of LAMBDA and their allies, there is still a significant gap in information and education on SOGI in the context of the education system, workplaces, religious institutions, and the health-care system. In public health, the discourse, implementation strategies and services need to expand beyond the attention that has been paid to men who have sex with men (MSM) in the context of HIV/AIDS²¹.
- Engaging government counterparts from the beginning in planning, design, and implementation allows for greater likelihood that country programmes will be relevant and sustainable, raising the potential for better institutionalization of guidelines, policies, and curricula into national, regional, and community-level protocols over a short period of time.
- Taking a systematic approach to engaging government stakeholders during the process allows for greater ownership and can increase the likelihood that they advocate within their ministries to get a budget line into national and regional budgets.

II. PROGRAMME STRATEGIES AND THEORY OF CHANGE

As identified in the Situational Analysis and the Lessons Learnt in Section I, the multifaceted nature of violence against women necessitates intersecting strategies to respond to the diverse manifestations of violence and the various settings in which it occurs, both in private and in public life. The UN General Assembly updated the Model Strategies and Practical Measures on the Elimination of Violence against Women in the Field of Crime Prevention and Criminal Justice highlighting the importance of adopting a systematic, comprehensive, coordinated, multisectoral and sustained approach to fighting violence against women is recognized²².

This programme is aligned to the 4 “Ps” of the SDG Agenda. It simultaneously promotes more inclusive **Prosperity**, more equitable and sustainable management of natural resources (**Planet**), and is underpinned by governance systems that guarantee **Peace**, stability, social cohesion, the most effective strategy for reducing poverty, improving living conditions and creating greater opportunities for all

²¹ http://theotherfoundation.org/wp-content/uploads/2017/06/Canaries_Mozambique_epub_Draft2_CB2.pdf

²² Resolution adopted by the General Assembly (Strengthening crime prevention and criminal justice responses to violence against women).

Mozambican People. It also addresses critical linkages between gender-based violence and SDG achievement, such as SDG 3 on health and well-being, SDG 10 on inequalities and SDG 16 on governance, promoting peaceful and inclusive societies, providing access to justice for all and building inclusive institutions. The SLI is also fully aligned with national development goals in the National 5-Year Programme or the Programa Quinquenal do Governo (PQG).

The overall Spotlight allocation from the EU for the four-year programme is USD 30 million, with 20 million being requested for Phase I with the lion's share of the budget allocated to Pillar 3 and 4 for a total of 70%, 35% each. A significant percentage, across the board, has been allocated to technical support and capacity building of key Ministries in support of their roles as part of integrated and multi-sectoral service provisioning and coordination. Around 40% of the total estimated country programme is intended to strengthen efforts on SRHR broadly, recognizing that improving quality and access to comprehensive SRHR and empowering women and girls to demand access to SRHR will have a positive impact on reducing SGBV.

This Country Programme Document defines a programmatic framework of the Spotlight Initiative's investment in Mozambique in legislative and policy reform, institutional capacity-building and policy coherence, prevention and transformation of social norms, access to quality essential services, data availability for problem identification, preventive action and monitoring and evaluation of results as well as ensuring the active role and responsive capacity of CSOs. The programme will support the government in reinforcing and operationalizing a standard protection system that both prevents and responds to a range of different forms of violence with strong linkages to the private and informal sector. The programme will use a system²³ approach in all pillars, ensuring data management contributes to an evidence-based approach to service delivery.

Gaza, Manica and Nampula, the three provinces selected for SLI Mozambique, offer opportunities to engage with populations most at risk at significant scale (see Table 5), with the potential to impact indirectly on 5.3 million people. Their selection is also justified based on these additional considerations:

- All three face serious capacity gaps including coverage as well as limited or lacking integrated service delivery;
- There is potential for significant impact at scale, particularly Nampula;
- There is capacity for interventions to create impact for scale at the national level-Nampula represents almost 21% of the population of the entire country²⁴ and accordingly an initiative of the scale of the SLI can have significant impact at both provincial and national level;
- There was agreement with Government on the selection of the proposed provinces;
- Th significant gaps in coverage of services or systems in Manica, the added element that proposed investments would significantly start to narrow the gap and its border with Zimbabwe allows for direct engagement with human trafficking, persecution of persons affected by albinism and other sub-groups; and
- The SLI can benefit significantly from UN presences in Nampula and Gaza as well as linkages with other programming i.e. Rapariga Biz and other EU-funded initiatives also in these two provinces.

Target Groups and Geographical Scope

SLI targets approximately 763,423 persons across seven (7) at-risk groups (this number does not include three other at-risk groups (sex workers, poor adolescent girls and young women and lesbian gay bisexual transgender and intersex individuals aged 10-24) due to a lack of reliable national and provincial data. More on these groups and the challenges they face is provided in Section VIII of this CPD. A core group of girls and women facing three or more of risks will be the focus of social mobilization efforts as well as

²³ The prevention and response services within the protection system will influence the functioning and accountability of such a system. The programme will support government, civil society, community and religious institutions to collectively mobilize and strengthen capacity of a whole society movement to end violence and harmful practices (HPs) against women and girls in Mozambique.

²⁴ Nampula is the largest province in Mozambique with a population that represents 21% of the total population of the country (6.1 million out of 28.8 million) according to the 2017 census figures.

broader prevention, protection and response activities; approximately 250,000 women and girls.

Considering efficiency (higher potential impact per dollar) and effectiveness (the need to narrow access gaps and improve coverage in remote areas), as well as a balance between those with low progress in all areas and those with low progress in some areas and medium progress in others, the following districts per province have been identified:

- **Nampula:** Angoche, Mogovolas, Moma, and Cidade de Nampula (provincial capital);
- **Manica:** Mossurize (border district); Tambara and Chimoio (provincial capital– with a focus on Gondola); and
- **Gaza:** Chongoene, Chicualacuala (border district) and Xai-Xai (provincial capital).

Spotlight Mozambique, funded primarily by the European Union, is expected to impact directly and indirectly on approximately a 5.99 million people in total (see Table 1 below).

Table 1: SLI Programme Beneficiaries (By Pillar)²⁵

Pillar	Direct Beneficiaries					Indirect Beneficiaries				
	Girls	Women	Boys	Men	Total	Girls	Women	Boys	Men	Total
Pillar 1	274	140	118	50	582	65,239	35,974	51,739	22,474	175,426
Pillar 2	647	125	283	125	1,180	51,739	22,174	51,739	22,174	147,826
Pillar 3	104,121	98,353	38,009	126,142	366,625	706,170	564,330	520,170	367,080	2,157,750
Pillar 4	191,866	69,726	262	120	261,974	524,480	227,782	578,367	230,000	1,560,629
Pillar 5	4,583	0	4580	0	9,163	21,606	21,756	21,606	21,756	86,724
Pillar 6	630	402	270	330	1,632	614,138	614,138	0	0	1,228,276
Totals	302,121	168,746	43,522	126,767	641,156	1,983,372	1,486,154	1,223,621	663,484	5,356,631

Two specific sub-strategies define the SLI. Namely, focusing on school-related SGBV within the education sector and engaging with the private sector to aggressively reduce the incidence of SGBV in the workplace.

During the implementation of the early programmatic activities through the advance budget, a foundation for broader private sector action on SGBV, HP and SRHR including in the adoption of adopting specific packages (low-cost/low-interest financing for example) that can support the livelihood opportunities of victims of violence will be explored.

SLI focuses significantly on school-related interventions such as promotion of school clubs and the adoption of gender-responsive policies and strengthening the capacity of school councils as advocates of gender equality. By tackling both prevention and response particularly in the areas of legislation and services where it is envisioned that effective services and robustly applied legislation would reduce the risk and likelihood of a victim being re-victimized particularly by the same offender, SLI will realize long-term and sustained outcomes for gender equality and the empowerment of women and girls.

SLI Mozambique will support:

- Interventions that will address SGBV and HPs through a comprehensive approach – as demonstrated by key linkages between Pillars 1, 2, 3 and 4;
- Interventions that strengthen the linkages between SGBV and SRHRs as seen in the linkages between Pillars 3, 4, 5 and 6 of the programme; and
- The linkages between SGBV, HP and SRHR particularly in Pillar 1 and 5.

²⁵ Numbers of direct beneficiaries may appear modest in Pillars 1, 2 and 6 due to the fact the direct beneficiaries from those interventions are expected to be in Pillars 3 and 4, thus avoiding double-counting.

Flow/Linkages between project components

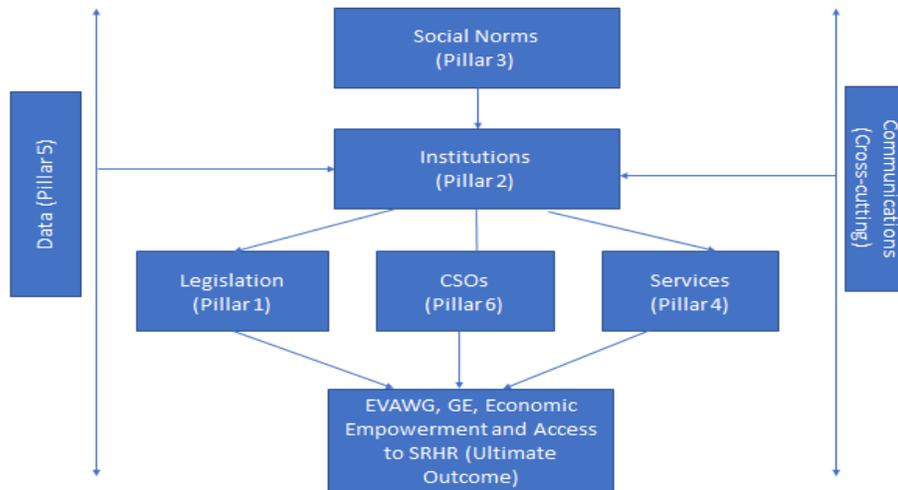


Figure 1. The linkages between components built on the localized Theories of Change by Pillar.

The suite of interventions detailed in this section are intended to bring sustainable results for women and girls, particularly between ages 10-24, deemed to be amongst the most vulnerable and are amongst the most at-risk of being repeat victims. Specifically, the project will accelerate existing programmes to a greater and wider scale, foster greater coherence and coordination across the health, justice and services continuum and expand the capacities of various institutions to lead, convene and promote transformational change on GEWE and EVAWG. Accordingly, it will focus on the following six pillars through a layered and inter-linked approach.

THEORY OF CHANGE

The Theory of Change (TOC) for SLI Mozambique (Figure 2) reflects the overall change process that SLI Mozambique aims to realize as well as the contribution that each of the Pillars makes to the anticipated impact of the 4-year SLI programme i.e. that “women and girls between 10-24 in target districts in Mozambique live a life free from all forms of SGBV and HP and can enjoy sexual and reproductive health and rights” and the long-term vision of “every woman and girl in Mozambique being free from all forms of SGBV and Harmful Practices and enjoying and making choices about her sexual and reproductive health”. The transformation of social norms linked to the prevention of SGBV and HP is at the core of SLI Mozambique’s intervention strategy. The TOC is:

- If duty bearers (political leaders, legislators, civil servants, community authorities, parents, relatives and public) more consistently champion EVAWG and demonstrate greater solidarity with victims and at-risk groups;
- If rights-holders (girls, boys, men and women) facing multiple and intersecting forms of discrimination have access to information and agency to exercise their human rights;
- If the capacity of CSOs is better leveraged to effectively influence and advance progress on GEWE;
- If there is better multi-sectoral coordination, use of innovations and more sustainable financing; and if monitoring, reporting and verification of SGBV, HP and SRHR significantly improves; then,
- There would be a more enabling legal and policy environment for EVAWG and SRHR, then there would be more enforcement of punitive measures;
- The systems and institutions would more actively and consistently prevent and respond to SGBV and HP including protection of victims and whistleblowers, and essential services for women and girls would improve in terms of accessibility, quality and acceptability;
- because social norms, attitudes and behaviors at individual, family and community levels have been significantly transformed through social mobilization and empowering girls and women with

information, skills, protection and support.

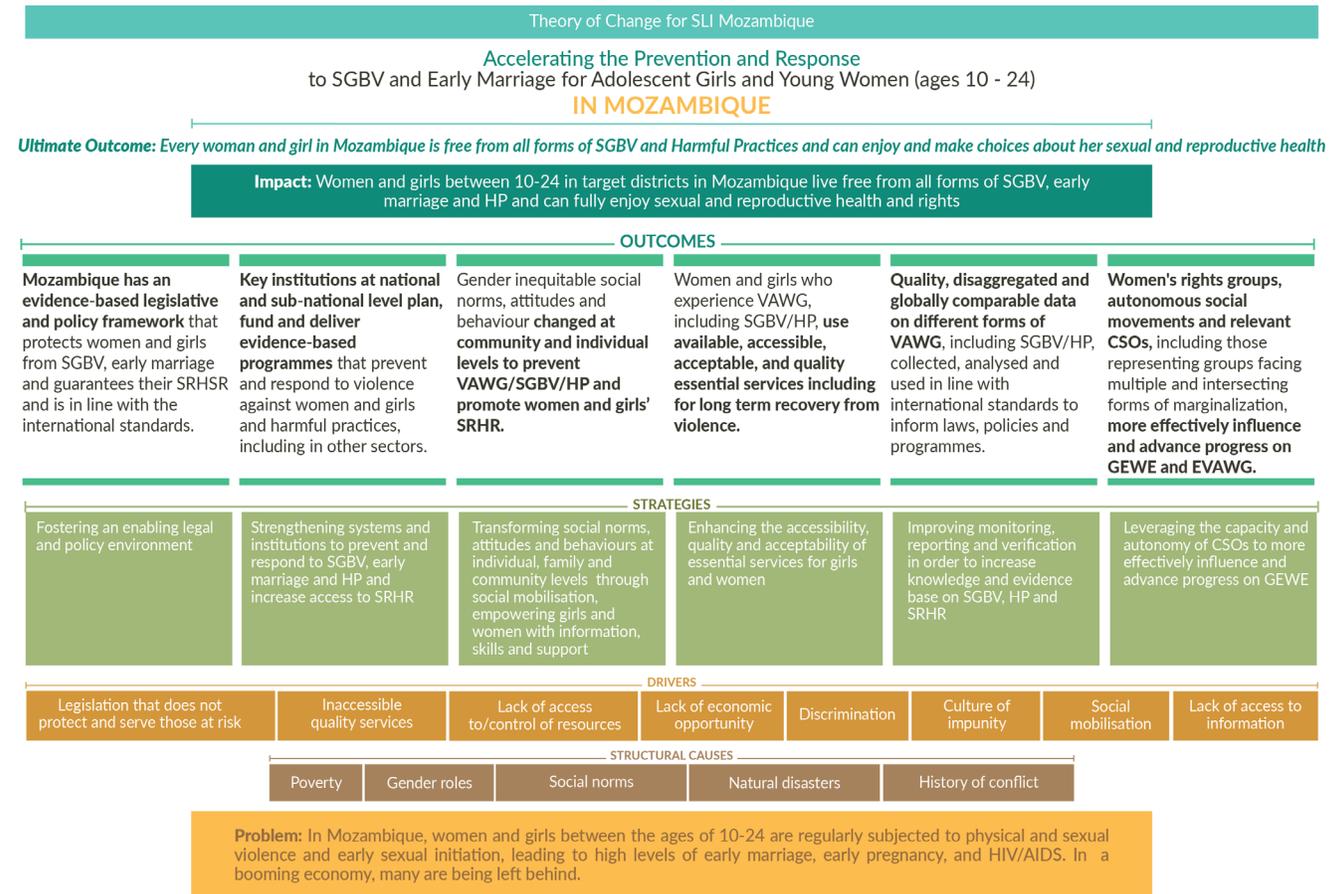


Figure 2: SLI Mozambique Theory of Change

Impact Statement

The Spotlight Initiative in Mozambique will catalyse and fortify multi-sectoral responses to end one of the world's most pervasive human rights violations: specifically by strengthening legislative and policy frameworks; building gender-responsive state institutions; supporting evidence based prevention programmes to promote gender equitable social norms, attitudes, and behaviours; ensuring essential, quality services to victims; closing gaps in data; and strengthening women's rights groups and civil society organizations working for change.

SLI Mozambique will deliver tangible results through the following specific programming strategies per under the six outcomes areas:

OUTCOME 1 – LEGISLATIVE AND POLICY FRAMEWORKS

Outcome 1 statement for SLI is "Mozambique has an evidence-based legislative and policy framework that protects women and girls from SGBV, early marriage and guarantees their SRHR and is in line with international human rights standards.

Theory of Change:

If (1) Government institutions at all levels are engaged in assessing, developing, domesticating and implementing policies and legislation to eliminate VAWG/SGBV/HP and promote women and girls' SRHR; and
 (2) if the implementation of legislations and policies is effectively monitored;
 then (3) an enabling legislative and policy environment on VAWG/SGBV/HP and other forms of discrimination is in place and translated into plans and actions, guaranteeing the rights of women and girls (including SRHR);
 because (4) effectively implemented legislative and policy frameworks address impunity and provide for coordinated action, including in the areas of prevention, services and data collection; and
 (5) laws and programmes that integrate VAWG/SGBV/HPs into SRHR services are developed, implemented and monitored.

Strategic interventions under pillar one aim to support the Government, jointly with the civil society and key institutions including the parliament, the National Human Rights Commission, the judiciary, legal aid providers, law enforcement and investigation agencies to implement laws and regulation that protect women and girls, including those facing intersection forms of violence. Particularly, this pillar will focus on **undertaking assessment to identify key gaps** in legislative and policy frameworks on SGBV and HPs, **review and approval** of pending legislation and policies on SGBV, early marriage and guarantees SRHRs, and improve the implementation and monitoring of the application of SGBV, HPs and SRHR laws and policies. The SLI will thus support the review and harmonization of the penal code, child marriage and family law among others, and the establishment of an operational M&E framework for the national child marriage strategy under this outcome.

These will be accompanied by **strong capacity building of key actors** across the legislature, judiciary, law enforcement, health, welfare at all levels and advocacy and engagement with the relevant actors to ensure progressive commitment and sustainable government support to current and new legislative and policy initiatives. Efforts will be made to **assess conflicts between customary law and formal laws**, and practical recommendations will be developed to resolve these in adherence with the human rights of the survivor and international gender equality standards. The revision and harmonization of the family law will ensure that the legal age of marriage for both boys and girls is revised to the minimum age of 18 years and will clearly stipulate the obligation for registration and oversight of customary and religious marriages. At the same time, concerted efforts and investment will be made to address extremely low levels of legal knowledge and awareness and understanding of available recourses by the public, especially by women and children, through **awareness raising interventions and engagement and support from community leaders and various influencers**.

OUTCOME 2 – INSTITUTIONAL STRENGTHENING

Outcome 2 statement for SLI is “National and sub-national systems and institutions plan, fund and deliver evidence-based programmes that prevent and respond to violence against women and girls and harmful practices, including in other sectors”.

Theory of Change:

If (1) relevant decision-makers and stakeholders in all sectors of government are informed and mobilized to address VAWG/SGBV/HP and promote women and girls' SRHR;
 if (2) institutions at all levels and relevant stakeholders have strengthened capacity on VAWG/SGBV/HP/SRHR;
 if (3) national and subnational bargaining processes are effective in overcoming the hurdles of collective action to address and prevent VAWG/SGBV/HP and promote women and girls' SRHR;
 if (4) adequate budgets are allocated, and utilized;
 then (5) institutions will develop, coordinate and implement programmes that integrate the elimination of VAWG/SGBV/HP and other SDG targets into development planning processes;
 because (6) institutional change requires appropriate capacity, adequate funding as well as political engagement and leadership to sustainably address VAWG/SGBV/HP and promote women and girls' SRHR.

Institutional capacity and leadership for SGBV and early marriage for an effective coordination, budgeting and M&E remain weak in Mozambique. Limited integration of SGBV and early marriage in sectoral economic and social plans (PES/OE) results in an inadequate implementation of the strategic interventions. The SLI responds to these gaps with clear outcomes and activities identified in the Results Matrix and the Annual Work-plan to narrow and eliminate them, particularly in Pillars 1, 2 and 4. The SLI will build on, accelerate, scale-up and strengthen what has been done by some of the existing programmes including integrating lessons learnt.

SLI under this outcome will thus provide **institutional development support** to the Ministry of Gender, Children and Social Action (MGCAS), as well as other key sectors, including health, justice, police/interior, and education, particularly the institutionalization of SGBV, HP and SRHR in their work. The Initiative will provide technical assistance to the Ministry of Gender, Children and Social Action to play its role in the **coordination of sectoral planning and budgeting on early marriage and GBV**, as well as to **monitor and evaluate the implementation of the existing policies and strategies** (linked to Pillar No. 1). Specifically, the MGCAS will be supported to coordinate decentralized implementation of the National Child Marriage Strategy, including the setting up of coordination mechanisms in 6 districts.

The SLI will also support the **development of the capacity of officials and decision makers from the other key sectors** to prevent and respond to GBV and HP and respect, protect and fulfil SRHR²⁶. This will include, but it will not be limited to those sectors which are part of the existing Multisectoral Mechanism for Integrated Assistance to Women Victims of Violence (health, justice and interior/police) that also suffer from limited institutional capacity. As EU-UN partnership, SLI will also ensure that VAWG/SGBV/HP and SRHR are adequately integrated into the work of other sectors, including institutions charged with coordinating and delivering comprehensive SRHR such as ministries of health, and education and those responsible for addressing and advancing human rights (e.g. to ensure that human rights issues are inclusive of reproductive rights). Key interventions entail supporting the operationalization of the Gender Health Strategy with focus on VAWG/SGBV/HP, integration of VAWG/SGBV/ HP and the linkages to SRHR into pre and in-service curriculum for health workers, police, justice and other service providers, as well as modules for integrated package for social action. The EU-UN SLI initiative will also contribute to and support overall national efforts to deliver on the SDGs, particularly SDG 5 and SDG 16, continuing the localization partnership between the UN, Government, local authorities and CSOs. Outcome 2 will specifically deliver direct support to key public institutions and related coordination mechanisms in the form of technical support and capacity-building, strengthening of human resource capacity and the supply of equipment.

Based on a needs assessment undertaken, the SLI will also support the **development of the capacities on gender responsive planning and budgeting and GBV mainstreaming** to ensure financial allocation on SGBV and early marriage and that financial resources allocated through sector economic and social plans are more efficiently used to deliver results on VAW/G programmes (linked to Pillar 3 and 4). Finally, as part of the efforts to strengthen the institutional capacity, this outcome will promote behaviour change of State officials and decision makers at different levels in relation to social norms and SRHR (strong link here with Pillar No. 1) while promoting zero tolerance on VAW/G (including sexual harassment) through tailor-made trainings and communications. Attitude and behaviour change at the level of duty-bearers and institutions will also be supported by the implementation of a Knowledge, Attitude and Perceptions (KAP) Study before and after technical support and capacity-building activities and will also inform broader communication and visibility activities in other Outcomes and generally for this programme.

OUTCOME 3 – PREVENTION. CHANGE OF NORMS AND BEHAVIOURS

Outcome 3 statement for SLI is “Gender inequitable social norms, attitudes and behaviour change at community and individual levels to prevent VAWG/SGBV/HP and promote women and girls’ SRHR”.

Theory of Change:

²⁶ This includes integrating rights-based SRHR priorities into national planning and budgeting processes.

If (1) multiple strategies such as community mobilization, key stakeholders' engagement and education strategies are carried out in an integrated and coordinated manner based on a shared understanding and approach in line with international standards and evidence on preventing VAWG/SGBV/HP and promoting women and girls' SRHR;

If (2) if women and girls are empowered with information including on SRHR, and have access to livelihoods, education, and life-skills, in an integrated and coordinated manner;

then (3) favourable social norms, attitudes and behaviours will be promoted at institutional, community and individual level to prevent VAWG/SGBV/HP and to promote women and girls' SRHR

because (4) multi-pronged prevention initiatives that mutually reinforce each other and attract stakeholders buy-in can effectively shift individual and socio-cultural norms including those affecting women's SRHR

The programme will support the development of a **comprehensive SGBV transformative prevention strategy and its implementation** along with that of the existing early marriage strategy. Interventions will aim at creating the conditions to prevent SGBV and early marriage at the individual, relationship, community/organizational, family and societal level, and strengthen demand for services with a survivor centric approach. The Pillar will adopt a two-pronged approach by enhancing advocacy to tackle the roots causes of VAWG and by implementing prevention and protection measures for the survivors of violence. There will be investment in evidence-based Communication for Development (C4D) including targeted advocacy and upstream strategies for policy makers and supporting awareness-raising, education and communication initiatives to create broad social movements against the practice of child marriage, SGBV and other forms of violence against women and girls.

Social mobilization and gender transformative campaigns to prevent SGBV and HPs such as the UNiTE and Zero Tolerance to Sexual Harassment and Abuse in schools through mass sports activities, public transport and arts events and engagement of the private sector will be undertaken. Partnerships with civil society organizations, especially women's and youth organizations, religious, community leaders and men will challenge attitudes, behaviours and practices that perpetuate VAWG and HP. The programme will **also strengthen the capacity of the education sector** at different levels, including school communities for integration SGBV and HPs issues. On Sports for Development, the SLI team will aim to partner with the Ministry of Youth and Sports, leveraging existing programmes such as "Occupied Youth, Health Youth".

There will also be special focus on accelerating results for ending child marriage, through a combination of approaches uniting different strategies such as: analysing sub-national data to determine pockets of high child marriage; empowering girls; mobilizing families and communities; promoting community, private sector and government engagement and linking provision of comprehensive SRHR to HP and broader SGBV efforts, Economic empowerment, which will help to provide alternatives to early marriage, will be linked to these efforts via investments in Pillar 4²⁷.

Under Pillar 3, investments in **improving girls and young women's knowledge, capacities and agency through the Safe Space Model approach**, will build on and complement the joint programme of Rapariga Biz²⁸. The Spotlight Initiative will be closely coordinated with and draw on lessons learned from the Rapariga Biz activities in Nampula and Zambézia. The safe Space Model includes three core elements: safe space, girls' network and mentorship and aims to provide the most vulnerable girls and young women between 10-24 year with life skills, empowerment, social participation, leadership, literacy, decision-making skills, economic empowerment and access to knowledge and information on sexual and reproductive health and rights²⁹. It is already evident that quality mentorship leads to greater behavioural outcomes in the girls and young women³⁰.

²⁷ This was initially reflected under prevention but shifted to services at the recommendation of the secretariat team mission and thusly prevention activities will be linked to services.

²⁸ For Nampula, a clear mapping of district and areas where Rapariga Biz and Spotlight are focusing is needed to avoid double funding. Additionally, a coordination mechanism that brings Sweden in on strategic planning will be put in place.

²⁹ The safe spaces at the community level provide the target group with a safe, free and trusted space to

This EU and UN partnership will also prioritize **engaging the media, and key informal decision makers including community and opinion leaders**, through capacity development, awareness raising, and the operationalization of the regulatory framework **in the private sector** to ensure that these actors are able to advocate for the stringent implementation of legislation and policies on ending VAWG and promote gender equitable norms and attitudes at home and in the workplace. Private sector engagement in this context will include the media as well as the telecommunications, banking and extractive sectors, among others and builds on interventions initiated with pre-funding resources focused on *Accelerating the SGBV Response in the Mozambican Private Sector*. The EU-UN SLI programme will also leverage and strengthen existing public/private partnership such as the existing four-year partnership with the three main Telecom Operators as SMS BIZ/U Report partners to provide free and un-limited SMS for the platform users between 2017-2020 through an MOU that was signed with the Government of Mozambique with technical support from UNICEF and UNFPA.

Opportunities to mobilize these sectors will be actively pursued, in

- building on new and existing partnerships³¹ and on private sector platforms to advocate for GEWE and EVAW through the HeForShe campaign, for greater social mobilization and attitude change;
- advancing gender equality internal policies in various companies and specific sector-wide strategies. This will include will also implementation of an engagement and monitoring strategy based on the UN Global Compact “Women Empowerment Principles” (WEPs), to catalyse change in private sector companies’ internal and external policies to eliminate GBV and to empower women and girls in the workplace, as well as throughout value chains; and
- mobilizing resources to fill existing and future financing gaps in the overall four-year programme and beyond.

Moreover, private sector companies will be encouraged to sign up the WEPs at the global level, and to measure and report on their improvements towards GEWE and EVAW because of changes in external and internal policies³².

OUTCOME 4 – QUALITY SERVICES WITH A FOCUS ON PREVENTION AND RESILIENCE

Outcome 4 statement for SLI is “Women and girls who experience VAWG, including SGBV/HP, use available, accessible, acceptable, and quality essential services including for long term recovery from violence”

Theory of Change:

If (1) service providers have the capacity to deliver essential services, including SRHR services, and to prosecute perpetrators in line with international human rights standards and guidelines that are culturally and context sensitive; and

if (2) these services are made available and accessible to women and girls; and

if (3) women and girls are informed and empowered to exercise their rights to services (including SRHRs and access to justice);

then women and girls who experience VAWG/SGBV/HP will increase their use of services and recover

express themselves, share experiences, establish new healthy behaviours and choices, discuss and learn about their SRHR, human rights, participation and life skills, in a warm and playful manner.

³⁰ For example, in the Safe Spaces in 2017 less than 0.1% (139 out of 41,718 girls between 10-19 years old) underwent early pregnancy compared to the national average for girls’ early pregnancy rate at 46% in 2016; 1.1% (1,000 out of 98,083 girls) in the Safe Spaces underwent early marriage compared to the national average of 48%.

³¹ Group Soico, BCI Bank have engaged with UN Women with a view to engage in the HeForShe Campaign and to subscribe the UN Global Compact Women Empowerment Principles.

³² Engagement of the Private sector in SLI Mozambique as a partner, will be subject to due diligence principles.

from violence, while perpetrators will be prosecuted because (5) underlying barriers to women and girls' access to services have been addressed (6) including in relation to gender and socio-cultural norms affecting women's sexuality and reproduction

Outcome 4 focuses on the provision of a package of essential services to respond to SGBV. The recommended multisectoral mechanisms for integrated assistance for women victims of violence has four sectoral components: 1) health services, 2) Police 3) Justice Services, 4) Social Services which includes social protection and legal services as described in the package³³. The theory of change is based on evidence and lessons learned indicating that interventions providing integrated services points across multiple sectors are more successful at demonstrating change towards their objectives and that SGBV, HPs and SRHR are intrinsically related.

At the core of this theory of change is the principle of Leave No One Behind (LNOB), leveraging a localized adaptation of the essential services package that optimizes coordination and integration across sectors and types of services³⁴. Interventions will complement existing efforts to the greatest extent possible, targeting areas and vulnerable population groups for high impact in terms of rapidly expanding access to services, while reaching those furthest left behind. The main target groups for pillar 4 are **girls and women who are victims of or at risk of becoming victims of SGBV and HP**. In alignment with the principle of LNOB, activities will have a special focus on the following sub-groups: i) girls and women with disability, ii) girls and women living with HIV, iii) people living with albinism, iv) victims of trafficking or at risk of being trafficked as well as vi) the Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) community.

Interventions will be mainly directed towards strengthening **the capacity of institutionally delivered services** in alignment with the multi-sectoral essential service package targeting the health, social service, police and justice sectors³⁵. These include provincial and district level service delivery mechanisms of Health Units, SAAJs and CAIs as well as Gabinetes de Atendimento from the Police Department for Family and Children, specifically to ensure stronger integration of GBV into SRH services³⁶.

SLI will seek to ensure a **coordinated, multi-sectoral approach in responding to SGBV and preventing the occurrence of HPs**, identifying risks, and responding to survivors via access to multi-sectoral essential services, which includes access to SRHR services³⁷. An important step will therefore be to assess how the integrated services delivered through CAIs can be strengthened drawing both on lessons learned from existing CAIs in Mozambique, international good practice as well as efficiency and sustainability of these interventions. The findings and recommendations of this assessment will inform interventions to expand and strengthen the CAIs by improving their functionality in alignment with nationally adopted standards and guidelines. To ensure equitable coverage in all three provinces, the programme will support the creation of a CAI in the respective provinces of Manica and Nampula where no such entities currently exist whilst strengthening the existing CAI in Gaza. With respect to the police and justice, interventions will also require close coordination. Interventions with the police will aim at

³³ Note SLI will focus on strengthening only selected services that are more relevant to Mozambique rather than the full list which was defined as a global benchmark.

³⁴ The essential services package is based on the dual notion of preventing and responding to violence to protect human dignity and human rights, leveraging State institutions to proactively combat violence and protecting not only victims but also groups at risk of being victimized, especially the most vulnerable.

³⁵ In alignment with international standards, service strengthening will adopt risk assessment and management tools including for responding to intimate partner violence and non-partner sexual violence. Service providers will be capacitated to prevent, identify, treat and refer cases of SGBV.

³⁶ This will involve mainstreaming awareness-raising of HPs in maternal and child health-related services and child protection services.

³⁷ This will comprise interventions for preventing, identifying, treating and/or making referrals on cases of SGBV when delivering SRH services in relation to but not limited to, family planning, maternal and child health, HIV-related services, provision of emergency contraception supplies, post-rape kits, availability of dual contraceptive protection methods such as male and female condoms.

improving reporting and investigation of SGBV/HP cases including by strengthening the institutional and technical capacity of the Police department of Family and Children and expanding victim support units in selected districts. In addition, within the justice sector-the programme will aim at improving perpetrator accountability, strengthening the enforcement of court rulings, including by expanding and strengthening the capacities of provincial and district courts.

To increase the reach of services, SLI engagement of CSOs, particularly youth associations and women's rights organizations, will be vital to complement and backstop any gaps in institutional services, especially to further strengthen SGBV referrals and linkages between community and institutional services across sectors³⁸.

While Pillar 4 interventions on the one hand aim to ensure female survivors of VAWG/SGBV/HP have increased access to quality services that meet their rights and needs; complementary interventions are designed to ensure deep-changing shifts of gender and socio-economic norms in society especially to ensure that survivors of VAWG/SGBV/HP are able to demand essential services. Existing innovative communication for development strategies such as SMS Biz/U-Report peer counselling to improve adolescent and young people's access to information on HIV, SGBV and child marriage will be rolled out in the three provinces (with special attention to Manica and Gaza as efforts already underway in Nampula). The programme will also strengthen local level coordination structures, such as health, child protection committees, including community courts, traditional health caretakers and religious leaders to prevent and make referral of SGBV/HP cases to relevant formal authorities. To ensure the successful rehabilitation and reintegration of survivors of violence, the SLI in Mozambique will also facilitate for life-skills opportunities for young women and girls' survivors including access to employment, start-up kits for self-employment, business mentorship and access to financial services.

OUTCOME 5 – MANAGEMENT OF DATA TO INFORM POLICIES AND PROGRAMMES FOCUSED ON VAWG AND FEMICIDE

Outcome 5 statement for SLI is “Quality, disaggregated and globally comparable data on different forms of VAWG, including SGBV/HP collected, analysed and used in line with international standards to inform laws, policies and programmes”.

Theory of Change:

If (1) Measurement and methodologies for VAWG/SGBV/HP data collection are improved and strengthened; (2) disaggregated data (including to extent possible on age, location, socio-economic status, disability) are made user-friendly, accessible and disseminated to be used by decision makers and civil society;

(3) then laws, policies and programmes in Mozambique will be based on evidence and better able to respond to the specific context and realities of women and girls, including those most marginalized;

(4) because they will be based on quality, harmonized, disaggregated and globally comparable data.

Integrated and up-to-date data is a key ingredient for evidence-based policy making that adequately respond to the current situation of VAWG/SGBV/HP in Mozambique both at national and provincial level. A growing spectrum of new IT tools and materials are transforming how and when to use data for development that can be increasingly leveraged to this end. In line with the requirements of the essential services package, the strategic focus of this pillar is to establish **an Information Management System (IMS) for VAWG/SGBV/HP and linkages to SRHR**, based on a solid foundation of good data.

While the detailed scope of the IMS will be defined based a data needs assessment, it is expected to

³⁸ Community volunteers, health care or social welfare workers as points of contact for referral and follow-up will be critical to a comprehensive GBV response. Referrals among facility level providers can be achieved by working with doctors and clinical providers to change their attitudes toward victims and by working to ensure consistent and correct use of single forms as well as correct and thorough reporting to the court when necessary.

include links to feed the DHS with missing indicators on SGBV, HP and SRH including data of the most vulnerable groups not routinely collected (for example disabled people, people living with albinism and people trafficked)³⁹.

Proposed activities (see Annual Workplan in Table 3A) aim to strengthen administrative data collection systems on VAWG/SGBV/HP and SRHR with focus on the three provinces, in line with international standards to inform laws, policies and programmes. The goal is to accelerate progress towards the development of an overall national data system for Mozambique which can allow the collection, registry, processing and analysis, update, and management of cases with a capacity to track incident histories and review capacity⁴⁰. Based on this, the production of timely, accessible and quality reports, with data disaggregation by administrative division, social status, race, sex, age, education and/or professional status would be possible.

Linkages between with the national system of statistics and the administrative data systems of relevant sectors such as MINT and MISAU would be strengthened. Such a system will allow a continuous and real-time update of data dissemination and visualisation tools. The programme will undertake advocacy and technical support to MCGAS and National Statistics Office for systematic generation and dissemination of SGBV and early marriage data, including for integration for GBV and HP in main population-based surveys. The programme will also design and launch a multi-sectoral platform to share key research, data and information related to VAWG/SGBV/HP and links to SRHR to ensure improved access to information for all key national and international stakeholders.

Importantly additional efforts will be supported to strengthen collection of data on SRHR related issues such as adolescent pregnancy as a result of sexual violence or inability to access contraception (e.g. due to cultural/social norms, laws), data on unmet need for family planning amongst sexually active adolescents, data on violence during pregnancy, data on violence due to infertility, operational research on addressing cultural/social factors to increase family planning uptake for sexually active unmarried adolescents, SRH related violence against women and girls, particularly those most marginalized, including regarding forced/coerced contraception, sterilization and abortion.

OUTCOME 6 – WOMEN’S MOVEMENT AND OTHER CIVIL SOCIETY ORGANIZATIONS STRENGTHENED TO ADVOCATE FOR THE ERADICATION OF VAWG AND FEMICIDE

Outcome 6 statement for the SLI is “Women’s rights groups, autonomous social movements and relevant CSOs, including those representing youth and groups facing multiple and intersecting forms of discrimination/marginalization, more effectively influence and advance progress on GEWE and VAWG, including SGBV/HP”.

Theory of Change:

If (1) the knowledge, expertise and capacities of women's and girls' rights and civil society organizations is drawn upon and strengthened,
and (2) the space for women's and girls' rights and civil society organizations is free and conducive to their work,
and (3) multi-stakeholder partnerships and networks are established at local, national, and regional level with women's and girls' rights groups and civil society organisations,
then (4) women's and girls' rights organizations and civil society organizations will be able to influence,

³⁹ Initial work on these linkages with the DHS will start during the pre-funding phase between July 26th and December 31st, 2018 and was prioritized due to its critical importance in maximizing the impact of Pillar 5 as well as to avoid missing critical entry-points to influence the upcoming DHS survey.

⁴⁰ Based on this, the production of timely, accessible and quality reports, with data disaggregation by administrative division, social status, race, sex, age, education and/or professional status would be possible.

sustain, and advance progress on GEWE and VAWG/SGBV/HP/SRHR policies and programmes that respond to the needs of all women and girls, including those facing intersecting forms of discrimination, because (5) the activism of women's and girls' rights organizations and civil society organizations, including those representing youth and groups facing intersecting forms of discrimination is a crucial driver of progress on efforts to ending VAWG/SGBV/HP and promoting women and girls' SRHR.

SLI Mozambique will under this outcome significantly invest in the agency of rights holders, particularly women and girls, to claim their rights through their organizations. The SLI will respond to the need to **strengthen the capacities of the women's movement to monitor laws and policies, hold the government accountable and develop and implement sustainable programs**⁴¹ (see Theory of Change, Figure 6). Focus will be given to strengthening women's leaders' and traditional leaders' ability to champion SRHR, and to be in regular dialogue with the Government and parliament to review progress related to women's rights particularly SGBV, Early Marriage and SRHR. A **countrywide mapping of women's rights groups and relevant CSOs and CBOs** including those representing youth and groups facing intersecting forms of discrimination/marginalisation will also be conducted, and findings of which will be used to facilitate their integration in networks.

Additionally, CSOs, particularly CBOs, and young women's organizations, which possess a wealth of experience, will be supported to strengthen their **institutional capacity in effective programme design and implementation, monitoring, resource mobilization, advocacy** including in knowledge management and systematic identification, documentation of best practices and lessons learned. Attention will be given to support the creation of spaces for CSOs to share the knowledge. Several interventions will be implemented to empower rights-holders in influencing and tracking the progress of government entities in the achievement of gender commitments and how these contribute to local targets related to the Sustainable Development Goals particularly at the community level. Such monitoring will build on the localization of the SDGs in Mozambique which has been supported significantly by the UN, working closely with the Government.

The CSOs to be targeted are those which work in SLI-related areas at the national, provincial and district levels particularly on prevention and service provision⁴². Attention will be given to CSOs representing interests of the most marginalized groups. A starting point will be the country wide mapping of organizations of women living with HI/AIDS and organizations representing rural women.

III. GOVERNANCE

The key governance structure, ensuring strategic and fiduciary accountability for the SLI in Mozambique, is the **Spotlight Steering Committee (SPSC)**, co-chaired by the Resident Coordinator and the Minister of Gender, Children and Social Action. Reflecting the SLI principles of inclusiveness, transparency, accountability, consensus-based decisions, country participation and ownership, the SPSC will include:

- Representative of the European Union Delegation in Mozambique (recognizing its special role as the founding funder of the Spotlight Initiative);
- One representative from an EU member state;
- Representatives of five key sectoral Ministries i.e. Health, Interior, Justice, Constitutional and Religious Affairs, Education and Human Development and Youth & Sports;
- Senior Representatives of the four RUNOs;
- Three representatives from women's civil society organizations/networks with a strong track record of working on EVAWG, members of and nominated by the National CSO Reference Group (ensuring 20% representation of civil society in this committee)

⁴¹ A key focus will be to ensure the establishment and support to use of social accountability mechanisms by civil society to monitor and engage in ending VAWG/SGBV/HP efforts and promoting women and girls' SRHR.

⁴² This will include support to the development of a coordinated, multi-sectoral approach in responding to SGBV and preventing the occurrence of HPs, identifying risks, and responding to survivors via access to multi-sectoral essential services, which includes access to SRHR services.

Other stakeholders may be invited to participate in planning, deliberation and monitoring roles of the Committee, i.e. representatives from provinces, academic/research institutions or private sector. It is envisioned that the SPSC will meet at least once a year, annually, and no more than twice a year.

The SPSC accomplishes its mandate to guide and oversee the implementation of the Spotlight Country Programme by fulfilling the following roles and responsibilities:

- Ensure proper communication and coordination on the SLI at the country level and support a participatory implementation of the country-level programme, in alignment with national priorities, agreed United Nations strategic programming frameworks (UNDAF), and European Union priorities.
- Approve programme annual work plans, review output level results, adjust implementation set-up.
- Review and approve periodic and annual joint programme narrative reports submitted by recipient United Nations organizations.
- Approve any programmatic or budgetary (revisions of less than 25 per-cent of the value of the budget) programme revisions within the limits of the approved programme document by the Operational Steering Committee.
- Ensure the programme is proactively managing and mitigating risks.
- Manage stakeholder relationships at the country level.

Once a year the SPSC will also convene an **Adhoc Advisory Working Group (AAWG)** consisting of a broader group of stakeholders (government from national and sub-national level, CSOs, academic institutions, private sectors, associate UN Agencies, EU Delegation, EU member state representative) to share results and workplans and seek advice on key issues and challenges encountered by the Programme.

Significant engagement of women's rights groups and relevant civil society organizations is a fundamental principle of the SLI. Accordingly, SLI governance will also include a **National Civil Society Reference Group (NCSRG)** as an institutional mechanism to enhance the participation of civil society. The NCSRG will emerge from the Interim NRCSG which is currently in place and have the following responsibilities:

- Contribute to the elaboration of the Country Programme;
- Advise on SLI programming and on issues related to the EVAWG and HP;
- Partner in SLI advocacy and communication activities;
- Serve as an interactive space for dialogue/learning between the SLI and civil society;
- Participate in the SPSC through three nominated representatives.

Multi-disciplinary in nature, the proposed NCSRG will be composed of 15 members representing women's organizations, the women's movement and groups representing at-risk groups. Given the SLI's role as an SDG model fund promoting national ownership, the NCSRG will prioritize the participation of national and sub-national CSOs. The NCSRG is expected to have dual role - a contributor to the design and implementation of SLI and a partner for the achievement of SLI Mozambique's objectives. Membership will be determined based on an open, transparent and competitive process. Once the formal NCSRG has been established, a meeting will be organized between the RC's Office, the EU Delegation, the RUNOs and the NCSRG to agree on working modalities.

Some of the national CSO which are part of NCSRG and working in specialized areas may end up serving as implementing partners. However, every effort will be made to ensure that conflicts of interests are reduced and mitigated as much as possible (i.e. CSO representatives participating in the SPSC will not have a direct relationship with CSOs acting as implementing partners). Members of the NCSRG, both interim and the fully operational group, serve in their individual capacity and not as representatives of their organization hence avoiding the potential implication of privileged access to SLI and its resources.

The Country will constitute a Spotlight Programme Coordination Team (SPCT), chaired by the UN Women Representative as the Lead Entity and co-chaired by the Programme Coordinator at RCO, with members drawn from the 4 RUNOs. The EU will participate in the SPCT as an observer thereby avoiding potential conflicts with its general oversight role. The function of this group will be to provide

implementation oversight including on monitoring and evaluation and technical support to the Steering Committee.

IV. ACCOUNTABILITY

In line with the UNDS reform, the accountability framework for SLI Mozambique will provide greater authority to the newly empowered RC, ensure dual accountability of RUNO expertise (to their agency and the RC) and promote the co-location of key SLI roles. The accountability framework is summarized below:

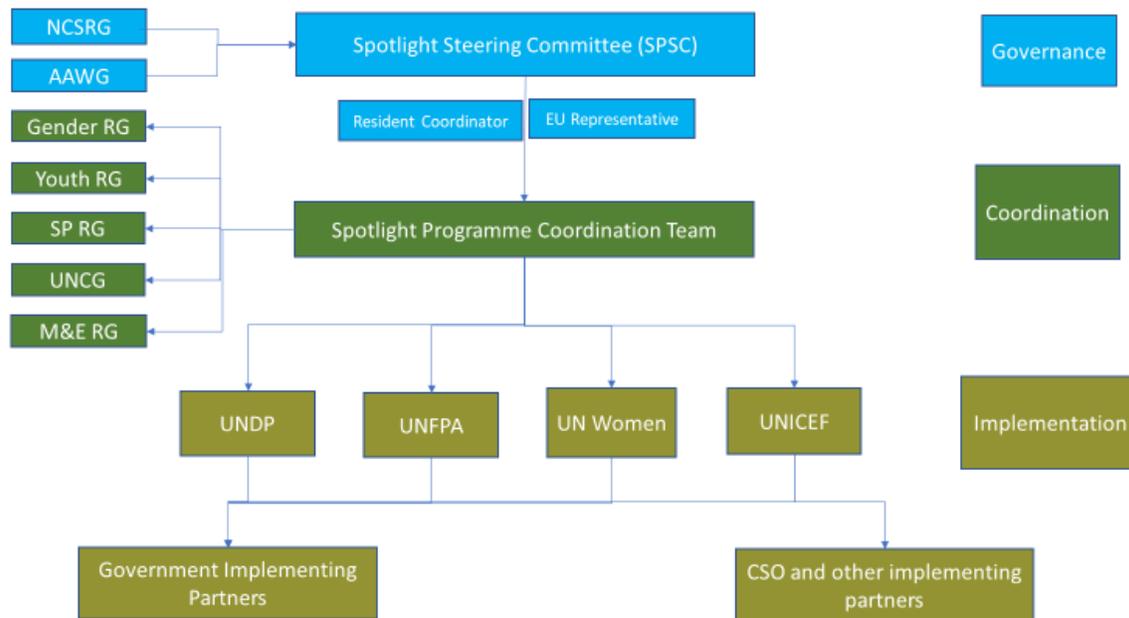


Figure 2: SLI Governance Framework

The overall oversight for the implementation of the SLI will rest with the **Resident Coordinator** who will:

- Co-chair the SPSC with the Minister of MGCAS;
- Oversee the work of the Spotlight Programme Coordination Team;
- Approve Country Programme document, work-plans, and reports;
- Oversee communication and nurture partnerships with government, EU delegation and the SLI Global Secretariat; and
- Lead resource mobilization efforts for the Spotlight Mozambique Country Programme.

The RC will entrust the programmatic and technical coordination of the Country Programme to a **Spotlight Programmatic Coordination Team (SPCT)**. In agreement with Heads of Agencies, the RC has appointed the UN Women representative to chair the SPCT which will be composed of:

- One Programme Coordinator (P4), one M&E Specialist (P3) from RCO⁴³;
- Four senior staff representing each RUNO (P4/NOC/NOB) – they will dedicate a substantial amount of their time in the SLI as reflected in the PMC;
- Senior Technical Representative from the EU Delegation in Mozambique; and

⁴³ The SLI team in Mozambique carefully considered the proposal to make the M&E/KM officer a National Officer but also considered recent and ongoing experience in Mozambique in finding such capacity. Moreover, it is felt that the specialist expertise needed to support implementation including the work of RUNOs and their partners will require specialist M&E expertise.

- One Communication Specialist from UNICEF.

Specifically, RUNO members of the SPCT will be dually accountable to their respective UN agency and to the RC through the SPCT⁴⁴ chair. This staff will also be responsible for coordinating SLI work within their respective organizations and leveraging back-office capacity to support SLI programming. While RUNOs will implement activities in multiple pillars, UNDP will coordinate activities⁴⁵ for pillars 1 and 2, UN Women for pillars 3 and 6 and UNFPA for pillars 4 and 5. Provincial coordination will be the responsibility of UN Women in Gaza and Manica and of UNFPA in Nampula.

The **Communication Specialist from UNICEF**⁴⁶ will support the SPCT in relation to all external communication and visibility activities in close collaboration with the UN Communication Group and communication staff of other RUNOs, the EU delegation, MGCAS and CSOs of the NCSR.

The SPCT will be responsible for the following:

- Technical coordination and coherence, in general, of the Spotlight Programme;
- Formulation and execution of annual workplans to be approved by SPSC;
- Preparation of progress reports for review and approval by the SPSC; and
- Liaison with provincial coordinators in the 3 provinces

The SPCT and its members will also closely coordinate with relevant UN thematic groups including the **Result groups on Gender** (UNDAF Outcome 4), **Social Protection** (UNDAF Outcome 5) and **Youth** (UNDAF Outcome 7), the **M&E Reference Group** and the **Communication Group**.

The SPCT will carry out its functions with support from a Programme Coordinator and an M&E Specialist; who will be co-located at UN Women. The Programme coordinator (P4 level) will be supervised under a matrix management arrangement between the RC and the SPCT chair. S/he will be responsible for operational coordination and facilitation of work planning and reporting (financial and narrative) and support the RC with resource mobilization and preparation/documentation of SPSC meetings. The Coordinator will be supported by a P3 Monitoring and Evaluation (M&E)/Knowledge Management (KM) Specialist (50% funded by Spotlight). The team will comprise a NOC/NOB Communication Officer (50% Spotlight). This structure, in its design and role, complements existing capacity within the UN country team.

Implementation of the SLI activities will be the responsibility of the RUNOs through either direct execution or implementing partners including government, CSOs and UN Associated Agencies and under the aegis of the SPCT. Each RUNO has identified or will recruit staff⁴⁷ to support the implementation of specific workplan activities.

RUNO(S) and Implementing Partners

SLI Mozambique will be implemented by the 4 core agencies identified below, with IOM, UNESCO, WHO and UNAIDs identified as Associated Agencies. The UN will also work with key government ministries and selected CSO's based on need and area of expertise. Details of the 4 RUNO's provided below.

UNDP (Lead on Pillars 1 and 2) The annual programme delivery for UNDP Mozambique is \$14.5 million with a total of 48 staff members. UNDP supports equitable access to justice through reinforcing legal aid and integrated justice services at decentralized level (Courts, Prosecution, the Police, Prisons), while at the same time enhancing the capacity of the National Human Rights Commission and of the Ombudsman⁴⁸.

⁴⁴ Dual accountability will be document through their performance appraisal.

⁴⁵ Pillar and provincial coordination will be undertaken in close collaboration with the SPCT.

⁴⁶ UNICEF has been assigned the responsibility for leading the SLI visibility and communication work.

⁴⁷ Some funded by the SLI and other funded through other resources.

⁴⁸ UNDP also supports efforts aimed at coordination/implementation/monitoring of the Universal Periodic



In delivering on the pillars, UNDP will work closely with other Pillar Leads as well as engage the **World Health Organization (WHO)** and the Joint **UN Programme on HIV/AIDS (UNAIDS)**. WHO and UNAIDS are critical partners for leveraging programming on HIV/AIDS to deliver for EVAWG, elimination of HPs and increased access to SRHR line with its interventions as described in the HIV and AIDS Division of Labour (DoL) at the country-level.

UN Women (Lead for Pillars 3 and 6): The annual programme delivery for UN Women Mozambique is on average USD 3.5 million with 23 regular staff members. UN Women has expertise in the areas of two pillars it leads. UN Women has a history of strong working relationships and successful collaboration, both at ministry and CSO level. UN Women is the lead agency for the Gender Coordination Group at the multi-stakeholder level, coordination on GEWE at UN level and is facilitating the engagement of the CSO reference group that sees representation of organisations in all areas, including those at most risk and those with influence. In delivering on Pillar 3 and 6, UN Women will work with **UNESCO, UNICEF and IOM**.

UNFPA (Lead on Pillars 4 and 5) has an annual programme delivery in Mozambique of USD 34.3 million with 51 staff overall. UNFPA focuses on sexual and reproductive health; adolescents and youth; gender and population dynamics. UNFPA is the lead agency of the UN Joint Programme: Action for Girls and Young Women's Sexual and Reproductive Health and Rights in Mozambique and the Essential Service Package on GBV. UNFPA's expertise in Outcome 5 (data) is demonstrated through its lead role within the UN system in supporting the National Census (carried out every 10 years) as well as supporting the regular implementation and analysis of Demographic and Health Surveys. UNFPA is the lead agency on outcome 7 of the UNDAF on youth. For Pillar 4, UNFPA will work closely with Government institutions, youth associations and CSOs as well as other UN agencies such as **IOM**. IOM will contribute to the SLI by providing its expertise in migration health, mobile populations and migrant protection.

UNICEF Mozambique (contributes substantively to pillar 1,2,3, 4 and lead for Communication and visibility work) has an annual programme delivery of USD 62.6 million with 150 staff overall. UNICEF expertise is in child protection and adolescent programming. In Pillar 1 and 3, UNICEF will lead on the efforts around legal reforms such as the family law, the penal code and discussions around the Decree 39/2003. UNICEF will also lead on engaging religious and other key community leaders aiming to get their commitment and leadership in the implementation of laws and policies that protect women and girls from sexual and gender-based violence. In addition, UNICEF will support the visibility and external communications component of the programme. UNICEF is the lead agency for the Global Programme to Accelerate Action to End Early Marriage and the UN communication working group, in delivery of the outcomes, UNICEF will work with key Government partners such as MGCAS, Ministries of Health, Interior and Justice, the Supreme court and Office of the Public Prosecutor. It partners with various CSOs at both national and local levels, particularly those working on Child Rights.

MGCAS is the main national counterpart of the SLI programme. MGCAS coordinates the establishment of the Integrated Assistance Centres (CAIs). In the CAIs, the staff of the MGCAS and the Ministries of Health (MISAU), the Interior (MINT) and of Justice, Constitutional and Religious Affairs (MJCAR) provide the four service components of the essential services package. These three Ministries, along with the Ministry of Education and other stakeholders, are therefore key partners of the Spotlight Initiative in the scaling-up of access to and the quality of essential services. The Ministry of Economy and Finance (MEF) will also be a key partner, facilitating the application of gender-responsive budgeting for the sustained allocation of domestic resources for sexual SGBV/SRHR. MEF is a key partner in Outcome 2 2 of the SLI Mozambique.

Review and in addressing GBV in collaboration with other UN Agencies. UNDP works to build capacity key stakeholders aligned with UNDP mandate under the SDGs 16, 10 and 3 and supports **national authorities** to plan cross-sectoral initiatives to address and reduce it.

V. PARTNERSHIPS

The UN country team in Mozambique has engaged through multiple consultations with key stakeholders in the design and consolidation of the Programme Document.

The **EU delegation in Mozambique**, as the principal development partner for Spotlight Mozambique, has been involved throughout the country programme development process. The EU has been consistently consulted and involved at the policy and technical level, thus engaging and working together with the UN Agencies and the national counterparts, especially the Ministry of Gender, Children and Social Action and the CSO's Interim Reference Group.

The Government of Mozambique through the Ministry of Gender, Children and Social Action (MGCAS), as the main SLI interlocutor has played a key role in the planning stages by demonstrating strong leadership and commitment and providing valuable inputs and guidance to the programme framework. Other Ministries, including Health, Interior, Justice, Economy and Finance, Youth and Sports, Culture, and Education have also actively participated in consultations.

Associate Agencies - at the UN System level, the four RUNOs have also collaborated closely with other agencies, especially Associated Agencies during technical SLI working sessions and multi-stakeholder consultations. UNESCO, IOM, WHO and UNAIDS, have been identified during the design phase as key technical partners for delivering on the vision of the SLI nationally and provincially and have made direct inputs into the Annual Workplan and budgeting of SLI.

The Interim CSO Reference Group, is the organ through which CSO inputs and guidance has been provided including for priority activities, identification of at-risk groups and the design of engagement strategies. The CSO interim-reference group comprises members representing the most at-risk such as people with disabilities, people living with HIV/AIDS and the LGBTI community.

Other stakeholders such as Faith Organizations, academia, the media and the private sector have been involved from time to time during the planning and design phases. The multi-stakeholder consultations in July and August played a dual role of consultation as well as validation of key components of the project document, mainly the Results Framework and the Annual Workplan.

At the **implementation phase**, all established mechanisms such as, the CSO Reference Group, the National Steering Committee and an *ad hoc* working group will be established. The EU, the Government and CSOs will be the main partners at the policy, technical, monitoring level and knowledge-building.

UN System: all UN agencies will effectively deliver across multiple SDGs as well as UNDAF Outcomes and expand the reach of SLI at the individual level including through the school system, as well as engage family, communities and the country.

Other stakeholders: school communities, men and boys, marginalized groups, media outlets, traditional and religious leaders will be the main actors in community-based mobilization efforts. Partnership with the private sector will be established to invest in information technology and other innovative approaches

Other development partners and donors working on GBV interventions, like the Governments of Sweden, Canada, Austria, UK (through DFID), the Netherlands, Japan and Spain will be associated for synergy and leveraging resources.

VI. OUTCOME FRAMEWORK

Programme Results Matrix (Table 1)

The Results Matrix will play important roles as sources of data and or in producing tangible results which serve as meaningful verification that change has occurred. Table 1 annexed below (Result Matrix) provides details of the selected outputs, indicators, means of verification, sources of data and organizations responsible for collecting the data.

VII. INTERSECTIONAL APPROACH TO DISCRIMINATION

Several factors interplay to increase or exacerbate the risk of SGBV in Mozambique, including age, gender norms, level of education, physical condition (pregnancy, disability, or albinism), economic status/income, past experiences, perceived attitudes, cultural and social norms that shape gender roles and the unequal distribution of power between women and men, the extent of tolerance towards GBV in the legal and normative settings, including schools, workplace or the neighbourhood.

The key target group of the EU-UN SLI Mozambique Programme is adolescent girls and young women in the 10-24 age group, particularly those living in poverty and in rural areas in ten districts in Gaza, Nampula and Manica. From this target group of women and girls there are at-risk groups that face multiple and intersecting forms of discrimination which include but are not limited to survivors of SGBV, women and girls with disabilities, women and girls living with HIV, women and girls with albinism, LGBTI persons, trafficked women and girls and sex workers. Table 5 provides an overview of 10 at-risk groups and their respective strategies for engagement and inclusion.

Challenges to the inclusion of these at-risk groups include:

- Limited data and information on vulnerabilities and specific needs;
- Legislation: lack of definition and clarity in roles and responsibilities and punitive aspects;
- Lack of proper procedures, confidentiality and humanized assistance of GBV patients including in retributive justice⁴⁹;
- Limited and inaccurate registration of beneficiaries and mechanisms to ensure access to key services;
- Limited capacity, particularly in districts to provide tailored services.

SLI will address these and other challenges for inclusion through tailored approaches such as:

- Active participation of at-risk groups in all phases of the programme, from design to learning in collaboration with the Interim CSO Reference Group;
- Multi-stakeholder approach and partnerships that enable better knowledge and targeting of at-risk groups;
- National capacity development at different levels for more Human Rights-Based Approach-driven protective measures;
- Comprehensive communication strategy and plan; behaviour change communication, targeted messages using local languages, pictures/images, SMS, theatre and other media.

⁴⁹ There is a recent incident reported in the news on the mistreatment of a female patient including the taking of a video of her injuries at a health unit in Malema, Nampula leading to the suspension of at least four staff: http://clubofmozambique.com/news/four-health-officials-suspended-for-ill-treatment-of-patient-in-nampula-mozambique/?utm_source=The+Mozambican+Investor&utm_campaign=4628de479f-EMAIL_CAMPAIGN_2017_05_25_COPY_01&utm_medium=email&utm_term=0_d3b369a42d-4628de479f-206624205.



Table 5. Analysis of At-Risk Groups targeted by SLI Mozambique and related strategies for engagement

Relevant “at risk” groups	Outcome areas where specific approaches are required	Key challenges for inclusion	Indicative approaches and methodologies for inclusion	Disaggregated by women, girls, men and boys when possible ⁵⁰	Disaggregated by province		
					Nampula Districts (4)	Manica Districts (3)	Gaza Districts (3)
1. Girls and women (10-24) at risk of SGBV and HP	1-6	Insufficient awareness and limited mechanisms available focusing on reducing risk and improving protection	Enhanced collection of data including KAPs as well as improved targeting strategies. HRBA legislation and regulations	213,991	135,430	53,217	25,344
2. Girls and women (10-24) survivors of SGBV and HP	1-6	Insufficient training by health staff to identify victims	Ensuring that the voice of survivors can be effectively heard in legislative and policy processes. Improving access to quality services and protection including through mobile/e-services	154,207	89,326	41,391	23,490
3. Sub-group: Young Persons with Disabilities	3-6	Registration of beneficiaries and ensuring access since they depend on others	Investing in disability-friendly services and systems; Targeted communications and advocacy.	10,769	6,627	2,720	1,422
4. Sub-group: Young Persons Living with HIV	1-6 esp. 4 and 5	Maintaining the anonymity/confidentiality of an individual’s status	Strengthening engagement with PLHIV and protections in the law and at the institutional level; Making essential services more available and easier to access	47,534	16,424	15,965	15,145

⁵⁰Disaggregation of total numbers by women, girls, men and boys will be possible after the completion of some initial baseline work expected to be completed in October/November 2018.



Relevant “at risk” groups	Outcome areas where specific approaches are required	Key challenges for inclusion	Indicative approaches and methodologies for inclusion	Disaggregated by women, girls, men and boys when possible ⁵⁰	Disaggregated by province		
					Nampula Districts (4)	Manica Districts (3)	Gaza Districts (3)
5. Sub-group: Young persons living with albinism	2,3,4,5,6	Locating and reaching out to the beneficiaries since they are scattered	Improving inclusion of their needs in the provision of essential services	2,389	1,541	483	365
6. Sub-group: Trafficked girls and women ⁵¹	1-6	Identification of beneficiaries	Improving access to essential services and better at-risk assessment and monitoring	81,692	30,819	28,955	21,917
7. Sub-group: Sex workers	1-6	Identification of beneficiaries	Improving access to essential and specialized services including mobile services	TBD by baseline study	TBD by baseline study	TBD by baseline study	TBD by baseline study
8. Poor adolescent girls 10 to 16	2-6	Identification of beneficiaries	Improving access to essential and specialized services including mobile services; Improving risk assessment and targeting	TBD by baseline study	TBD by baseline study	TBD by baseline study	TBD by baseline study
9. Sub-group: Rural women and girls aged 10-24	1-6	Limited access to information, illiteracy, mobility and control of resources	Strengthening capacity and knowledge and economic and social empowerment	252,841	155,600	63,860	33,380

⁵¹ According to the Attorney-General’s office there are around 1,000 human trafficking victims per year in Mozambique. Victims are incited with money and promises of new opportunities, outside the country, particularly in the Republic of South Africa. The PGR hopes to raise awareness in communities and in population in Mozambique about this crime, strengthen border control and speed up the process of approving the law for the protection of whistle-blowers and witnesses as a mechanism to combat human trafficking.



Relevant “at risk” groups	Outcome areas where specific approaches are required	Key challenges for inclusion	Indicative approaches and methodologies for inclusion	Disaggregated by women, girls, men and boys when possible ⁵⁰	Disaggregated by province		
					Nampula Districts (4)	Manica Districts (3)	Gaza Districts (3)
10. Sub-group: LGBTI aged 10-24	1-6	Identification of beneficiaries at the provincial level due to discrimination	Improving access to essential services and better at-risk assessment and monitoring	TBD by baseline study	TBD by baseline study	TBD by baseline study	TBD by baseline study
Total				763,423			

The size of proposed target groups was based on the following calculations and assumptions:

1. Girls and women at risk of SGBV and HP = female population in the province (census 2017) times percentage of women that marry before the age of 18 by province.
2. Girls and women victims of SGBV and HP = female population in the province (census 2017) times percentage of women who have experienced violence in each targeted province (DHS 2011).
3. Sub-group: living with disabilities = female population in the province (census 2017) times 2.3% (census 2017).
4. Sub-group: living with HIV: = female population in the province (census 2017) times prevalence of HIV per province (IMASIDA 2016).
5. Sub-group: living with albinism particularly females= female population in the province (census 2017) times prevalence of albinism in Africa (1/2000)
6. Sub-group: trafficked persons = female population in the province (census 2017) times assumptions of 0.5% in provinces with no international border and 1% in the province with an international border (Manica).
7. Sub-group: elderly: female population in the province (census 2017) times percentage of elderly in Mozambican population (3%, Census 2017).
 Sub-group: Rural women and girls: Provincial population x female percentage x rural national percentage in all based on the 2017 Census. The Spotlight funding will allow a direct reach of 120,000 girls and young women between 10 and 24 years old in Gaza and Manica, and counterpart funding in Nampula will reach directly 477,000 girls. At least 666 mentors or change agents will be trained in Gaza and Manica, and counterpart funding through the Swedish funded Rapariga Biz will allow over 2900 mentors to be trained in Nampula.

VIII. RISK MANAGEMENT

(Table 2)

The key risks posed to the success of SLI Mozambique are detailed in Table 2 in the annex of this document. Though not mentioned explicitly in the Risk Management table, the programming strategy recognizes risks which may arise through the SLI innovations approach and in efforts to engage and include at-risk groups. Particularly, the SLI team recognizes, and employs through its intersectional approach, mechanisms and methodologies to ensure that beneficiaries are part of the solution-making and implementation process and that innovations are acceptable and appropriate to their needs.

IX. COHERENCE WITH EXISTING PROGRAMMES

SGBV and SRHR have received significant support from development partners in Mozambique over the last ten years. An initial review and mapping of these initiatives has informed both the programme design and geographic focus of the programmes. Annex 3 lists the main programmes currently supported through UNDP, UNFPA, UNICEF, UN Women, and the European Union, as well as some past programmes related to violence against women and girls. Building on this, a database of relevant project/programmes and an inventory of good practice and lessons learnt will be created as part of the KM strategies.

Strong synergies and complementarities will be sought across relevant existing and new programmes, especially to avoid duplication of activities and transaction costs for IPs. This will involve close coordination with relevant lead agencies of UN joint programmes such as the “Rapariga BIZ” implemented in Nampula, currently funded by Sweden and DFID with a strong learning and evidence agenda. “Rapariga BIZ” has several positive overlaps with SLI both at provincial and national level as it aims at the promotion and protection of the SRHR of girls and young women by placing girls and young women at the center of their own development as right-holders and participating change agents rather than victims. SLI will also extend the Rapariga BIZ model to Manica and Gaza where it currently does not exist.

The EU-UN SLI Mozambique Programme will, additionally, build on experiences and evidences arising from the UN joint programme “Essential Services Package for Women and Girls subject to Violence” aimed at strengthening the multi-sectoral integrated assistance to women and girls affected by GBV and the testing of these mechanisms. SLI will also be closely coordinated with the interventions of the Global programme on Child Marriage which has a focus on accelerating actions against HPs by enhancing investments in and support for married or unmarried girls. It will also leverage existing campaigns such as “HeforShe” and “Basta”.

In the context of GEWE, SLI will seek to leverage several interventions by UNCDF in Nampula and Gaza funded by the EU and Sweden respectively, with regards to the expansion of access to finance and capital at the very local level to accelerate local development that can benefit women and girls.

Finally, the EU-UN SLI Programme will also seek to align with existing and new programmes of national scope such those supported by the World Bank on Job Creation with a focus on Youth and the Global Financing Facility Investment Case for Mozambique⁵² as relevant. Building on the successes and challenges faced by all partners in the field of Reproductive, Maternal, Neonatal, Child and Adolescent Health, the Global Financing Facility investment case for Mozambique is designed to strengthen the agenda of Universal Health Coverage and represents an opportunity to improve the coordination mechanisms between the Ministry of Health and the sector development partners, including in key priority

⁵² See more on the Investment Case on:

https://www.globalfinancingfacility.org/sites/gff_new/files/Mozambique-Investment_Case-EN.pdf.

areas for delivering on SRHR for women and adolescent girls.

X. MONITORING AND EVALUATION

Given the targeting of at-risk groups by the programme, gender-sensitive M&E approaches will blend both qualitative and quantitative methodologies. These will be defined and implemented at the technical level by RUNOs, partners and Associated Agencies, under the coordination of a fully dedicated M&E/KM Specialist based in the same agency as the Chair of the SPCT. The M&E approach will also track the direct (SDG 5.2.1, 5.3.1, 5.6.1) and indirect impact (SDG 16.2.3) indicators from the Africa Regional Results Framework relevant to SLI Mozambique.

The expected impact for SLI Mozambique is at four levels: the individual, family/relationships, communities (including at-risk groups) and the country, as a whole. Accordingly, M&E activities will be suited to reporting at all four levels across the life of the project.

The baseline exercise will start during the pre-funding phase and continue during the inception period, providing accurate and reliable data to address the data gaps identified in the Result Matrix with updated indicators, means of verification, and validated targets. Existing sources such as the 2017 census, the Demographic Health Survey, the Indicator Survey of Immunization, Malaria and HIV/AIDS in Mozambique and the Multi-indicator Cluster Survey will be integrated into the updated baseline as well as the monitoring of key programme indicators.

The data required for effective monitoring and reporting will be collected via an ad hoc digital monitoring system comprising field visits, participant surveys, activity outputs and planning reviews. Quarterly reporting on programme activities will be shared by all agencies with the RCO, which will then consolidate an overall programme report. This will also be aligned with and facilitate the risk management review and updates. A similar process will produce programme-related Annual Reports. M&E activities will also support reporting on the EU-funded SLI Mozambique programme Communications and Visibility Plan.

The SLI evaluation strategy is anchored in independent and transparent approaches to evaluating programme results and is gender-responsive with specific questions and considerations specifically mapped to the focus of the programme. External independent baseline, mid-term, thematic and end-line evaluations will be coordinated by the M&E/KM Specialist, under the guidance of the SPCT and collaboration with the Government of Mozambique, provincial authorities, implementing partners and other stakeholders.

XI. INNOVATION

Recognizing the persistent nature of SGBV, HP and lack of SRHR in Mozambique, the SLI programme seeks to both innovate as well as accelerate/scale up successful recent and ongoing innovations that will deliver a comprehensive package of support and systems to eliminate SGBV and HP for good. The programme will invest in creative, localized ways that will be fostered on strong learning to sustainably prevent and respond to gender-based violence and HP:

Integration and Multi-sectoral focus: The initiative will promote coordinated planning and service delivery to facilitate multi-sector focus and linkages. The introduction of a strong coordination system that links the four critical sectors under the leadership of Ministry of Gender, Children and Social Action (MGCAS) will improve efficiency in both prevention and response including greater engagement with the education sector.

Improving data accuracy: Existing data on SGBV is often incomplete or unreliable because of the lack of standardisation of GBV incident classification, lack of uniformity in how and what data is collected, and human error in recording and manually compiling data. The Spotlight initiative in Mozambique will develop tools and toolkits that can support the collection of reliable SGBV data to, in turn, feed an SGBV database, which offers comprehensive, decentralized and secure online records of SGBV cases in the

country. The database will be linked to the four sectors involved in case management/response to violence against women and girls, particularly the police and health system. This will allow for a better identification of SGBV vulnerabilities and support the development of more tailored and contextually relevant support.

Use of information and communication technology (ICT): The programme will adopt new ways to maximize reach and interactivity of communication and stimulate or focus social action for behavioural change; this include building on previous experiences such as the SMS BIZ/U Report, through which adolescent and young women can access comprehensive and personalized information including information on reproductive health and SGBV. Maximizing on the coverage of mobile network and partnerships with private sector, the programme will leverage ICT to facilitate learning and information-exchange between the three provinces and between target districts. Moreover, ICT can also enhance the data sharing between key sectors, enhanced access to data for key users and strengthened coordination between women’s organization at the central and local levels as well as facilitate access to services.

Grassroot mobilization of women organization (360-degree Participation): The proposed SLI framework is intended to create a robust grassroots women movement with a view of transforming the status of women and challenging patriarchy and using this movement as an entry points to address SGBV. These will promote gender equality by strengthening girls and women’s individual and collective leadership and by forming strategic partnerships to tackle patriarchy and ensure no one is left behind. Building on gains made through pillar 6, “She decides” and HeforShe movements, the initiative will invest in creation of strong grassroot movement for gender transformative approaches. Illiterate beneficiaries will be engaged through community radio programmes, theatre and social mobilisation in partnership with teachers and facilitators in the Adult Literacy and Education (ALE) sector. Training curriculums and practices in the ALE subsector will be updated to included content on Comprehensive Sexuality Education (CSE)⁵³ and SRHR, ensuring that the illiterate population is engaged by the initiative.

Increasing access through essential and quality mobile services: UNFPA, UNICEF, Pathfinder and several government entities currently implement a mobile services operations to expand access to sexual and reproductive health services in Mozambique including family planning. The [mobile health facility](#) is a critical innovation for ensuring that the sexual and reproductive rights of women and girls in Mozambique are fully enjoyed and meet their needs. These services will be expanded also to reach girls living with HIV/AIDS and sex workers as specific at-risk groups targeted by SLI, particularly in urban areas.

Strengthened RCO Office: Through the RC, the proposed internal coordination arrangements and the SLI team to be hired, operational and programming efficiencies will be achieved. The operational set-up for delivery will include a joint Spotlight Team working across the RCO and the SPCT with centralized programme coordination, management, M&E, communications and KM. The Programme Coordinator will be dually accountable to the RC and to the chair of the SPCT and similarly, the members of the SPCT will be dually accountable to their own agencies and the RC.

Joint programming: The SLI programme will leverage existing joint programming such as *Rapariga BIZ* and the HeforShe Campaign, the shared office in Nampula and technical capacities in UNDP, UN Women, UNFPA and UNICEF to deliver a comprehensive approach to SGBV, HP and SRHR. The

Division of Labour for areas, such as Communications and Visibility has been shaped by the proven expertise/leadership role which agencies have in key areas and is supported through existing coordination mechanisms within the UNCT. To deliver jointly across pillars in the 3 target provinces to maximize economies of scale and to reduce administrative costs, RUNOs will leverage the existing local presence in Nampula as well as establish a local presence in Gaza and Manica. A Provincial Coordinator

⁵³ CSE refers to Education that is responsive to the differing ways that gender norms can influence the health and wellbeing of all children and young people. CSE can contribute to gender equality by building awareness about the centrality and diversity of gender in our lives, including the examination of gender norms dictated by culture, social and biological gender differences and similarities, and gender relations to foster empathy, understanding and reduce gender inequalities.

working under the joint supervision and management of all RUNOs will be based in each of the three provinces. In this context, the Provincial Coordinator in Nampula will be supervised by UNFPA and in Gaza and Manica by UN Women.

Specific gender-responsive approaches will be undertaken to measure the impact of innovative methodologies including their effectiveness in reducing or eliminating exclusion, in ensuring at-risk groups are not being left behind and that those furthest behind are given priority. Moreover, given the SLI's effectiveness including LGBTI and PLHIV without disclosing their status and maintaining confidentiality will also be assessed including the ways in which intervention strategies were designed on best practice and the full involvement of the LGBTI community itself.

XII. KNOWLEDGE MANAGEMENT

The overall aim and rationale for Knowledge Management (KM) is to ensure that knowledge from within and without the initiative is available in a timely manner in order to 1) influence programme implementation and potential re-design of interventions; 2) inform and influence policy and legislation related to SGBV, HP and SRHRs; 3) enable access to information that empowers and gives agency to women and girls, particularly those further left behind, in enjoying and controlling their health.

Building on pre-funding activities such as the initial data gap analysis, mapping of existing activities and key stakeholders, a detailed KM framework will be developed in the inception phase of the programme.

While the dedicated M&E/KM specialist will oversee KM activities under the guidance of the LE; each of the RUNOs will assign Focal Points responsible for designing and implementing KM activities, including to share information on all related programmes to the SLI database.

KM activities will range from documentation and dissemination of outputs and findings from the programme, knowledge sharing via documents, videos and other media as well as platforms for sharing and collaboration. The creation of an SLI database will be a key activity of the M&E/KM Specialist who will also ensure that outputs from M&E activities are translated into knowledge that informs programme implementation and reporting and that KM activities are closely aligned with the SLI Communication and Visibility Strategy.

Existing national, regional, and global resources will be drawn upon in compiling the evidence-base on VAWG and mechanisms defined to regularly collect, update and share information on programmes, good practices and lessons learnt. To generate robust knowledge products, the SLI will work with academia and NGOs. The National CSO Reference Group, once established, will be actively engaged especially in the dissemination strategy to make sure knowledge is accessible to various audiences, especially at-risk groups (e.g. those who are illiterate) in alignment with the principle of leaving no one behind.

XIII. COMMUNICATION AND VISIBILITY

All communication and visibility at national, subnational and community levels in Mozambique will be aligned with the EU guidance on communication and visibility and implemented by the UN Resident Coordinator with support from UNICEF as the lead agency for Communication and Visibility. Recipient UN organisations will be engaged to ensure the visibility of the Spotlight Initiative; to raise awareness; and to place SGBV and HPs on Mozambique's national agenda.

Greater visibility at the national and provincial levels will contribute to creating an enabling environment for political accountability to the advancement of gender equality and women's rights in Mozambique including access to SRHR in the country. Communications and Visibility Activities will be closely coordinated with the EU delegation in Mozambique, representing the EU as the main sponsor of Spotlight Mozambique, as well as the Government of Mozambique including joint press releases, launch events on SLI products and key programmatic activities, press briefings, the quarterly newsletter, TV and radio spots for SLI, media interviews and regular updates on Spotlight activities on the SLI Mozambique website. Other partnerships with media, schools, sports, employer's organizations and workers'

organizations will deepen the reach of key communications messages and enhance the visibility of the Spotlight campaign. The EU, as the main development partner of the SLI Mozambique, will be given high visibility and play a role in promoting SRHR and EVAWG.

Campaigns engaging the public on SGBV, child marriage and harmful practices will be initiated during the pre-funding phase and continue throughout the life of the programme. This focus area will also include the production and distribution of promotional items including flyers, pamphlets, short videos documenting the programme formulation and dialogue process and the High-Level Country Launch as well as critical programme milestones. The campaigns will be designed to challenge public and private misconceptions that perpetuate harmful stereotypes and practices through audio-visual materials and text messages, complementing more specific CD4 activities at the Outcome level.

The vehicles for the sharing of information and engagement with the public on an ongoing basis leading up to and during the implementation of Phase 1 and 2 will be: (i), (ii) an SLI Facebook page, (iii) an SLI Twitter account and (iv) an SLI Instagram Account. Other mediums such as Snapchat and WhatsApp will also be explored. The Spotlight Initiative Communications and Visibility Guide has been used to establish the Communication and Visibility Plan of the Country Programme (*see Annex 2*), leveraging lessons and guidance from the Communication and Visibility Manual for European Union External Action.

XIV. ANNEXES

TABLE 1 – PROGRAMME’S RESULTS MATRIX

TABLE 1 – PROGRAMME’S RESULTS MATRIX

OUTCOME 1 Mozambique has an evidence-based legislative and policy framework that protects women and girls from SGBV, early marriage and guarantees their SRHSR and is in line with the international human rights standards			
Indicator 1.1 Number of Mozambican laws and policies on EVAWG, including SGBV/HP, that adequately respond to the rights of all women and girls, including exercise/access to SRHR, are evidence-based and in line with international HR standards and treaty bodies’ recommendations			
Indicators	Data source	Means of verification	Responsible Org.
Output 1: National and regional partners⁵⁴ have strengthened evidence-based knowledge and capacities to assess gaps and draft new and/or strengthen existing legislations on ending VAWG, including SGBV/HP, and/or on gender equality and non-discrimination that respond to the rights of the most groups facing multiple and intersecting forms of discrimination and are in line with international HR standards and treaty bodies’ recommendations			
1.1.3. Proportion of draft laws and/or policies on VAWG, including SGBV/HP, and/or on gender equality and non-discrimination, including promoting women and girls’ SRHR, which have received significant inputs from women’s rights advocates.	UNDP, Parliament, Government and CSO’s (Annual Reports (including) Reports of project activities National CEDAW report produced by government National report on CSW Resolution 60/2)	Sectoral PES, Laws, Decrees and Policy documents Activity reports Reports on the consultation process for relevant laws	UNDP

⁵⁴ Parliamentarians, human rights institutions and women’s right advocates



1.1.6. Number of assessments completed on pending topics and strategic litigation implemented by women's rights advocates.	UN Agencies CSOs, MGCAS	Assessment reports Activity reports National Advocacy documents	UNDP
1.1.5 Number of Parliamentarians and staff of human rights institutions with strengthened capacities to advocate for, draft new and/or strengthen existing legislation and/or policies on VAWG including SGBV/HP and/or gender equality and non-discrimination, including the promotion of women and girls SRHR, and implement the same	UN (DP) Agencies, Government partners CSOs	Participant list (for trainings and meetings) Activity Reports (Disaggregated by sex) Participant feedback surveys	UNDP
Output 2: The Gender and Human Rights Institutions, and the CSOs are better able to develop and cost evidence based national and/or sub-national action plans on ending VAWG, including SGBV/HP in line with international human right standards with M&E frameworks and responding to the needs and priorities of groups facing multiple and intersecting forms of discrimination			
1.2.1 Number of draft evidence-based national and/or sub-national action plans on ending VAWG, including SGBV/HP and promoting women and girls' SRHR developed that respond to the rights of groups facing intersecting and multiple forms of discrimination with M&E frameworks and proposed budgets	UN Agencies Government, CSOs Reports produced by the different sectors that are members of GBV National mechanism (Health, Justice and interior) National Mid-Term Review Report on PEN IV Legal Environment Assessment Report	National Plans Activity Reports Annual Reports	UNDP
1.2.2 Number of key government decision makers with strengthened capacities to draft and cost action plans on ending VAWG, including SGBV/HP and the promotion of women and girls' SRHR, and accompanying M&E frameworks	Reports of UN Agencies, Government and CSOs KAP study	Participant list (train./meeting) Activity Reports Consultant Reports Participant feedback survey	UNDP
<p>OUTCOME 2 National and sub-national systems and institutions plan, fund and deliver evidence-based programmes that prevent and respond to violence against women and girls and harmful practices, including in other sectors</p> <p>2.1. Number of functioning national and/or sub-national coordination and oversight mechanisms at the highest levels in Mozambique for addressing VAWG, including SGBV/HP, that include representation from marginalized groups</p>			



2.2. % of national budget allocated to the prevention and elimination of all forms of VAWG, including SGBV/HP 2.3 VAWG, including SGBV/HP is integrated in 6 other sectors (health, social services, education, justice, security, culture) development plans that are evidence-based and in line with globally agreed standards			
Indicators	Data source	Means of verification	Responsible Org.
Output 2.1: Key officials at national and/or sub-national levels are better able to develop and deliver evidence-based programmes that prevent and respond to VAWG, including SGBV/HP, especially for those groups of women and girls facing intersecting and multiple forms of discrimination, including in other sectors.			
2.1.1 Number of institutions that develop strategies, plans and/or programmes to prevent and respond to VAWG, including SGBV/HP, and promote women and girls' SRHR, including for women and girls facing intersecting and multiple forms of discrimination	MINT, MGCAS, MJCR, MISAU, CSO	Reports	UNFPA
2.1.3 Number of strategies, plans and programmes of other relevant sectors that integrate efforts to end VAWG, including SGBV/HP and promote women and girls' SRHR, developed in line with international HR standards	UN Agencies, Government, CSO's, Private Sector, Academia, etc (Periodic Sectoral Reports (Education and Human Development- MINEDH, Youth and sports- MJD, National AIDS Council- CNCS) Private Sector Annual/Corporate Reports CNDH Reports Reports from the Office of Ombudsman Legal Environment Assessment Report National UPR Report Country CEDAW Report UBRAF Report)	Project Activity Reports Project Monitoring Reports Participant lists for training workshops and meetings Consultant Reports Reports produced by the Order of Lawyers (Ordem dos Advogados)	UNDP
2.1.5 Percentage of targeted national and sub-national training institutions for public servants that have integrated gender equality and ending VAWG, including SGBV/HP and the promotion of women and girls' SRHR, in their curriculum as per international standards	MAEFP, MINEDH, MCTESTP, ISAP, ISCS, IFP, ACIPOL	Sectoral Curriculum	UNFPA



Output 2.2: Multi-stakeholder national and/or sub-national coordination mechanisms established at the highest level and/or strengthened that are adequately funded and include multi-sectoral representation and representation from the most marginalized groups			
2.2.1. Proportion of supported multi-stakeholder coordination mechanisms established at the highest level and/or strengthened composed of relevant stakeholders, with a clear mandate and governance structure and with annual work plans	Government Ministries, UN Agencies, Public Orders/Gazetting establishing mechanisms	Activity Reports Meeting Reports Annual Reports/Donor Reports	UN Women
2.2.4 Number of annual meetings of national and/or sub-national multi-stakeholder coordination mechanisms	UN WOMEN	Meeting minutes Activity Reports	UNFPA
Output 2.3: Partners (parliamentarians, key government officials and women's rights advocates) at national and/or sub-national levels have greater knowledge, capacities and tools on gender-responsive budgeting to end VAWG, including SGBV/HP and promote women and girls' SRHR			
2.3.2 Percentage of Parliamentarians with strengthened knowledge and capacities to hold relevant state-level actors accountable for funding and implementation of multi-sectoral programmes to address SGBV.	UN (DP) Agencies Parliament	Participants list (disaggregated by sex) Project/Pillar Activity Reports Project Monitoring Reports	UNDP
2.3.3 Number of key government officials with greater knowledge, capacities and tools on gender-responsive budgeting to end VAWG, including SGBV/HP, and to promote women and girls' SRHR	SLI Baseline Study KAP Survey	Participant surveys at the end of training activities PES documents	UN Women
OUTCOME 3 Gender inequitable social norms, attitudes and behaviour change at community and individual levels to prevent VAWG/SGBV/HP and promote women and girls' SRHR.			
3.1 Percentage of people who think it is justifiable for a man to (subject) beat his wife/intimate partner (to violence), by sex and age			
3.2.b. Percentage of people who think it is justifiable to subject a woman or girl to child marriage			
Indicators	Data source	Means of verification	Responsible Org.
Output 3.1: Government institutions, organizations of women, young women, men and media have enhanced capacity to devise and implement a gender transformative approach to prevention of SGBV and early marriage in a coordinated manner including for in and out of school setting.			



3.1.2 Number of young women and girls, young men and boys who participate in out-of-school programmes that promote gender-equitable norms, attitudes and behaviours and exercise of rights, including reproductive rights	UN Women CSOs and Networks MGCAS (responsible), MINEDH, MISAU, MJCR, PLASOC-M, Private Sector	Annual SLI reports Participant lists <i>Rapariga BIZ</i> and WCP (World Rights of Children) Programme Reports, Research, Activity Reports	UN Women
Output 3.2: Community advocacy platforms are established/strengthened to develop strategies and programmes,⁵⁵ including community dialogues, public information and advocacy campaigns, to promote gender-equitable norms, attitudes and behaviours, including in relation to women and girls' sexuality and reproduction, self-confidence and self-esteem and transforming harmful masculinities			
3.2.4 Number of communities with advocacy platforms established and/or strengthened to promote gender-equitable norms, attitudes and behaviours, including in relation to women and girls' sexuality and reproduction	MGCAS (responsible), MISAU, CSO Provincial Forums, Forums, CSOs and CBOs, Civil Society Networks and platforms ⁵⁶	Partner Activity Reports Civil Society Reports Project Monitoring Reports	UN Women
3.2.5 Number of campaigns challenging harmful social norms and gender stereotyping, including of women and girls facing intersecting and multiple forms of discrimination, developed and disseminated.	UN Women CSOs, CBOs and Networks MINEDH National and international Women's Rights Organizations UN Agencies, MGCAS (responsible), MJD, MISAU, MINEDH,	Annual reports UNDAF report Campaign Reports: Activities Reports, Media Publications	UN Women
Outputs 3.3: Decision makers in relevant non-state institutions⁵⁷ and key informal decision makers⁵⁸ are better able to advocate for implementation of legislation and policies on ending VAWG, including SGBV/HP, and for gender-equitable norms, attitudes and behaviours and women and girls' rights (including SRHR)			
3.3.4 Number of journalists better able to sensitively report on VAWG including SGBV/HP and GEWE more broadly, including the promotion of women and girls' SRHR	CSOs, Government, Journalist's Organizations (MISA, etc), UNESCO, UNICEF, SNJ ⁵⁹ , MGCAS	Activity Reports, Research Outputs, Monitoring Reports	UNICEF

⁵⁵ Including informing parenting skills around gender socialization through early childhood development programmes

⁵⁶ Networks and platforms will be responsible for mapping the existing communities

⁵⁷ Including the media, sports, workplaces, etc.

⁵⁸ Will differ from region to region and includes decision makers from informal institutions, e.g. traditional, religious and community leaders

⁵⁹ SNJ is responsible for collecting the required information.



<p>3.3.5 Number of key informal decision makers and decision-makers in relevant non-state institutions with strengthened awareness of and capacities to advocate for implementation of legislation and policies on VAWG including SGBV/HP and for gender-equitable norms, attitudes and behaviours and women and girls' rights</p>	<p>MGCAS CSOs (Networks) UN Women Community and Religious Leaders Government, Parliament, Municipalities and Courts UNDP, UN WOMEN, UNICEF</p>	<p>Annual reports Activities Reports, Specialized Studies, Key Informant Surveys</p>	<p>UNICEF</p>
<p>OUTCOME 4: Women and girls who experience VAWG, including SGBV/HP, use available, accessible, acceptable, and quality essential services including for long term recovery from violence. Indicator 4.1. Proportion of women, including those facing multiple and intersecting forms of discrimination, who report experiencing physical or sexual violence who seek help, by sector. Indicator 4.2.a Number of cases of VAWG, including SGBV/HP, reported to the police</p>			
<p>Indicators</p>	<p>Data source</p>	<p>Means of verification</p>	<p>Responsible Org.</p>
<p>Output 4.1: State service providers including all relevant Government sectors, the Judiciary, CSOs and CBOs have strengthened their capacities to provide an integrated rights-based SGBV response and SRH services resulting in increased access by adolescent girls and young women in target provinces and districts</p>			



4.1.2 Number of women and girls with access to programmes developed to integrate VAWG, including SGBV/HP, response into SRH, education and migration services.	Civil Society Networks and Platforms and government sectors	Annual Reports Participant/beneficiary feedback surveys Project monitoring reports	UNFPA
4.1.4 Number of government service providers who have increased knowledge and capacities to deliver quality and coordinated essential services to women and girls' victims/survivors of VAWG including SGBV/HPs.	MGCAS, MINT (Gabinete de Atendimento), MJCR, MISAU (DPS)	Annual Reports Sectoral Surveys Beneficiary feedback surveys Project monitoring reports	UNFPA
			UNICEF
4.1.5 Number of CSOs which have increased knowledge and capacities to deliver quality and coordinated essential services to women and girls' victims/survivors of VAWG including SGBV/HP	CSO Annual Reports	Beneficiary feedback surveys Project monitoring reports	UN Women
Output 4.2. Women and girls' survivors of VAWG, including SGBV/HP, and their families are informed of and can access quality essential services, including longer term recovery services and opportunities.			
4.2.1 Number of women and girls' survivors of VAWG, including SGBV/HP, that have increased knowledge of and access to quality essential services	MGCAS, MINT, MJCR, MISAU, Surveys in areas of intervention	Knowledge, Attitudes and Perceptions Survey	UNFPA
4.2.2 Number of women and girls' survivors/victims and their families, including groups facing multiple and intersecting forms or discrimination, that have increased knowledge of and access to accompaniment/support initiatives, including longer-term recovery services	MGCAS (CAIs), CSO, Surveys in areas of intervention	Knowledge, Attitudes and Perceptions Survey	

OUTCOME 5. Quality, disaggregated and globally comparable data on different forms of VAWG, including SGBV/HP, collected, analysed and used in line with international standards to inform laws, policies and programmes.

Indicator 5.2. Mozambique has publicly available data, reported on a regular basis, on various forms of VAWG, including SGBV/HP, at country level

Indicators	Data source	Means of verification	Responsible Org.
Output 5.1: Key partners, including relevant statistical officers, service providers in the different branches of government ⁶⁰ and women's rights advocates have strengthened capacities to regularly collect data related to VAWG, including SGBV/HP in line with International and regional standards to inform laws, policies and programmes			
5.1.2 Mozambique has a system to collect administrative data on VAWG, including SGBV/HP, in line with international standards, across different sectors	INE, MINT, MISAU / External Assessment	Programme Monitoring Reports, Shadow Report, CEDAW Reports	UNFPA
5.1.3 Number of National Statistical Officers who have enhanced capacities to produce data on the prevalence of VAWG including SGBV/HP, and incidence where appropriate.	INE, MGCAS	Programme Activity Reports	
5.1.4 Number of government personnel from different sectors, including service providers, who have enhanced capacities to collect prevalence and/or incidence data, including qualitative data, on VAWG including SGBV/HP in line with international and regional standards.	MGCAS	Programme Activity Reports	
Output 5.2: Prevalence and/or incidence data on VAWG of reliable quality is analysed made publicly available for the monitoring and reporting of the SDG target 5.2 indicators to inform evidence-based decision making.			
5.2.1 Number of knowledge products developed and disseminated to the relevant stakeholders to inform evidence-based decision making.	Parliament, MGCAS, MINT, MISAU, MINEDH, Ministério Público (PGR),	Annual Reports and Publications	UNFPA

⁶⁰ Statistics offices, justice, security and health sector.



OUTCOME 6: Women's rights groups, autonomous social movements and relevant CSOs, including those representing youth and groups facing multiple and intersecting forms of discrimination/marginalization, more effectively influence and advance progress on GEWE and VAWG, including SGBV/HP.

6.3: Proportion of women's rights organisations, autonomous social movements and CSOs, including those representing youth and groups facing multiple and intersecting forms of discrimination/marginalisation, report having greater influence and agency to working on ending VAWG, including SGBV/HP, and promoting SRHR

Indicators	Data source	Means of verification	Respons. Org.
Output 6.1: Women's rights groups and CSOs, ⁶¹ have increased opportunities and support to share knowledge, network, partner and jointly advocate for GEWE and ending VAWG, including SGBV/HP, and promoting SRHR, with relevant stakeholders at sub-national, national, regional and global levels			
6.1.1 Number of jointly agreed recommendations produced because of multi-stakeholder dialogues that include representatives of groups facing multiple and intersecting forms of discrimination.	NCSR	CSO Flagship Reports Annual Reports/Activity Reports	UN Women
6.1.2 Number of official dialogues with relevant government authorities with the meaningful participation of women's rights groups and CSOs, including representatives of groups facing multiple and intersecting forms of discrimination.	UN Women Government, Civil Society Platforms	Annual reports	UN Women
Output 6.2: Women's rights groups and relevant CSOs are better supported to use social accountability mechanisms to support their advocacy and influence on prevention and response to VAWG, including SGBV/HP, and GEWE more broadly			
6.2.1 Number of supported women's rights groups and relevant CSOs using the appropriate accountability mechanisms for advocacy.	Networks, Groups and Provincial Forums	Annual Reports	UN Women
Output 6.3: Women's rights groups and relevant CSOs representing groups facing multiple and intersecting forms of discrimination/marginalisation have strengthened capacities and support to design, implement and monitor their own programmes on VAWG, including SGBV/HP, and promote women and girls' SRHR			
6.3.1 Number of women's rights groups and CSOs representing groups facing intersecting forms of discrimination/marginalization that have strengthened capacities and support to design, implement, monitor and evaluate their programmes on SGBV/HP/SRHR	CSO Networks, Groups, Government	Annual reports	UN Women

⁶¹ Including those representing youth and groups facing multiple and intersecting forms of discrimination/marginalization.



TABLE 2 - PROGRAMME RISK MANAGEMENT MATRIX

Risks	Risk Level: Very high High Medium Low (Likelihood x Impact)	Likelihood: Almost Certain - 5 Likely - 4 Possible - 3 Unlikely - 2 Rare - 1	Impact: Extreme - 5 Major - 4 Moderate - 3 Minor - 2 Insignificant - 1	Mitigating measures	Responsible Unit/Person
Contextual risks					
Fragility of the peace process	Low	2	3	If the peace process breaks down, the UN will reduce implementation in affected provinces and increase in the non-affected ones already identified as SLI pilots.	RCO
Economic crisis may reduce the State capacity to allocate human resources and other support to the government-coordinated mechanism on SGBV, at a decentralized level	High	4	4	Programme builds-in support to existing coordination mechanism at both central and decentralized levels particularly for Pillar 2, and 4; Inception workshops and regular engagement with key stakeholders through governance mechanisms on related accountabilities for financial and human resources; and Through institutional capacity building the UN will consider placing technical support at the Government institutions at central, provincial and district levels.	RCO
The weight of social norms and traditions: resistance from traditional leaders and (matronas of initiation rites)	High	3	2	Strong engagement of women, men especially traditional leaders and expanding their engagement through social mobilization campaigns at district, provincial and at the national level; Sensitization and empowerment of female traditional/political leaders to mobilize against and desist from engaging in HP such as early marriage.	Government/ RCO
Programmatic risks					
Funds are not expended at optimal level due to potential limitations in absorption	High	3	3	Monitor implementation rate with relevant partners Implementation of HACT Leverage local offices in Nampula, Gaza (UNFPA, UNICEF, UN	RUNOs



Risks	Risk Level: Very high High Medium Low (Likelihood x Impact)	Likelihood: Almost Certain - 5 Likely - 4 Possible - 3 Unlikely - 2 Rare - 1	Impact: Extreme - 5 Major - 4 Moderate - 3 Minor - 2 Insignificant - 1	Mitigating measures	Responsible Unit/Person
capacity at national and decentralized level				Women) to boost implementation capacity and ensure timely delivery.	
Limited capacities to apply knowledge by national partners (Government, Non-Government State partners and CSO) hinder the scale of implementation and impact of the programme	Medium	3	3	Strengthen government coordination mechanisms, Non-Government State actors and Civil Society by ensuring direct participation in SLI Mozambique programme; Coach partners to meet quality standards for programmes' activities and deliverables; Undertake regular monitoring, evaluation to take corrective action by the Country Programme staff; and In cases of performance limitations, budget/plan for training to meet agreed standards of performance.	RUNOs/Partners
Unavailability of consolidated data across State sectors (from Police, Health, Social Action to Courts) which limits ongoing problem identification and analysis	High	4	3	Convene regular technical meetings (Data Reference Group) of relevant institutions to sensitize them on relevance and impact of data on gender equality (e.g. outcome of legal processes); Develop and promote adoption of a protocol for timely provision of baseline data gaps to be conducted and M&E data; and Under pillar 5 a centralized management information system will be developed	Government of Mozambique/ UNFPA
Institutional risks					
Limited capacity of MGCAS to lead on coordination of GBV and gender issues	Medium	2	3	Provide technical and managerial support (a national resident adviser based at MGCAS), financial and institutional support to MGCAS.	MGCAS/RCO/ Relevant RUNOs
Fiduciary risks					
Financial crisis –austerity policies limit government's contribution and focus on	High	3	3	Develop, accelerate public/private partnership strategies for scaling up and expansion of essential services; and Implement and monitor financing of Gender Equality/gender	



Risks	Risk Level: Very high High Medium Low (Likelihood x Impact)	Likelihood: Almost Certain - 5 Likely - 4 Possible - 3 Unlikely - 2 Rare - 1	Impact: Extreme - 5 Major - 4 Moderate - 3 Minor - 2 Insignificant - 1	Mitigating measures	Responsible Unit/Person
underlying structural issues for EVAWG				budgeting methodologies at national & provincial levels including the PESOD.	
Economic crisis and other emergencies may absorb resources and technical expertise needed for the programme	High	3	4	Programme employs a robust risk management strategy with financed mitigation measures which is updated at least twice a year.	RUNOs
<p>Assumptions:</p> <ul style="list-style-type: none"> ✓ There is political will and commitment by the government, CSOs and private sector to end VAWG including HP as a national priority. ✓ Understanding by key stakeholders of the linkages between migration, disability, poverty, ethnicity, age, location, education, overall violence and conflict, differential power relations, and other issues in relation to VAWG including HP. ✓ Participation in decision-making by groups facing intersecting forms of discrimination will improve institutions' response to their needs. ✓ Providing technical support and capacity strengthening will result in improved coordination. ✓ Changes in attitudes and beliefs will result in changes in behaviours. ✓ Quality services will increase women's confidence to access services. ✓ An integrated/multi-pronged approach to prevention is effective to change social norms and attitudes. ✓ Sufficient access to modern technologies allowing information sharing, including data availability and use. ✓ Political stability and enabling environment to allow civil society to advocate, participate in national conversation and implement programme on VAWG including HP. ✓ Participation of groups facing intersecting forms of discrimination in decision-making will improve the representation of their needs in laws and policies. ✓ Elections planned in 2018 and 2019 will not severely impact programme implementation of activities nor the involvement and engagement of key high-level government stakeholders. ✓ There is willingness on the part of influential persons and custodians of culture to engage in EVAWG. 					

TABLE 3: BUDGETS

Table 3 A – ANNUAL WORK PLAN (PHASE 1) – TBC

Table 3 B – BUDGET BY UNG CATEGORY - see attached Excel file

Table 3 C – BUDGET BY OUTCOME – see attached Excel file

Table 3 D – ADVANCE PRE-FUNDING– see attached Excel file

ANNEX 1: Multi-stakeholder engagement in the Country Programme development process:

A Summary of consultations held between April and August 2018 is available via in this [link](#).

ANNEX 2: Communication and Visibility Plan

The Spotlight Initiative in Mozambique will challenge directly pervasive and negative social norms including harmful practices, SBVG as well as enhance access to SRHR. Significant investment will be made in communications, promotion and advocacy to realize the goals of the entire programme but to both address prevention and response to SBGV and to enhance protections offered by the State and other actors.

A- Objectives

1. Overall communication objectives

Communications activities will be coordinated by the inter-agency Communications Group which comprises all the Communications Officers of the UN System in Mozambique. This will also the SLI team to leverage capacities across the system and especially those of the four main Recipient UN organizations for an innovative, evidence-based and creative approach to challenging perverse social norms and ensuring an HRBA and LNOB approach to gender equality in Mozambique. The approach/strategy will promote **collective responsibility for Ending Violence against Women and Girls in Mozambique**, including raising public consciousness and social solidarity for this fundamental goal embedded in the 2030 Agenda, within the UN System as well as in the public at large in Mozambique.

Coordinated with the Spotlight Secretariat and with the EU Delegation in Mozambique it will focus on press and media engagement, public campaigns and promotion of SLI as a catalytic force to achieve key development goals in Mozambique. It will also include high intense visibility to SGBV, HP and SRHR issues.

The main objectives are:

- **Objective #1: Raise awareness of [Sexual and Gender-based Violence, Harmful Practices and Sexual and Reproductive Health Rights]** and its prevalence in Mozambique: By publicizing data and supportive facts, creative messaging to key audiences, exhibiting thought leadership on violence against women and girls.
 - a. Key indicator(s)
 - i. Outcome Indicator 3.1: Percentage of people who think it is justifiable for a man to (subject) beat his wife/intimate partner (to violence), by sex and age
 - ii. Percentage of audience with accurate knowledge on the prevalence of [insert violence against women and girls focus area].
- **Objective #2: Illustrate and promote the impact and results of Spotlight-supported interventions:** By finding, sharing and promoting the stories of women and girls whose lives have been positively transformed by Spotlight-supported interventions.
 - a. Key indicator(s)
 - i. Percentage of audience with accurate knowledge of the Spotlight Initiative
 - ii. Percentage of audience with a positive perception of the Spotlight Initiative
 - iii. Output Indicator 3.3.3: Number of new and other media stories/reports that sensitively report on VAWG and GEWE more broadly
- **Objective #3: Provide communications for development support to strengthen Spotlight Initiative's programme design and implementation:** By influencing the creation and delivery of behaviour-change and culture-shift activities, campaigns and initiatives, media sensitization and training.
 - a. Key indicator(s)



- i. Output Indicator 3.2.2: Number of people reached by campaigns challenging harmful social norms and gender stereotyping;
 - ii. Output Indicator 3.2.5: Number of campaigns challenging harmful social norms and gender stereotyping, including of women and girls facing intersecting and multiple forms of discrimination, developed and disseminated;
 - iii. Output Indicator 3.3.1 Number of news outlets that develop standards on ethical and gender-sensitive reporting; and
 - iv. Output Indicator 3.3.4 Number of journalists better able to sensitively report on VAWG and GEWE more broadly.
- **Objective #4: Ensure visibility for the Spotlight Initiative, its donors and partners:** By coordinating consistent and coherent branding, high-profile endorsements from social influencers, top-tier media placements, organizing publicity events and campaigns.
 - a. Key indicator(s)
 - i. Percentage growth of Spotlight audiences (segmented)
 - ii. Percentage increase in Spotlight brand recognition

1. Target groups

SLI Mozambique will target both the public in general and specific groups in its communications, promotion and advocacy including active engagement of women and girls at risk of SGBV and HP and those who are and have been victims (rights holders) as well as those who bear duties and responsibilities (duty-bearers) to eradicate violence against women and girls and ensure that all SGBV are prosecuted to the full extent of the law. Within these main groups, sub-groups will also be targeted e.g. at-risk groups (groups facing multiple and intersecting forms of discrimination) for the former and first responders as well as service providers for the latter. First responders in this context include lawyers and the police.

SLI will also employ combined strategies including seminars/workshop discussions involving the media, publicity companies, CSOs, government representatives on exchange of views on how to ensure implementation of regulatory frameworks/share international best practices, promotion of regulatory frameworks and what they mean and the use of TV spots and radio messages as well as visibility material to do so.

2. Audiences

- *Target beneficiaries: ensure that the beneficiary population of more than 2 million women and girls in Mozambique is aware of the opportunities that the SLI will provide and to engage them as full participants in the change that the SLI aims to create.*
- *Legislators: engaging them on their role as duty-bearers to play a lead role in EVAWG, the elimination of HP and ensuring the absolute right to sexual and reproductive health including the need to approve and expand the role of the legislative in the fight against SGBV.*
- *Influencers/Opinion-leaders: to engage actively on issues being raised by SLI Mozambique and to encourage social solidarity with all victims of SGBV and HPs.*



3. Key Partners

Key partners for SLI communications and Visibility activities include:

- *The Media including journalists:* including training of community and national radio/ TV producers to include SGBV issues on their programs (RM, TVM) or ICS and FORCOM and to continue to raise the profile of SGBV in the public domain as part of broader public consciousness on these topics.
- *Private sector:* to elevate their public engagement on SGBV, HP and SRHR using their unique channels to reach various publics i.e. the SMS system used by Banks. To also commit to creating a safe place in the workplace for women including contributing to an inclusive value chain for women survivors of violence.
- *CSOs:* to design specific elements of the broader communication strategy to engage at-risk groups as agents of change and champions.

B- Content/Channels

4. **These include:**

Awareness-raising, for the public, to create broad social movements against child marriage, SGBV and other forms of violence against women and girls in partnership with civil society organizations especially women's and youth organizations, religious, community leaders. These will include monthly outreach on a topic related to SGBV, HP and or SRHR via the national webpage in Portuguese and local languages where possible, Facebook, Twitter and Instagram linked with Orange Day on the 25th of every month. The SLI Mozambique will employ various content types:

- **Stories:** finding, developing and curate impactful stories of the transformation in the lives of survivors and agents of change — the women and girls that SLI serves with a focus on SLI implementation activities and impact. These will include Quarterly newsletter stories and monthly updates from the SLI Mozambique activities as well as targeted activities annually during the 16 Days of Activism including briefing sessions and capacity building targeting to high level officials on EVAWG. Stories should be developed using the Issue, Action, Impact model.
- **Video:** leveraging the global and local demand and interest in video content, video made specifically for social media platforms —will be the main focus. This will complement/harness mobilization activities focused on families and communities promoting ownership of a Mozambique free from Violence and include National level media campaigns including periodic TV and radio spots as well as billboards on SGBV, HP and SRHR⁶²;
- **Photography:** High-quality photographs and images are critical components of any website or social media story. These will be linked to SLI Visibility for International Women's Day (March 8th), Mozambican Women's Day (April 7th), International Day of the Girl Child (October 11), International Day for Rural Women (October 15th), International Human Rights Day (December 10th). In ensuring an SLI presence via a booth, presentation, poster or other promotional material at key national events in Maputo, Gaza, Manica and Nampula, photography will be a key component of such efforts.
- **Infographics:** Infographics are a visual representation of data and information for complex ideas

⁶² Lessons learnt from previous activities have shown that national-level media campaigns using radio, television, and billboards should be a focus from the beginning of initiative to shift norms, particularly around the most harmful and most prevalent issues. Results from the HeforShe Campaign and other social mobilization efforts establish the effectiveness of sustained social mobilization efforts in nurturing the necessary environment to galvanize a national conversation around cultural practices and gender discriminatory social norms, that ultimately leads to their transformation.

and issues such as SGBV, HP and SRHRs. This will include the “Will You” campaign, seeking commitments on EVAWG and the “Did You Know” campaign making visible key facts and trends on SGBV, HP and SRHR in Mozambique and the three provinces⁶³;

- **Print and publications:** Documents such as factsheets, banners, posters and other printed materials conforming to the Spotlight Initiative [Brand Guidelines](#). These will inform quarterly press briefings on SLI with the Government of Mozambique and the EU Delegation including engagement on popular TV shows e.g. A Tarde e Sua; the quarterly newsletter in Portuguese highlighting key SLI activities and shared via email, Twitter, Facebook and Instagram with media contacts, development partners, Government agencies and CSOs; Promotion of the Women’s Empowerment Principles in collaboration with UN Women; and High-level engagement with HeforShe Champion (#ElesporElas).

Heads of Agencies of the RUNOs will also play an important role in visibly leading and exemplifying the principles of Spotlight – allocating at least 5% of their time to this with an extra 5% of time being provided by the Lead Agency. Similarly, members of the SPSC are expected to be HeforShe Champions in word and deed, along with members of the National CSO Reference Group.

5. Communication tools chosen

The SLI Communications and Visibility Strategy will rely on several tools – print and audio-visual media as well as social media including Facebook and Twitter, building on the RCO, UNW, UNICEF, UNFPA and UNDO social media presences to engage with Mozambicans in general on SGBV, HP and SRHR. Specifically, to reach out and engage those often left behind or those who are excluded the SLI will work with cell phone companies to expand engagement on the three priority areas via SMS and whatsapp including the expansion of SMS Biz particularly to engage young people between 10-24. Collaboration with the media as a partner, particularly national and provincial level actors – will focus on general issues and specific targeted messages for duty bearers and rights holders. Awareness raising and social mobilization against SGBV and Early-Marriage, targeting young women and girls, young men and boys will also be carried out through mass sport activities, advertising on public transport, art events and expanded/accelerated engagement of the private sector. Campaigns implemented in collaboration with chapas (mini-vans used for local transport) to txopelas (local taxis) provide an opportunity to engage a significant percent of the working population through partnership with the private sector.

TV spots will be used for large metropolitan areas such as Maputo City, Nampula City and Xai-Xai while radio will be used for less urbanized and more remote areas. To ensure reach to all communities, local languages will be employed linked to a Mozambicanization of Spotlight in term of its name as well as its main key messages.

Key Global Messages to be further localized include:

- The Spotlight Initiative is a global, multi-year partnership between European Union and United Nations to eliminate all forms of violence against women and girls.
- Launched with a seed funding commitment of €500 million from the European Union, the Initiative represents an unprecedented global effort to invest in gender equality and women’s empowerment as a precondition and driver for the achievement of the Sustainable Development Goals (SDGs).
- The Initiative will respond to all forms of violence against women and girls, with a focus on sexual and gender-based violence and harmful practices, harmful practices and Sexual and reproductive health rights.

⁶³ Lessons learnt from previous activities demonstrate that media campaigns linked with guidelines, policies, curricula and community education have led to increased visibility of GBV in Mozambique and Harmful Practices and Harmful gender norms i.e. demonstrating the value of tackling communications at a general level linked to visibility as well as through CD4.

- We know what needs to be done. This Initiative will address legislative and policy gaps, strengthen institutions, promote gender-equitable attitudes, and provide quality services for survivors and reparations for victims of violence and their families. Interventions will also strengthen systems for collecting data on violence against women and girls and empower women's movements.

On an annual basis, the SLI team will develop a detailed communication plan via the UNCG and in collaboration with the Government of Mozambique and the EU delegation. Consistent collaboration with these two partners will maximize impact as well as leverage capacities. Spotlight branding guidelines will be strictly adhered to.

6. Completion of the communication objectives

As part of ongoing monitoring activities for the SLI programme, focus will be given to the impact of investments in campaigns (promotion), visibility and communications including measures for monitoring impact and confirming that communication objectives have been achieved. Specific indicators will be tracked at both the activity level and then the objective level. At the objective level, several indicative indicators will be monitored (see earlier section on objectives). Activity level indicators, building out from the above, will be further defined, based on the Guide, when the communication and visibility plan is fully designed and integrated into the ongoing monitoring of SLI activities.

These include the following specific tools that will be employed by SLI:

- Partner-based monitoring through network reach analysis (this would be main form of measuring the impact of TV/radio spots, press briefings and interviews);
- Quantification of increased demand for material, knowledge products, communications and promotion material from SLI and related activities by stakeholders via analytics for webpage traffic, media mentions, social media engagement, event participation, newsletter engagement and video views. Various existing tools will be analysed for relevance and utility in Mozambique and adapted as necessary; and
- Other specialized studies that may be developed during the life of the programme where there is a specific and well-justified need including feedback surveys. Knowledge, Attitude, Perception and Behaviour Studies undertaken under Pillar 2 for example will be the backbone of monitoring attitudinal change in the public and private sector as duty-bearers.

The reporting process including successes, challenges and lessons learnt on Communications and Visibility and a section of the SLI Mozambique Annual Report will document results. Key gender-responsive innovations will also be well documented.

7. Provisions for feedback (when applicable)

The SLI programme in Mozambique will employ several mechanisms for feedback. This includes the use of participant feedback surveys for training and capacity-building activities, surveys via social media as well as from the SPSC meetings. Through monitoring activities and during the mid-term, thematic and end-term evaluation processes, stakeholders will also have an opportunity to evaluate the effectiveness of SLI Communications and Visibility activities. To ensure that local stakeholders face no barriers to engaging with the SLI team, feedback mechanisms will be made available in Portuguese and select local

languages and a translator and or a local staff member will accompany any evaluation teams to facilitate interviews and other information exchange on SLI.

C- Resources

8. Human Resources

- Person/days required to implement the communication activities: The seven staff directly funded by the SLI will dedicate at least 15% (or 33.15-person days each⁶⁴) of their time to

⁶⁴ This is based on a calculation of 21.75 days per month with 30 days subtracted for annual leave and ten days for UN Holidays leaving 221 days.

communications/advocacy activities directly and indirectly since it makes up 35% of the programme budget and is reflected in at least 9 indicators. This would be a total of USD232.05-person days annually at the technical level. The Programme Coordinator would dedicate 5% of his/her time for Communications in support of the visibility role of the RCO and the lead role played by the RC (another 33.15person days). In addition, UN Women's PMC costs, for example, include 25% of the time of a Communications person. This level of intense investment is seen as key for the kind of transformation at the broader public envisaged by the programme particularly in realizing the outcomes under Pillar 3, 4 and 6 as well as 1 (Legislation and Policy Frameworks).

- Members of the management team responsible for communication activities: The programme's approach to Communications involves several layers including Communication for Development, Promotion/Visibility and Advocacy activities focused on the three focus areas of the Spotlight Initiative, gender equality as a right and Gender Equality and Women's Empowerment as key contributor to achieving the SDGs. The responsibility for Communications will be divided between the RCO which will lead on general Spotlight communications including hosting the webpage linked to the global website, ensuring appropriate Spotlight branding and regular engagement with the media and the public on Spotlight and its impact on the lives of women, girls, boys and men in Mozambique and the specific technical work of RUNOs. UNICEF, as co-chair of the UNCG will also support the visibility and external communications component of the programme, leveraging its many successful campaigns and innovations. In summary, Spotlight will foster a "whole of the system" support to SDG 5, several related UNDAF Outcomes and the six Pillars of the SLI as well as enable and foster a "whole of society" response to EVAWG.



XV. Phase II Addendum to Mozambique Country Programme Document

Recipient UN Organizations (RUNOs): UNFPA, UN Women, UNICEF, UNDP

Programme Partner(s)

Government - implementing partners: Ministry of Gender, Children and Social Action (MGCAS), Ministry of Interior (MINT), Ministry of Health, (MoH/MISAU), Ministry of Education (MoE), Ministry of Economy and Finance (MEF), Secretary of State for Youth and Employment (SEJE), National Institute of Statistics (INE)

Key CSOs: Fundação para o Desenvolvimento da Comunidade (FDC), Fórum Mulher (FM), Coalizão, Helpcode, Cooperativa FSD, AIFO, WLSA (consortium of 7 NGOS), Gender Links (national CSO working with 11 platforms across target districts and grassroots organizations), Muleide, Livaningo, Kuvumbana, Girl Child Rights, PCI, Nweti, Radio Mozambique, Coalizao, Youth parliament and Grupo de Teatro Mualialazé

Other key partners: Parliament, Ombudsman, Human Rights Commission, Attorney General's Office, Supreme Court.

Programme Description:

The Spotlight Initiative's investment in Mozambique in Phase II aims to catalyse the investment done since 2019 and build increased sustainability of the interventions, so that every woman and girl lives a life free from all forms of Sexual and Gender Based Violence (SGBV) and harmful practices (HP) and can enjoy sexual and reproductive health and rights (SRHR). The programme will continue to operate in three provinces in Mozambique (Gaza, Manica and Nampula) and at the central level, in accordance with the scope of the Spotlight Initiative Africa Programme and focus on: SGBV, early marriage (with linkages to the eradication of harmful practices) and SRHR. In addition - the programme will make targeted interventions in Cabo Delgado's province. Working as a demonstration fund this investment aims to respond - and influence others to act - to reduce the risk of escalation of child marriage, address the increased risk and exposure of internally displaced women and girls to SGBV and sexual exploitation and continue to ensure quality essential services to this vulnerable population. The programme will continue to work across all six pillars/outcomes areas of the Spotlight Initiative.

Programme Location (provinces or priority areas):

Phase II will continue to focus interventions in the three provinces selected for Phase I (10 districts), where the programme will continue to implement selected components **from all six pillars**. **Gaza Province:** Xai Xai, Chongoene and Chicualacuala districts **Manica Province:** Chimoio (focus on Gondola), Mossurize, and Tambara districts **Nampula:** Nampula City, Mogovolas, Moma and Angoche districts. Targeted interventions under Pillars 1, 2, 3 and 4 will be expanded to **Cabo Delgado**.

In addition, SI will work with the central Government on legislation and policies (Pillar 1), Strengthened institutions (Pillar 2), Prevention and Social Norms (Pillar 3), Services (Pillar 4) and Data (Pillar 5). Under Pillar 6 SI will also ensure central level coordination across women's rights organization, CBOs/grassroots to increasingly come together as one powerful voice for advocacy and lobbying, regardless of where organizations are operating.



Acronym List

AGO	Attorney General’s Office
CAI acronym)	Integrated Assistance Centers (called “CAIs” by its Portuguese
CBOs	Community-Based Organizations
COREM Mozambique	Conselho de Religiosos de Moçambique/Religious Council of
CSOs	Civil Society Organizations
CSNRG	Civil Society National Reference Group
CSW	Commission on the Status of Women
DPS	Provincial Directorate of Health
ESP	Essential Service Package
EVAWG	Eliminating Violence Against Women and Girls
EU	European Union
EUD	European Union Delegation
GBV	Gender Based Violence
HIV/AIDS syndrome	Human immunodeficiency virus infection and acquired immune deficiency
HP	Harmful Practices
MGCAS	Ministry of Gender, Children and Social Action
MJCR	Minister of Justice, Constitutional and Religious Affairs
MoH or MISAU	Ministry of Health
MTA	Mid-Term Assessment
OPD	Organizations of Persons with Disabilities
SAAJS	Adolescents and Youth Friendly services
SGBV	Sexual and Gender Based Violence
SI	Spotlight Initiative
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
UNWOMEN	United Nations Entity for Gender Equality
VAW/G	Violence against women and girls
WEE	Women’s Economic Empowerment

1. Context update and key focus area

Context update

Over the last two years, in addition to the weather shocks (cyclones, floods and droughts) that recurrently affect the country, Mozambique registered **three significant contextual changes**:

- The end of 2019 saw **elections in the country and the implementation of the decentralization model** that brought significant shifts in key governmental structures and focal points at national and provincial levels. This included the change to the Minister of Gender, Children and Social Action (MGCAS) and the Minister of Justice, Constitutional and Religious Affairs (MJCR), both critical in SI's implementation. This was mitigated during Phase I to ensure continuation of activities. For Phase II, additional agreements will be signed to implement the Gender Based Violence (GBV) interventions and operational costs will be negotiated to accommodate this new government structure.
- 2020 was marked by the **overarching impact of the COVID-19 pandemic**, which affected normal interaction, communication and priorities around the globe. For SI Mozambique this raised - and is expected to continue to raise - economic pressure, loss of livelihoods and disruption in access to health, social and protection services, placing an added burden on women and girls. In addition, restricted mobility increased the risk of violence against women and girls - notably by intimate partners confined to the same space - and limited critical access to essential services. Phase II will build on the learnings from Phase I and continue to invest in new ways of working. While improvements in the COVID-19 pandemic are expected, the Initiative will be prepared for remote / virtual actions and will continue to use innovative social mobilization approaches, community radios and WhatsApp groups. In addition, it will continue to support continuity of mobile services (such as the mobile clinics) and remote services that harness the power of technology - such as Linha Verde and Linha Fala Criança hotlines for remote GBV services.
- Finally, 2020 also registered a significant **rise in instability and escalation of the conflict in the northern Province of Cabo Delgado**. This continues to drive massive displacement and the fast deterioration of the humanitarian situation in the region. According to the last OCHA Mozambique Situation Report (updated on December 31st, 2020) nearly 670,000 people were internally displaced in Cabo Delgado, Niassa and Nampula by the end of 2020, which have exacerbated violence against women and girls. There is fear of escalation of child marriage in Cabo Delgado, due to impacts from school closures as a result of COVID, and the already high child marriage rate in the region, at 61% (UNICEF and UNFPA, 2016). Further, internal displacement has increased the risk and exposure of women and girls to

Sexual and Gender Based Violence (SGBV), sexual exploitation and abuse among those living in temporary accommodation, in exchange of basic items and food (CARE, Rapid Gender Assessment). In addition, the health system and services have been stretched due to the influx of Internally Displaced People (IDPs), which makes the population more vulnerable to poor health outcomes especially Sexual and Reproductive Health Rights (SRHR).

Lessons learned

At an EVAWG substantive level

Based on the lessons learned from Phase I and the Mid-Term Assessment (MTA) findings, the following interventions will continue to be prioritized in Phase II:

- Peer to peer communication provides a unique platform for teenagers to express their views / opinions about SGBV.
- The application of participatory techniques of “edutainment” (education + entertainment) in the approach of subjects considered taboo in most rural communities (such as the case of child marriage) is critical to create space for debate by the adolescents and their families.
- Evidence shows that engagement with the informal justice system and community, religious and traditional leaders can contribute to accelerate SI’s achievements.
- Mobile clinics - especially given the COVID-19 mobility restrictions and constraints - provide basic health screenings of common illnesses and offer broader services than just GBV related services, removing the fear about stigma that survivors might feel in approaching services.
- Integrated services for GBV survivors (CAIs) - including Health, Psychosocial, Police, Legal assistance and Temporary shelter - provide women and girls a one-stop center that is critical for survivors of violence survivors to access comprehensive services within a regulated and friendly environment; and collection of accurate data to support follow-up of cases and further case-management.

Phase II interventions will continue and strengthen existing efforts to target remote areas and vulnerable population groups for high impact, aiming to reach those furthest left behind. In addition to the development of a stigma and discrimination Index and shadow reports by groups at risk regarding the type of stigma and discrimination faced to assess SRH Services, in alignment with the principle of Leaving No One Behind (LNOB), activities will have a special focus on the following sub-groups:

- girls and women with disability - notably through strengthened partnerships with Organizations of Persons with Disabilities (OPDs) such as AIFO, and targeted training and equipment for improved service provision for women and girls with disabilities who experience SGBV
- girls and women living with HIV

- people living with albinism, notably targeting this group in social mobilization and economic empowerment activities
- victims of trafficking or at risk of being trafficked
- Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) community - notably through giving increased visibility to LGBTI activities engaged in the SI interventions in Phase I and also supporting LBGTQ+ national CSOs for joint campaigns, community engagement and advocacy events to reduce stigma, social isolation and barriers in service access. At service provision level, SI will advocate for inclusion and availability of specific consumables to respond to specific needs of LBGTQ+ clients. A research on the type of sexual violence against LGBTI will also be finalized and disseminated.

In line with the learnings from Phase I, SI will improve the outreach to these groups by renewing partnerships and establishing new ones with CSOs working with these specific groups, while also improving the monitoring of their engagement in the initiative.

At the coordination level

Regarding **SI coordination**, Phase I has shown that while the Initiative's multiple stakeholders are valuable to leverage expertise and integrate approaches to maximize impact this can also be a challenge for timely and effective implementation. Joint planning and monitoring activities (at all levels: district, provincial and central) has significantly contributed to increased ownership of the initiative by all stakeholders and, in line with MTA recommendations, it will be intensified in Phase II. In Phase II the initiative will increase regular support and coordination with MGCAS at central level, which is expected to be improved considering the recruitment - at the end of Phase I - of a dedicated officer to work with the SLI team based with the MGCAS' National Gender Directorate team.

In Phase II SI will also focus on increasing the engagement with government staff at provincial level to ensure good understanding of the Spotlight Initiative and strengthen their capacity to meaningfully engage with the programme at provincial and district level. This will be done through the provincial multisectoral committees⁶⁵ as a platform to exchange knowledge about SI amongst stakeholders. The initiative will guarantee full swing of this mechanism and ensure its contribution to the achievement of all 6 outcomes at provincial level.

The initiative will also aim to organize an exchange learning event between members of the multisectoral mechanism of the SI target provinces to reflect about their work and how they can effectively collaborate to ensure the achievement of SI expected results

⁶⁵ In 2020 provincial multisectoral committees were created, engaging Government, Civil Society Organizations (implementing partners) and UN Agencies, to plan together, conduct joint monitoring and reporting. This has allowed all involved in the provinces to learn what each was doing, where and how to improve coordination among all involved. Initial discussions were held for the creation of same structure in the districts that is expected to be fully in place in 2021.

and the elimination of violence against women and girls. This would aim to improve coordination but also strengthen the capacity of local level government officials for the planning of activities in their respective provinces.

In addition, Phase II will continue to strengthen the commitment to deliver “as One UN”, in the spirit of the UN Reform. Under the leadership of the Resident Coordinator, and with a stronger engagement of the RCO, SI Mozambique will invest in improved cooperation across RUNOs and with Governmental and Civil Society (notably engaging a new Technical Coherence position). And it will continue to promote strong and regular engagement with the European Union Delegation (EUD) as a key and active partner, since Phase I showed this is critical to elevate the positioning of EVAWG within the broader political agenda.

Finally, in the engagement with Civil Society, Phase II will build on the learnings from Phase I and include a position to ensure adequate management of the CSO engagement across pillars, within pillar 6 and a more meaningful engagement of the Civil Society National Reference Group. In addition, SI Mozambique will continue to invest in CS Implementing Partners that bring onboard grassroots organizations to actively participate in activities’ implementation and benefit from training opportunities.

Phase II focus

Programmatically, Phase II will be closely aligned with ongoing interventions from Phase I, investing on those that have shown **most impact in addressing obstacles to EVAWG, as well as scalability and sustainability potential.**

Prioritizing the full realization of the **rights of women and girls’ sexual and reproductive rights will remain a focus in Phase II, with close to 80% of SI’s investment** contributing to this critical outcome.

Strong ownership - and partnerships with - the Government and Civil Society will remain a priority. A total of **\$1,571,094 - representing 24% of Programme Costs - will be implemented through Government partners** at both central and provincial levels.



Estimated Investment per Government Implementing Partner at Central and Provincial Levels						
Government Implementing partner	Central	Nampula	Manica	Gaza	Cabo Delgado	Total
MGCAS	40,000	165,694	104,271	109,271	10,000	429,235
Min. Health	124,704.00	66,825	50,119	50,119	30,537.50	322,304
MJCR *	175,000	230,697	201,860	144,186	85,000	836,743
Min. Interior	250,000.00	30,000	40,000	40,000	30,000	390,000
Min. Education	60,000.00	239,348				299,348
Min. Econ & Finances	39,000	27,000	22,000	22,000		110,000
Sec State Youth & Employment	126,044.00				15,000	141,044
Total	814,748	759,564	418,249	365,575	170,538	2,528,674

* (including institutions from the Justice Administration System)

In addition, **\$2,465,646** of Phase II funds - representing **37%** of the Programme Outcome Costs - will be implemented through CSOs.

As detailed in section 2 below, interventions will strengthen the investment done in the provinces of **Gaza, Manica and Nampula** - in the **10 target districts prioritized in Phase I**. In addition, given the **contextual changes in Cabo Delgado, targeted interventions under Outcomes 1, 2, 3 and 4** (primarily focusing on training, support and capacity building) will be expanded to this area, **totalling an investment of approximately \$460,000** (representing 7% of the Programme Outcome costs). This will, on the one hand leverage the achievements and learnings from Phase I, and, on the other, build on existing operations from RUNOS in the region, which will ensure efficient resource allocation that results in positive impact for women and girls. When activities have to be district based, it is recommended to focus in the district of Montepuez, given the growing numbers and needs of Internally Displaced women and girls, its strategic location and the existing infrastructure in place. As currently most interventions in Cabo Delgado address humanitarian needs, SLI's expansion to the region will be an opportunity to transfer positive experiences from SLI phase I, in responding to SGBV, extending the development approaches to the complex environment in the province, for more sustainable solutions.

Key areas of continued focus in Phase II include:

- **Socio-norms Change on VAW/G:** in line with the MTA recommendations SI will sustain efforts for socio-norm change using the gender transformative approaches of engaging men and boys, religious and traditional leaders as champions of change; and foster engagement of youth and women CSO led organizations to mobilise communities for social norm change and duty bearer accountability for implementation of Child Marriage, Domestic violence, Inheritance and Family law. A strategy is currently being finalized as part of the Phase I intervention to outline this

approach. This will be an area of focus in the expansion to Cabo-Delgado, with similar gender transformative approaches to social norm change. Furthermore, SI will scale up community engagement to promote positive social norms that protect women and girls from SGBV and other harmful practices. The platforms for reaching out the communities for sensitization will include production and broadcasting of radio drama serial stories on SGBV and early marriage in Radio Mozambique (the biggest radio station in the country), community radios and local theatre groups. These combined efforts have the potential to reach over 2 million beneficiaries. In addition, the “edutainment” materials and approaches used and developed under SI Mozambique will not only be used throughout Phase II but can be re-purposed in the coming years by RUNOS and implementing partners.

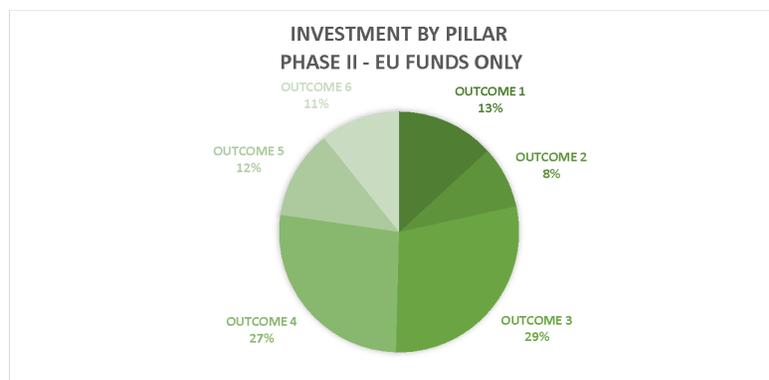
- The channel for promoting **gender transformative behavioural change is Community dialogues on Child Marriage, SRHR and SGBV, designed using intensive Communication for Development (C4D) strategy to prevent and reduce child marriage** – the methodology used to conduct the community dialogues is simple but addresses root causes of gender inequality within the community. It has the potential to yield quick result, in 2019 for example, 30% of the community members who through all the dialogue cycles have shown change in attitude towards child marriage compared to pre-dialogue evaluation.
- **Case management:** in 2020 SI invested in SGBV case management through operationalization of the “one-stop centers” (CAIs) in the 10 target districts, as well as mobile clinics, Adolescents and Youth Friendly services (SAAJs) and Training of Trainers on the Essential Services Package and its roll-out at provisional level in the 3 provinces of Manica, Gaza and Nampula. In Phase II, the focus will be to sustain case management for delivery of the Essential Services Package in the 3 target provinces while also expanding to Cabo Delgado and to IDPs and host communities in Nampula province as a mechanism of response to violence against women and girls.
- **Data collection and management:** after the I pilot of the Inviolência digital platforms, SI will ensure the roll-out in the 10 target districts, integrating with existing health platforms and use of the GBV integrated single file “Ficha Única”. This will include continuous training for real-time data collection of the mobile brigades, and at service points, including at CAIs to enhance timely and quality data collection, and GBV information. Further research with surveys on GBV perceptions and client satisfaction of the Services for women and girls who experience GBV, and quality of SRHR services in the target districts and Cabo Delgado, will support efforts to generate evidence for policy advocacy. implementation of the Child Marriage and Family Laws through analysis and packaging of available data sets will also be prioritized.
- **Prevention through awareness raising sessions:** using innovative approaches to prevent and fight SGBV and child marriage, such as “*Chapa das manas*”⁶⁶, instant

⁶⁶ Chapa - is the public transport used in Mozambique. Chapa das Manas is a SI intervention led by the CSO partner

messaging applications, door-to-door actions and the “*Fala minha irma*”⁶⁷ initiative, SI will continue to support survivors of violence to report and access services especially in the context of COVID-19 restrictions. This will continue to include an investment in engaging and training community and traditional leaders to be agents of change.

- **Women and girls’ survivors of violence accessing longer-term recovery services and WEE opportunities:** In Phase I economic empowerment interventions were introduced to contribute to providing a livelihood to young women and girls and increase women’s economic autonomy, decreasing the dependence on abusive partners. Given the impact of this intervention (that is expected to reach 2,000 women across the whole initiative) and the ongoing impacts of COVID-19 in Mozambique this will be continued and expanded to Cabo Delgado in Phase II, in line with the MTA recommendations.

2. Programme Strategies



Outcome 1: Laws and Policies

During implementation of Phase I, the initiative focused on supporting the development of key laws, regulations, and strategies on EVAWG. This, in combination with the existing country mechanisms, strengthened the current legal and policy framework.

In line with the MTA recommendations Phase II will focus on strengthening government capacity to enforce these laws as well as educating communities about their existence and consequences. SI will therefore invest **13% of the Programme Outcome Costs** on training of key stakeholders, implementation and dissemination of the existing

WLSA that used chapas only with women and girls passengers and during the ride they held discussions, disseminated information related to SGBV/HP and child marriage. They also shared information on existing referral services and they have received some reports from passengers, that resulted in activists accompanying those women/girls to response services.

⁶⁷ Fala minha irmã is an initiative where safe spaces were created for women and girls to sit and interact with activists to raise awareness, disseminate relevant laws and listen from the audience. Some women and girls were shy to talk in front of others and would approach the activists in private seeking for support.

instruments at community and central levels - in close relation with activities carried out under Outcomes 2 and 3. It will also include the extension of targeted interventions in Cabo Delgado, to i) train Justice System Administration Institutions (SERNIC, Judges, Police) in the 6 GBV and Sexual Reproductive Health related Laws approved in Phase I, building capacity of stakeholders through the Attorney General's Office to the Province of Cabo-Delgado; and ii) support police and justice administration agencies to operationalize the Child Marriage law.

Planned interventions:

- **Activity 1.1.2:** Regulatory mechanism for prevention and reporting of violence against children in schools developed under Phase I will be disseminated and training conducted for key state and CSO actors
- **Activity 1.1.4:** Building on the passing of the CAI regulation in Phase I, SI will ensure the roll-out and implementation of the regulations in 2021 to enhance a systemic and integrated GBV/SRHR response to survivors of violence and harmful practices in the three SI target districts, including an expansion to Cabo Delgado.
- **Activity 1.1.5:** Completing the training and coaching to staff of relevant sectors of Government at central level on Sexual and Gender Based Violence/Harmful Practices/ Sexual and Reproductive Health Rights (SGBV/HP/SRHR) monitoring and oversight - notably disseminating the guideline on planning and budgeting developed in Phase I.
- **Activity 1.1.7:** Training of Justice System Administration Institutions (SERNIC, Judges, Police) in 6 GBV, SRH Relevant Laws approved in Phase I. Capacity building of stakeholders will be expanded through the Attorney General's Office to the Province of Cabo-Delgado. Phase II will continue to support the legal review of 2 critical laws (Domestic Violence and HIV Law).
- **Activity 1.1.8:** to conduct the KAPB (Knowledge, Attitude, Perception and Behaviours) with Parliament (that was not possible to engage in Phase I) and dissemination of Report findings.
- **Activity 1.1.11:** Support police and justice administration agencies to operationalize the Child Marriage law, including in Cabo Delgado
- **Activity 1.1.12:** Share findings from assessment of legislative framework on gender-based violence and harmful practices (with identification of gaps and recommendations for relevant legal reform actions)
- **Activity 1.2.1:** SI will ensure that findings and recommendations from the Evaluation of Child Marriage Strategy 2015 - 2019 are packaged and disseminated to enhance advocacy to implement the Child Marriage law at national, provincial and district/local level
- **Activity 1.2.2:** After providing training and building capacity of adolescents and youth organizations to ensure more effective advocacy in law and policy making processes on the integration of VAWG/SGBV/HP and SRHR into policies,



- programmes and budget allocations, Phase II will focus on supporting the activities of youth led organizations at field level, targeting vulnerable groups from districts and communities: persons living with HIV/AIDS (PLWHA), sex workers, persons with disability, persons with albinism, LGBTI in the discussions
- **Activity 1.2.3:** Support production of combined reports on GBV and HIV, provide training to MGCAS on gender assessment tool, operationalizing HIV and Reports on the Commission on the Status of Women (CSW) Resolution 60/2
 - **Activity 1.2.4:** Following the establishment of the Multi-sectoral platform for monitoring and implementation of laws and policies, support the development of Gender and GBV Strategies to the Minister of Justice, Constitutional and Religious Affairs, Ministry of Interior, Supreme Court, and SERNIC
 - **Activity 1.2.6:** Technical Support to MGCAS to produce Reports on the implementation of the international conventions and national laws on SGBV, HIV and Human Rights including Report on CSW Resolution 60/2 Girls HIV and GBV

Outcome 2: Strengthening Institutions

Phase II of the SI Mozambique will maintain its contribution towards strengthening national institutions to EVAWG, with an **investment of 8% of Programme Outcome Costs**. In line with the MTA recommendations, this will be done by ongoing technical and financial support to existing coordination mechanisms responsible for coordinating multisectoral efforts to EVAWG. This will focus strongly on supporting the Ministry of Gender, Children and Social Action (MGCAS) as the institution responsible for the coordination of the Multisectoral Mechanism of Assistance to Women Victims of Violence. But also includes support to the Coalition to End Child Marriage (*“Coligação para Eliminação dos Casamentos Prematuros”* CECAP), and to the Interministerial Committee to Support the Development of Youth and Adolescents (CIADAJ in Portuguese) to increase their capacity to coordinate interventions related to SGBV/HP and SRHR.

One of the key challenges in the country is ensuring allocation of the State budget to EVAWG efforts. Building on the investment made during Phase I to support the development of key policies and action plans, and providing training in gender sensitive planning, budgeting, and monitoring, the initiative will ensure a decentralized (provinces and district inclusive) implementation of the previously approved policies.

Planned interventions:

- **Activity 2.1.1:** The National Action Plan for GBV Response for the health sector was approved in Phase I. Phase II will focus on the roll-out and implementation of the strategy /action plan through production of materials for dissemination, capacity building of partners and advocacy. This will include technical supervision visits to the SI implementation sites, including Cabo Delgado.

- **Activity 2.1.2:** To build on the integration of VAWG/SGBV/HP and the linkages to SRHR into pre and in service curriculum for health workers and service providers, Phase II will support the MoH to operationalize the Essential Service Package for integrated GBV/SRH services -police, health, legal, social in the 10 target districts and Cabo Delgado target area.
- **Activity 2.1.3:** Following the integration of SGBV and HRs modules in the training curriculum for the Police and Justice staff, Phase II will focus on developing training materials for transfer of knowledge
- **Activity 2.1.4:** Training of the Parliament, Government and CSOs to formulate / monitor/oversight a regulatory framework in regards to media, advertising images, texts, games and other popular culture medium which portray women in discriminatory, degrading or stereotypical way or which glorify violent masculinities
- **Activity 2.2.1:** Reinforce the technical and financial assistance and institutional support to MGCAS and DPGCAS for coordination of interventions related to SGBV/HP/SRHR
- **Activity 2.2.2:** Building on the support to MGCAS to coordinate decentralized implementation of the National Child Marriage Strategy, including the activation of coordination mechanisms in selected districts, Phase II will prioritize technical support to provincial and districts level social action to implement multisectoral GBV/Child marriage prevention activities, including in Cabo Delgado
- **Activity 2.2.3:** Building on the institutional support for improved coordination, prevention and response on GBV/HIV/Child Marriage, Phase II will provide equipment to MGCAS at provincial and district level (based on MGCAS' needs assessment), which will also contribute to achieving the objective from Activity 2.2.2.
- **Activity 2.2.4:** After Phase I's technical and institutional support to mechanisms charged with coordinating relevant policies, programmes and budget allocations to ensure actions plans adequately integrate VAWG/SGBV, HP and SRHR with special attention to the most vulnerable groups, Phase II will focus on continuing the support to MGCAS in facilitating budget integration and allocation of technical assistance using evidence in Pillars 4 and 5 - linked to quality delivery of integrated GBV and SRH services

Outcome 3: Prevention and Social Norms

SI Mozambique (through its governmental and civil society implementing partners), invested significantly in social mobilization and gender transformative campaigns throughout Phase I, including a strong focus on male engagement.

Despite changes in the context - notably the challenges posed by COVID-19 in 2020 - SI reached more than one and a half million women and girls, and over one million men and boys during Phase I. This was possible by innovating and adapting to new ways of working (notably reinforcing reach through community radios and conducting social

mobilization campaigns using megaphones and WhatsApp groups). In addition, SI Mozambique worked closely with community and traditional leaders to become change agents and challenge attitudes, behaviours and practices that perpetuate VAWG and HP.

In line with the MTA recommendations, these will continue to be SI Mozambique priorities in Phase II, with **Outcome 3 representing the highest programmatic investment - totalling 29% of Programme Outcome Costs**. This will ensure the initiative is not only investing on communication and mobilization to change unequal social norms and harmful practices, but also to continue to ensure - and increase - demand for quality and essential services such as counselling, mobile clinics, SAAs and CAs.

Planned interventions:

- **Activity 3.1.2:** Through a CSO implementing partner continue to invest in capacity building for women's organisations implementing a gender transformative approach to prevention of SGBV/HP and awareness raising on SRHR in a coordinated manner, expanding also this intervention to Cabo Delgado
- **Activity 3.1.4:** Continue to support CSO implementing partner to engage informal and formal decision makers in dialogues (workshops, roundtables) about the impact of gender discriminatory social norms, attitudes and behaviours. This includes awareness raising and social mobilization against SGBV and Child Marriage, targeting young women and girls, young men and boys at the community level.
- **Activity 3.1.6:** Through CSO implementing partner conduct further face to face social mobilisation campaigns against SGBV such as UNiTE and Zero Tolerance to Sexual Harassment and Abuse in schools, including awareness raising on SGBV and SRHR, notably in Cabo Delgado
- **Activity 3.1.7:** After Phase I's social awareness and social mobilization activities in schools work with Minister of Education to support implementation of life skills activities in schools (training of youth groups and support the implementation of life skills activities)
- **Activity 3.1.8** Following strengthening the capacity district and sub-districts level education stakeholders to integrate SGBV issues and gender mainstreaming in planning instruments, Phase II will invest in conducting training of gender focal points and school health focal points on life skills
- **Activity 3.2.1:** Continue the production and broadcasting of radio drama serial stories on SGBV and early marriage to influence social norms and promote behaviour change
- **Activity 3.2.3:** Roll out second phase of conduct community dialogues on Child Marriage, SRHR and SGBV through a designed and intensive C4D strategy to prevent and reduce child marriage

- **Activity 3.2.4:** Continue successful awareness raising initiatives at decentralized level with FBOs, community and traditional leaders aiming at making them agents of change in relation to SGBV and HP of women and girls.
- **Activity 3.2.5:** Continue to implement ongoing campaigns, dedicated to men engagement at the community level, expanding to Cabo Delgado.
- **Activity 3.2.8:** Refresher training for youth and adolescents that received peer to peer counselling to engage in prevention of SGBV, HIV and child marriage to continue to lead peer to peer counselling especially considering the COVID-19 ongoing pandemic
- **Activity 3.2.9:** Continue to invest in champions as change agents (female and male) among adolescent and youth organizations, community and religious leaders, parents, women and men.
- **Activity 3.2.10:** Continue adolescent girls' safe space mentorship programme scaling-up training, mentorship sessions in Manica, Nampula, Gaza and expanding the set-up of Youth Safe Spaces in Cabo Delgado.
- **Activity 3.3.3:** Strengthening the implementation of the regulatory frameworks with private sector to prevent sexualized content in diverse media material, advertising, and images
- **Activity 3.3.4:** Strengthening the implementation of the Code of Conduct for faith-based organizations to prevent SGBV and HP at local level (implementing partner is COREM)
- **Activity 3.3.5:** Raise awareness and mobilize 800 religious leaders especially non-traditional ones to engage in prevention of SGBV and early marriage
- **Activity 3.3.6:** After building capacity of school council members and gender focal points, Phase II will focus on building capacity of authorities on PSEA and GBV to implement justice and response, notably in Cabo Delgado

Outcome 4: Quality Services

The quality of services to survivors of violence has constituted one of the key challenges to EVAWG in Mozambique, making it a priority investment from SI in Mozambique. During Phase I, through mobilization and sensitization activities under Outcome 3, the SI in Mozambique increased the demand for essential services by making communities aware of existing services. During the COVID pandemic an investment was made in further mobile services to reach remote populations.

During Phase II, **Outcome 4 will represent approximately 27% of the Programme Outcome Costs** and SI will continue working with service providers to ensure appropriate provision of services to survivors, notably acknowledging the need to reduce their re-victimization.

Planned interventions:

- **Activity 4.1.1:** Continue to work with the Police and legal services on violence against women and girls including SGBV/HP on integrating these services aiming at strengthening provision of evidence to be used in legal cases to reduce impunity and non-closure of cases due to lack of evidence
- **Activity 4.1.2:** Continue to work with the Office of the Attorney General to develop its capacity of the gender units national and local level on GBV Legislation and SRHR issues
- **Activity 4.1.3:** Continue to support the network of women and girls survivors of violence established during Phase I
- **Activity 4.1.4:** Continue to strengthen of the capacities of provincial and district courts in target provinces and districts to provide effective response to SGBV/HP and SRH issues
- **Activity 4.1.5:** Support MGCAS to continue to operationalize the CAI activities in Manica, Nampula and Gaza and support improved service provision by the “Gabinete de Atendimento à Criança e Família Vítima de Violência”
- **Activity 4.1.6:** After the successful training of relevant government staff to support provision of psychosocial support services and enable access to survivors of violence with limited reach to CAIs in the three target provinces, Phase II will focus on additional trainings to enhance capacity building of service providers and provision of technical assistance to support implementation of Mobile Clinics in Nampula, Manica and Gaza.
- **Activity 4.1.7** Support MoE with training of district multi-sectoral group on the implementation of the violence against children in schools mechanism developed under Phase I
- **Activity 4.1.8** Building on reinforced social workers presence and capacity to facilitate access and response to GBV in SDSMAS, Phase II will focus on providing training for social workers including introduction of National ISCISA Course
- **Activity 4.1.9** Continue to support the Police department of Family and Children to respond to cases of GBV and child abuse in target districts.
- **Activity 4.1.11:** After building capacity of multi-sectoral team and cross learning on the implementation of the essential services package, compile necessary training materials and support coordination among service providers - including monitoring visits - notably to strengthen the capacity of service providers to work with survivors of violence preventing re-victimization of women and girls who seek assistance.
- **Activity 4.1.14:** with remaining funds from Phase I SI will invest in strengthening capacities of IPAJ and other legal aid providers in Cabo Delgado until December 2021
- **Activity 4.1.15:** Provide technical assistance for improved SRH service delivery to vulnerable groups of women and girls. Continuity of referral mechanisms at national and provincial level to be replicated at community level during Phase II.

- **Activity 4.1.16:** SRH equipment and training, as well as technical support to provision of integrated GBV and SRH services for the new CAIs as a result of expansion to Cabo Delgado
- **Activity 4.1.17:** After successfully completing Adolescents and Youth Friendly services (SAAJs) in 10 districts, in Phase II the focus will be to support MoH to sustain the functionality of the SAAJ in the 10 target districts and expand YFS to Cabo Delgado
- **Activity 4.2.1:** Provide follow-up training to health committees, child protection committees, community courts, traditional health caretakers, community and religious leaders to prevent and make referral of SGBV/HP cases to relevant formal authorities.
- **Activity 4.2.2:** Continue to conduct entertainment activities, targeting specific groups of young key populations, including young people with disabilities, to increase their knowledge and break the cycle of violence.
- **Activity 4.2.3:** Support IPAJ to promote legal literacy through design of Information, Education and Communication materials in local languages and dissemination in community radios based in GBV legislation approved in Phase I.
- **Activity 4.2.4:** Expand coverage of SMS Biz/U-report peer counselling at national level and support to SMS BIZ hub in Nampula.
- **Activity 4.2.5:** Support MoH to provide technical assistance to sustain continuity and functionality of mobile clinics for GBV and SRH service delivery to hard to reach and vulnerable populations in 10 target districts.
- **Activity 4.2.8:** After conducting a campaign targeting youth and adolescents to increase knowledge and empower women and girls and communities to demand justice related to VAWG/SGBV/HP and SRHR, Phase II will focus on continuity of workshops, seminars and conferences on access to justice for GBV and HP survivors from the 10 target districts.
- **Activity 4.2.9:** After successful interventions on life-skills opportunities for young women and girls' survivors of SGBV/HP, and in line with the MTA recommendation of investing in facilitating the rehabilitation and reintegration of survivors of violence through life skills trainings and opportunities to improve the financial autonomy of survivors, Phase II will scale up/sustain economic empowerment interventions, including in Cabo Delgado.

Outcome 5: Data

In Phase I, SI Mozambique invested in improved management, analysis and use of data about prevalence of Gender Based Violence in the country, through the set-up and support to piloting the InfoViolencia platform. This system is now providing integrated and up-to-date data which is key to improve referrals of survivors of violence and which will enable evidence-based policy making that adequately responds to the current situation of VAWG/SGBV/HP in Mozambique, both at national and provincial level.

In line with the MTA recommendations Phase II will continue the piloting and roll out of

the InfoViolência digital platform and document good practices and bottlenecks. There is a focus on continuing the training and support for effective collection and reporting of data, **with an investment of 12% of the Programme Outcome Costs.**

This will include facilitating linkages between the InfoViolencia platform and the administrative data generated by other government entities, in line with the MTA recommendations. In Phase II SI will facilitate, under MGCAS coordination, the harmonization of Infoviolência and the Single File “Ficha Única”, to allow integration of data coming from the Ministry of Interior, Ministry of Health and MGCAS.

Phase II will also continue to prioritize improved ability from the Government to report on SDGs and other indicators, through advocacy for disaggregated data on GBV, which at the same time will help to report on SI indicators. This will be done close to the Ministry of Economy and Finance, National Statistics Institute and other relevant stakeholders, in line with MTA recommendation to continue advocating with government institutions to ensure that data related to SI indicators can be captured as part of the government data framework.

Planned interventions:

- **Activity 5.1.3:** Complete the process of advocacy, training and technical support to MCGAS and National Statistics Institute (INE) for systematic generation and dissemination of SGBV and early marriage data started in Phase I.
- **Activity 5.1.6:** Continue to support the collection and report of good practices and lessons learned in Justice system, including the Police in the assistance of victims and survivors
- **Activity 5.1.7:** This is a new activity integrated under Outcome 5 to focus on the monitoring of SI Mozambique’s impact
- **Activity 5.2.1:** Following the design of the integrated digital system (software) for data management of violence cases, Phase II will focus on ensuring its functionality and implementation at national level and target districts. This includes technical assistance - through the Ministry of Interior - to support supervision by relevant sectors at the central and provincial level on the functionality of the Infoviolência platform. In addition, following the interest expressed by the Ministry of Interior in having this platform operating at national level, the initiative will explore partnership options to expand to the remaining 8 provincial capital cities.
- **Activity 5.2.2:** Facilitate data analysis and package reports and products on VAW/G and SRHR.
- **Activity 5.2.3:** After the design and launch of a multi-sectoral platform to share key research, data and information, Phase II will support MoH to conduct GBV services satisfaction survey with National Institute of Health (INS)
- **Activity. 5.2.4:** Implement baseline of the justice sector to assess current state of justice services

Outcome 6: Civil Society Organizations/Women's Movement

SI Mozambique has ambitious targets on implementation of interventions through Civil Society. In Phase I it invested significant efforts to engage with a wide range of national (and some international) organizations, promoting mechanisms to establish meaningful partnerships with grassroots organizations (notably through joint proposals and consortia). Close to \$6,000,000 - representing 40% of Programme Outcome Costs) were implemented through CSO partners in Phase I.

Phase II will keep this focus, with almost \$2,500,000 - representing 35% of the Programme Outcome Costs - being implemented through CSOs, and a total of **11% of investment in Outcome 6**. In line with the MTA recommendations, SI interventions will continue to strengthen the capacity of local CSOs in terms of financial and operational capacity, resource mobilisation and advocacy, with a focus on supporting improved dialogue and coordination between Civil Society and the Government of Mozambique.

Furthermore, and in addition to the work done at the end of Phase I to **strengthen the active and meaningful engagement of the CSNRG**, Phase II will include a specific budget line of \$25,200 to ensure this critical stakeholder has the means to fulfil its mandate under the Initiative.

Planned interventions:

- **Activity 6.1.2:** Phase II will strengthen the platforms created under Phase I for knowledge exchange amongst CSOs and partners working with various target groups and approaches, reinforcing existing accountability mechanisms.
- **Activity 6.1.3:** To scale up participation of women's rights groups (CBOs, CSOs and networks) in Gender & SGBV/HP/SRHR/Early marriage forums at the community, district, provincial, national, sub-regional and regional levels
- **Activity 6.1.4:** Focus on organizing regular CSOs/CBOs training on gender transformative leadership and advocacy training for sustainability of results.
- **Activity 6.1.5:** Continuing to promote and support regular dialogue with the Government and Parliament to review progress on related to women's rights particularly SGBV, Early Marriage and SRHR, including organization of an annual national multistakeholder forum to review progress on SGBV and Early marriage and gender status in Mozambique
- **Activity 6.1.6:** Support south-south cross learning and networking of CSOs and CBOs of Mozambique with their peers in Africa and Latin America on SGBV, Early Marriages, SRHR forums.
- **Activity 6.3.2:** Sustain the work of CSO women led umbrella working at provincial level for community outreach and local CBOs sensitizations on SRHR and VAW/G and advocacy to implement the Child Marriage, Family Laws. In Phase I, the work done by these organizations supported in the approval of the

Child Marriage and Family Laws. Phase II will focus on supporting these women led organizations to ensure implementation and awareness of the laws at provincial levels.

- **Activity 6.3.3:** Support the production of annual qualitative and quantitative HRs and governance data in relation to GBV as well as the Annual HRs citizen's perceptions report
- **Activity 6.3.4:** Further strengthen CSOs, CBOs and downstream partners' capacity on resource mobilization, finance and project management to enable sustainability. In line with the MTA recommendations, CSOs running shelters will be specifically targeted to participate in these activities.
- **Activity 6.3.5:** Support systematic identification, documentation and dissemination of good practices and lessons learned from CSOs and CBOs work on SGBV and Early Marriage from CSOs and CBOs
- **Activity 6.3.6:** Support to CSNRG activities, based on priorities and needs identified during Phase I. This will include support to communication and travel costs - with a significant focus on monitoring of SI activities - and also funds to hire a consultant to produce reports and position papers - based in secondary data provided by the CSNRG.

3. Sustainability strategy

SI Mozambique focus for Phase II was determined based on a **preliminary consultation with implementing partners at central and provincial levels on lessons learned and priorities** for the future. Based on these discussions, and based on the findings and recommendations of the MTA, the programme aimed to **prioritize interventions and delivery modalities that will strengthen stakeholders capacity to sustain the programme's achievements** or to more autonomously continue interventions after the end of the Initiative.

Examples include the approach with mobile clinics, where SI will invest in advocating for the costs of maintenance and operational costs to be included in the state budget so these services continue until more permanent and easily reachable services are provided for remote populations. Another example is the *InfoViolência* platform, where SI is supporting the government with its plan of scaling-up *InfoViolência* to allow continuity and sustainability of the work started to improve the quality of administrative GBV data collection, analysis and use, contributing to the long-term, direct impact in the quality of services provided to survivors nationwide.

Phase II will keep the **investment in working with - and supporting the strengthening of - various partners as a strategy to increase the sustainability of the Initiative**. The focus on working with multiple Government Officials and local CSOs (including grassroots organizations and women's rights organizations) as detailed in the programme summary⁶⁸, but also community activists, mentors, and community leaders

⁶⁸ Government - implementing partners: Ministry of Gender, Children and Social Action

aims to build a **stronger platform for promoting gender equality and coordinated investment** in ending violence against women and girls in Mozambique.

A stronger **investment in monitoring the impact of SI's interventions** (representing 4% of direct costs) and **collecting and disseminating learnings and best practices** (with communications investment also at 4% of direct costs) also aims to contribute to increased sustainability of the Initiative. These are also **critical components of the resource mobilization strategy**, as they enable SI to highlight the good practices and impact that should be ensured as part of a continued and coordinated approach to Ending Violence Against Women and Girls in Mozambique after the end of Spotlight in 2022. These discussions were renewed at the end of Phase I and will be prioritized, both with the EUD and other key donors (currently being identified as part of wide sustainability strategy discussions) in the early months of Phase II as part of the operationalization of a **UN Gender Transformative Agenda in Mozambique**.

Finally, to ensure **sustainability on communications and ethical reporting on gender equality and EVAWG**, SI Mozambique is undertaking a series of capacity building sessions for CSO IPs, government and UN personnel. These sessions are prepared jointly with UN agencies and Government and focus on basic communication skills (interviews, story-telling, content gathering), as well as ethical standards on reporting on GBV (“do no harm”). A total of 130 individuals including CSOs and UN personnel have increased their communication skills and ethical standards through four training sessions delivered during Phase I. A fifth session for government staff is planned for May/June 2021. In Phase II the plan is to hold at least two sessions in 2021 (a training for 30 Government representatives and a refresher session for 50 CSO representatives). The planning for 2022 will be detailed with the respective stakeholders, based on the results from previous sessions and identified needs, but it is estimated that at least one refresher session will take place, targeting 80 participants from Government and CSOs. With these increased skills, trainees are better equipped to cover GBV cases applying high ethical standards. They are also better prepared to gather content (interviews, stories, digital content) that can be used to promote awareness about the prevalence of GBV in Mozambique and the national response led by the Government and its partners.

(MGCAS), Ministry of Interior (MINT), Ministry of Health, (MoH/MISAU), Ministry of Education (MoE), Ministry of Economy and Finance (MEF), Secretary of State for Youth and Employment (SEJE), National Institute of Statistics (INE). Key CSOs: Fundação para o Desenvolvimento da Comunidade (FDC), Fórum Mulher (FM), Coalizão, Helpcode, Cooperativa FSD, AIFO, WLSA (consortium of 7 NGOs), Gender Links (national CSO working with 11 platforms across target districts and grassroots organizations), Muleide, Livaningo, Kuvumbana, Girl Child Rights, PCI, Nweti, Radio Mozambique, Coalizao, Youth parliament and Grupo de Teatro Mualialazé. Other key partners: Parliament, Ombudsman, Human Rights Commission, Attorney General's Office, Supreme Court..



XVI. BUDGET SUMMARY

Mozambique Country Programme Document

A full detailed budget is available in Excel format.

BUDGET BY UNDG CATEGORIES												
PHASE I + PHASE II COMBINED												
UNDG BUDGET CATEGORIES	UNDP		UNFPA		UNWOMEN		UNICEF		TOTAL USD			% by UNDG category
	Spotlight EU Contribution (USD)	RUNO Contrib. (USD)	Spotlight EU Contribution (USD)	RUNO Contrib. (USD)	Spotlight EU Contribution (USD)	RUNO Contrib. (USD)	Spotlight EU Contribution (USD)	RUNO Contrib. (USD)	Spotlight EU Contribution (USD)	RUNO Contrib. (USD)	Grand Total	%
1. Staff and other personnel	1,430,174	-	956,749	185,152	931,859	238,190	562,335	222,830	3,881,118	646,172	4,527,290	15%
2. Supplies, Commodities, Materials	62,964	-	597,611	-	146,866	-	361,000	-	1,168,441	-	1,168,441	4%
3. Equipment, Vehicles, and Furniture (including Depreciation)	736,114	20,000	801,900	13,333	178,000	-	-	-	1,716,014	33,333	1,749,347	6%
4. Contractual services	2,063,009	95,000	1,225,268	10,000	829,855	-	758,870	-	4,877,002	105,000	4,982,002	18%
5. Travel	485,770	20,000	382,978	-	235,674	-	120,000	-	1,224,422	20,000	1,244,422	5%
6. Transfers and Grants to Counterparts	349,833	30,000	3,948,344	170,000	5,366,695	-	3,282,669	-	12,947,541	200,000	13,147,541	48%
7. General Operating and other Direct Costs	61,700	-	428,964	-	198,794	-	29,932	-	719,390	-	719,390	3%
Total Direct Costs	5,357,907	165,000	8,341,814	378,485	7,887,743	238,190	5,114,807	222,830	26,702,270	1,004,505	27,706,775	93%
8. Indirect Support Costs (Max. 7%)	375,053	-	583,927	-	552,142	-	358,036	-	1,869,159	-	1,869,159	7%
TOTAL Costs	5,732,960	165,000	8,925,741	378,485	8,439,885	238,190	5,472,843	222,830	28,571,429	1,004,505	29,575,934	100%

SUMMARY BY OUTCOME (EU funds only)

PHASE I + PHASE II COMBINED						
OUTCOME/PILLAR	UNDP	UNFPA	UNWOMEN	UNICEF	IOM	TOTAL USD
	Spotlight EU contribution (USD)					
OUTCOME 1	944,931	556,634	240,000	359,321	-	2,100,886
OUTCOME 2	773,286	801,011	269,564	140,000	-	1,983,861
OUTCOME 3	546,921	850,247	2,685,104	2,366,186	-	6,448,458
OUTCOME 4	856,833	3,635,837	1,349,082	1,285,000	-	7,126,753
OUTCOME 5	478,408	880,781	146,607	-	-	1,505,796
OUTCOME 6	50,000	723,561	1,773,704	-	-	2,547,265
TOTAL PROGRAMME OUTCOME COSTS	3,650,379	7,448,070	6,464,062	4,150,507	-	21,713,018
PROGRAMME MANAGEMENT COSTS	1,539,185	893,744	1,423,680	964,300	-	4,820,909
Total Direct Costs	5,357,907	8,341,814	7,887,743	5,114,807	-	26,702,270
8. Indirect Support Costs (Max. 7%)	375,053	583,927	552,142	358,036	-	1,869,159
TOTAL Costs	5,732,960	8,925,741	8,439,885	5,472,843	-	28,571,429



**Spotlight
Initiative**
*To eliminate violence
against women and girls*



XVII. ORIGINAL SIGNED COVER PAGE

Mozambique Country Programme Document

Table B - BUDGET by UNDG CATEGORIES and SUMMARY BY OUTCOME

SPOTLIGHT COUNTRY PROGRAMME: MOZAMBIQUE

BUDGET BY UNDG CATEGORIES

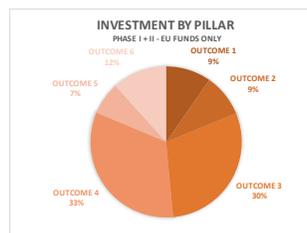
PHASE I + PHASE II COMBINED												
UNDG BUDGET CATEGORIES	UNDP		UNFPA		UNWOMEN		UNICEF		TOTAL USD			% by UNDG category
	Spotlight EU Contribution (USD)	RUNO Contrib. (USD)	Spotlight EU Contribution (USD)	RUNO Contrib. (USD)	Spotlight EU Contribution (USD)	RUNO Contrib. (USD)	Spotlight EU Contribution (USD)	RUNO Contrib. (USD)	Spotlight EU Contribution (USD)	RUNO Contrib. (USD)	Grand Total	%
1. Staff and other personnel	1,430,174	-	956,749	185,152	931,859	238,190	562,335	222,830	3,881,118	646,172	4,527,290	15%
2. Supplies, Commodities, Materials	62,964	-	597,611	-	146,866	-	361,000	-	1,168,441	-	1,168,441	4%
3. Equipment, Vehicles, and Furniture (including Depreciation)	736,114	20,000	801,900	13,333	178,000	-	-	-	1,716,014	33,333	1,749,347	6%
4. Contractual services	2,063,009	95,000	1,225,268	10,000	829,855	-	758,870	-	4,877,002	105,000	4,982,002	18%
5. Travel	485,770	20,000	382,978	-	235,674	-	120,000	-	1,224,422	20,000	1,244,422	5%
6. Transfers and Grants to Counterparts	349,833	30,000	3,948,344	170,000	5,366,695	-	3,282,669	-	12,947,541	200,000	13,147,541	48%
7. General Operating and other Direct Costs	61,700	-	428,964	-	198,794	-	23,932	-	719,390	-	719,390	3%
Total Direct Costs	5,857,907	165,000	8,341,814	378,485	7,887,743	238,190	5,114,807	222,830	26,702,270	1,004,505	27,706,775	93%
8. Indirect Support Costs (Max. 7%)	375,053	-	583,927	-	552,142	-	358,036	-	1,869,159	-	1,869,159	7%
TOTAL Costs	6,232,960	165,000	8,925,741	378,485	8,439,885	238,190	5,472,843	222,830	28,571,429	1,004,505	29,575,934	100%

PHASE I												
UNDG BUDGET CATEGORIES	UNDP		UNFPA		UNWOMEN		UNICEF		TOTAL USD			% by UNDG category
	Spotlight EU Contribution (USD)	RUNO Contrib. (USD)	Spotlight EU Contribution (USD)	RUNO Contrib. (USD)	Spotlight EU Contribution (USD)	RUNO Contrib. (USD)	Spotlight EU Contribution (USD)	RUNO Contrib. (USD)	Spotlight EU Contribution (USD)	RUNO Contrib. (USD)	Grand Total	%
1. Staff and other personnel	684,614	-	573,465	185,152	550,378	91,344	285,222	222,830	2,093,678	499,326	2,593,004	11%
2. Supplies, Commodities, Materials	42,784	-	457,616	-	97,666	-	361,000	-	959,066	-	959,066	5%
3. Equipment, Vehicles, and Furniture (including Depreciation)	658,914	20,000	751,900	13,333	130,000	-	-	-	1,541,814	33,333	1,575,147	8%
4. Contractual services	1,459,709	80,000	777,926	10,000	632,832	-	559,443	-	3,429,910	90,000	3,519,910	18%
5. Travel	321,530	5,000	242,889	-	177,476	-	100,000	-	841,895	5,000	846,895	5%
6. Transfers and Grants to Counterparts	279,833	30,000	2,754,114	170,000	3,904,507	-	2,232,321	-	9,170,775	200,000	9,370,775	49%
7. General Operating and other Direct Costs	43,850	-	266,532	-	150,794	-	24,932	-	486,108	-	486,108	3%
Total Direct Costs	3,660,576	135,000	5,824,442	378,485	5,643,652	91,344	3,562,918	222,830	18,691,588	827,659	19,519,247	93%
8. Indirect Support Costs (Max. 7%)	256,240	-	407,711	-	395,056	-	249,404	-	1,308,411	-	1,308,411	7%
TOTAL Costs	3,916,817	135,000	6,232,153	378,485	6,038,708	91,344	3,812,322	222,830	20,000,000	827,659	20,827,659	100%

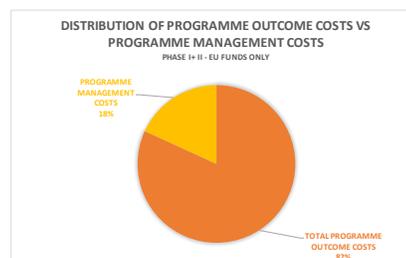
PHASE II												
UNDG BUDGET CATEGORIES	UNDP		UNFPA		UNWOMEN		UNICEF		TOTAL USD			% by UNDG category
	Spotlight EU Contribution (USD)	RUNO Contrib. (USD)	Spotlight EU Contribution (USD)	RUNO Contrib. (USD)	Spotlight EU Contribution (USD)	RUNO Contrib. (USD)	Spotlight EU Contribution (USD)	RUNO Contrib. (USD)	Spotlight EU Contribution (USD)	RUNO Contrib. (USD)	Grand Total	%
1. Staff and other personnel	745,560	-	383,285	-	381,481	146,846	277,114	-	1,787,440	146,846	1,934,286	22%
2. Supplies, Commodities, Materials	20,180	-	139,995	-	49,200	-	-	-	209,375	-	209,375	3%
3. Equipment, Vehicles, and Furniture (including Depreciation)	76,200	-	50,000	-	48,000	-	-	-	174,200	-	174,200	2%
4. Contractual services	603,300	20,000	447,342	-	197,023	-	199,427	-	1,447,092	20,000	1,467,092	18%
5. Travel	164,240	15,000	140,089	-	58,198	-	20,000	-	382,527	15,000	397,527	5%
6. Transfers and Grants to Counterparts	70,000	-	1,194,230	-	1,462,188	-	1,050,348	-	3,776,766	-	3,776,766	47%
7. General Operating and other Direct Costs	17,850	-	162,431	-	48,000	-	5,000	-	233,281	-	233,281	3%
Total Direct Costs	1,697,330	35,000	2,517,372	-	2,244,090	146,846	1,551,889	-	8,010,681	181,846	8,192,527	93%
8. Indirect Support Costs (Max. 7%)	118,813	-	176,216	-	157,086	-	108,632	-	560,748	-	560,748	7%
TOTAL Costs	1,816,143	35,000	2,693,588	-	2,401,177	146,846	1,660,521	-	8,571,429	181,846	8,753,275	100%

SUMMARY BY OUTCOME (EU funds only)

PHASE I + PHASE II COMBINED					
OUTCOME/PILLAR	UNDP	UNFPA	UNWOMEN	UNICEF	TOTAL USD
	Spotlight EU contribution (USD)				
OUTCOME 1	944,921	556,634	240,000	359,321	2,100,886
OUTCOME 2	773,286	801,011	269,564	140,000	1,983,861
OUTCOME 3	546,921	850,247	2,685,104	2,366,186	6,448,458
OUTCOME 4	856,833	3,635,837	1,349,082	1,285,000	7,126,753
OUTCOME 5	478,408	880,781	146,607	-	1,505,796
OUTCOME 6	350,000	723,561	1,773,704	-	2,847,265
TOTAL PROGRAMME OUTCOME COSTS	3,650,279	7,448,070	6,464,062	4,150,507	21,713,018
PROGRAMME MANAGEMENT COSTS	1,539,185	893,744	1,423,680	964,900	4,820,909
Total Direct Costs	5,189,464	8,341,814	7,887,743	5,114,807	26,702,270
8. Indirect Support Costs (Max. 7%)	375,053	583,927	552,142	358,036	1,869,159
TOTAL Costs	5,564,517	8,925,741	8,439,885	5,472,843	28,571,429



PHASE I					
OUTCOME/PILLAR	UNDP	UNFPA	UNWOMEN	UNICEF	TOTAL USD
	Spotlight EU contribution (USD)				
OUTCOME 1	669,562	233,810	130,000	189,321	1,222,693
OUTCOME 2	673,086	458,322	219,563	80,000	1,430,970
OUTCOME 3	328,042	502,775	2,074,802	1,625,000	4,530,619
OUTCOME 4	568,833	2,944,742	820,000	1,010,000	5,343,575
OUTCOME 5	148,158	517,805	146,607	-	712,463
OUTCOME 6	43,000	543,245	1,245,384	-	1,831,629
TOTAL PROGRAMME OUTCOME COSTS	2,430,681	5,209,698	4,536,249	2,904,321	15,074,949
PROGRAMME MANAGEMENT COSTS	1,061,553	623,744	1,107,404	658,597	3,451,297
Total Direct Costs	3,492,234	5,824,442	5,643,652	3,562,918	18,691,588
8. Indirect Support Costs (Max. 7%)	256,240	407,711	395,056	249,404	1,308,411
TOTAL Costs	3,748,474	6,232,153	6,038,708	3,812,322	20,000,000



PHASE II					
OUTCOME/PILLAR	UNDP	UNFPA	UNWOMEN	UNICEF	TOTAL USD
	Spotlight EU contribution (USD)				
OUTCOME 1	275,369	322,824	110,000	170,000	878,193
OUTCOME 2	100,200	342,689	50,001	60,000	552,890
OUTCOME 3	218,879	347,472	610,302	741,186	1,917,839
OUTCOME 4	288,000	691,095	529,082	275,000	1,783,178
OUTCOME 5	330,250	362,976	100,107	-	793,333
OUTCOME 6	7,000	180,316	528,321	-	715,636
TOTAL PROGRAMME OUTCOME COSTS	1,219,698	2,247,372	1,927,813	1,246,186	6,641,070
PROGRAMME MANAGEMENT COSTS	477,632	270,000	316,277	305,703	1,369,612
Total Direct Costs	1,697,330	2,517,372	2,244,090	1,551,889	8,010,681
8. Indirect Support Costs (Max. 7%)	118,813	176,216	157,086	108,632	560,748
TOTAL Costs	1,816,143	2,693,588	2,401,177	1,660,521	8,571,429

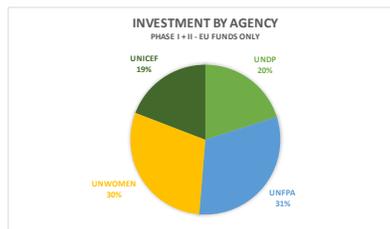


TABLE C WITH DETAILED BUDGET (Phase I+II) can be found in the next tab

